Evaluation in Consultation-Based Educational Psychology

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I certify that all material in this thesis which is not my own work has been identified and that any material that has previously been submitted and approved for the award of a degree by this or any other University has been acknowledged.

Acknowledgements

Abstract

Consultation has continued to gain popularity as an approach to educational psychology casework in the UK over the last three decades (Leadbetter, 2006; Nolan & Moreland, 2014). However, evidencing the impact of indirect educational psychology involvement, particularly in relation to outcomes for children, continues to be a complex issue and there are no evaluation approaches or tools that are consistently used across educational psychology services.

There is often a lack of specificity in studies reporting on consultation practice, giving little indication of focus, form, or function (Gravois, 2012). Without clearly identifying these parameters, the processes and outcomes of consultation are difficult to define and therefore evaluate. This issue exists alongside an increased focus on accountability within educational psychology brought about by socio-legislative changes and an increase in the trading of services, both of which have implications for how educational psychology services are evaluated and by whom (Gibbs & Papps, 2017; Lee & Woods, 2017).

The first phase of this study aims to create a contemporary concept definition of consultation meetings through literature review and practitioner interview (n=6). Interviews were conducted using Personal Construct Psychology (PCP) techniques in order to explore underlying beliefs about, and constructs relating to, the use of consultation with a focus on accessing accounts which "reach beyond socially desirable or common sense responses" (Burr et al., 2014, p.343).

Results from this phase indicate that the characteristics of consultation fall broadly into five categories: conceptual, procedural, relational, outcomes, and external factors. The most central characteristics included viewing the consultee as an expert within their setting, being non-judgemental, creating co-ordinate power status, collaboratively exploring concerns, establishing a shared understanding, and increasing consultee capacity. Many characteristics were defined more clearly through the contrasts to certain approaches or attitudes, such as 'giving solutions' or 'being an expert'. Outcomes were focussed primarily on changes for the consultee rather than changes for the focus child or young person. A 'family resemblance' concept definition of consultation

meetings (Podsakoff et al., 2016; Wittgenstein, 1953) is proposed based on these findings.

The second phase of this study aims to investigate EPs' approaches to casework, including indirect 'consultation' work, and confidence in evidencing impact using a nationally distributed online survey (n = 121). Findings from Phase One were used to inform survey questions that addressed a range of casework approaches, outcomes of casework, confidence in ability to evidence impact, approaches to evaluation, and factors affecting evaluation.

Results from this phase indicate that indirect approaches to casework were used more frequently than direct approaches. However, while confidence in evidencing outcomes was positively correlated with adopting a direct approach, there was no such relationship with adopting an indirect approach. Adopting a more indirect approach correlated most with expecting adult-focussed outcomes and least with expecting child-focussed outcomes. A broad range of evaluation methods were identified; many of these were seen as not suitable for capturing the type of impact that EPs have or across the time scales it takes for change to occur.

This study concludes with implications for the continued use of consultation in UK EP practice, recommendations for the evaluation of consultation using a performance accountability framework (Friedman, 2009), and suggestions for future study.

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Definitions and Abbreviations

AEP   The Association of Educational Psychologists

BPS   The British Psychological Society

CYP   Children and Young People

DECP   The Division of Educational and Child Psychology

DFE   Department for Education

DOH   Department for Health

EP   Educational Psychologist

EPS   Educational Psychology Service

GAS   Goal Attainment Scaling

HCPC   The Health and Care Professions Council

LA   Local Authority

NAPEP   The National Association of Principal Educational Psychologists

PCP   Personal Construct Psychology

RQ   Research Question

SEED   Scottish Executive Education Department

SEND   Special Educational Needs and Disabilities

SENDCo   Special Educational Needs and Disabilities Coordinator

SMT   Senior Management Team

TME   Target Monitoring and Evaluation

Chapter 1 - Introduction

In this section I will first present a rationale for this study and my main research aims. I will then provide an outline of my own motivations and interests in this area of research.

Rationale and Research Aims

The evaluation of any service, and accountability in general, requires a shared understanding across stakeholders of intended outcomes and which actions contributed towards them (Friedman, 2009). Despite its popularity in UK EP practice and enduring position as a 'core function' of the Educational Psychologist's (EP's) role (Eddleston & Atkinson, 2018; SEED, 2002), descriptions of consultation in the literature suggest that its outcomes are often difficult to identify (Eddleston & Atkinson, 2018; Turner et al., 2010), not reliably reviewed (Kennedy et al., 2008), and the approaches used during consultation to affect change are not easily defined (Nolan & Moreland, 2014).

The potential implications for this combination of factors are well articulated by Gravois (2012):

> As schools focus on adopting evidenced-based practices and face decreasing resources, any service that cannot be effectively articulated, capably trained, or sufficiently researched is subject to the ax. Added to this reality is the idea that any service that is not seen as directly linked to student performance is subject to critical oversight. (p. 85)

While Gravois' concerns are related to US education systems, EPs in the UK are undoubtably subject to the same external pressures, particularly with services continuing to move towards traded models of delivery (Lee & Woods, 2017).

With this research, my first aim is to explore how consultation is conceptualised by EPs, and how these conceptualisations could contribute towards a contemporary definition of consultation in the context of EP practice in England. Through attempting to define consultation as a concept, my intention is not to establish what should and should not be called consultation, but rather to clarify and organise any characteristics which could be useful for the purposes of evaluation and hence should be communicated to stakeholders.

My second aim is to explore how EPs across England approach casework, including the use of consultation; what outcomes they expect as a result of their work; and how they evaluate the impact of their involvement. I am particularly interested in outcomes for

children as these are often the most difficult to attribute to EP involvement (Eddleston & Atkinson, 2018), the least rigorously evaluated (O'Farrell & Kinsella, 2018), and key to sustaining the evidence base for consultation (Dunsmuir et al., 2009).

Throughout this research I will focus on one specific form of consultation: discrete consultation meetings (e.g. Wagner, 1995). As an approach to individual casework typically focussed on a single child, this form of consultation is one of the several identified in UK EP practice by Leadbetter (2006) and the most common form of consultation I have observed and practised throughout my training.

My Perspective

Prior to starting on the DEdPsych course, I worked as a science teacher in two special education provisions. During my four years of teaching in the first of these, a secondary school for children with Social, Emotional, and Mental Health difficulties, my awareness of the need to look beyond typical measures in order to evidence 'progress' started to develop. The notion of attainment and exam results being suitable metrics for the success of some of the young people I worked with was absurd. Many of them did, indeed, achieve well in their GCSEs, but this didn't even begin to capture the journeys they had been on. We were often asked to provide evidence of progress, and as my experience with those young people grew, I become more confident including non-academic measures and qualitative descriptions in my reports to balance out the attainment data that would otherwise paint a bleak picture.

I carried this thinking through to my next school, a specialist unit for children with Autism Spectrum Conditions. We were much better equipped at this school, and I was lucky enough to work with some very knowledgeable staff. We used Boxall Profiles, observation schedules, Occupational Therapy checklists, and personal skills targets to collect rich, holistic information about the children we worked with, both to evidence the impact of interventions and to help plan our provision. The difference between trying something I thought would work for a child I thought I knew and using a wealth of information to plan and adjust my practice was night and day sometimes.

My interest in consultation, and particularly the intersection between consultation and evaluation, began early in my time on the DEdPsych course. As a cohort we had long

discussions about the 'expert/consultant' dichotomy, what this means for us as trainees eager to prove ourselves as 'knowledgeable', and whether there is a dichotomy at all. My view at the time, and one that I still hold on to pieces of, was that the apparent strict adherence to 'pure' consultation that was espoused by more experienced EPs I met seemed overly rigid and restrictive. No working with children. No giving advice.

This was, of course, a naive view. However, the idea that those who work most with young people are best placed to know what will work and be able to implement lasting change is one I hold as central to my practice. An answer to the question of how to properly evidence impact while working consultatively has continued to elude me though. It is satisfying to collaboratively identify a problem, come up with a plan, and review the impact of it several months later. This does not, however, capture the essence of what makes me know that consultation works: that 'aha' moment you see in teachers or parents when something you've said has suddenly made everything make sense.

Chapter 2 - Literature Review

Introduction

Within educational psychology, consultation as a framework for practice and a model for service delivery has become increasingly prevalent in services across the UK (Eddleston & Atkinson, 2018; Nolan & Moreland, 2014). Despite the most commonly adopted frameworks outlining clear phases and approaches, actual practice has been shown to not always align with these; this is particularly true of evaluation (Kennedy et al., 2008). Within the current national context of increasingly traded services (Lee & Woods, 2017), this could signify a concerning drift away from the evidence-based and evidence-generating practice that sustains the relevancy and viability of educational psychology as a profession and its adherence to professional practice guidelines.

In this literature review, I will explore current research into the evaluation of educational psychology practice with a particular focus on consultation. I will first examine the various definitions of, and approaches to, consultation. I will then provide a critical overview of the theory and research relating to the evaluation of educational psychology practice. Lastly, I will consider how EPs and Educational Psychology Services (EPSs) have approached the evaluation of consultation-focussed involvement.

Search Strategies

A search strategy was employed using combinations of the following key search terms: consultation, evaluation, outcomes, educational psychology, role of educational psychologist, school views, traded services, framework, accountability.

Searches were initially conducted using the Taylor and Francis online database to search the journal Educational Psychology in Practice to find the most relevant papers to current UK educational practice, yielding 38 papers. The search was then widened to include all journals from the following databases: EBSCO, ScienceDirect, JSTOR, Web of Science, PsychInfo. A further series of searches were conducted using the search engine Google Scholar.

A preliminary review of these papers revealed that the terms 'evidence-based practice', 'process consultation', 'behavioural consultation' and 'mental health consultation' were relevant and so the search was expanded to include these terms. Additional relevant papers were identified through citations in key studies.

Consultation

Definition of Consultation

Conceptualisations of consultation vary widely (Leadbetter, 2006); it is defined and operationalised differently across and within different professions. However, much of what is currently called consultation has its procedural and conceptual roots in one or more of three predominant models: mental health consultation, process consultation, and behavioural consultation.

Mental Health Consultation

Mental health consultation was first described by Caplan (1970) and developed during his time as a child psychiatrist in Israel. It was established as a direct response to the challenges of operating a centralised mental health service whilst experiencing a high number of referrals for children placed in residential institutions (Caplan et al., 1995); a traditional model of referral, diagnosis, and intervention could not be sustained and so an indirect model was adopted. This model is based on the core assumption that improving the functions of caregivers would positively impact the mental health of many more children than could be achieved by working directly with them. The process is described as involving meeting with a caregiver to discuss their "perceptions of the problem children" which frequently revealed their "stereotyped, inaccurate perceptions of a child" (Caplan et al., 1995 p.24). Through an objective and sympathetic consideration and discussion of these views, the goal is that the caregiver could return to their work with a new and broader perspective on how to work with the child. Whilst subsequent revisions (Caplan, 1995; Caplan et al., 1995) have expanded the scope of mental health consultation to include applications to different types of problem (e.g. administrative), in different settings (e.g. schools), and with different dynamics (e.g. collaboration) the core procedure of holding a meeting between consultant and consultee has remained consistent.

Caplan et al. (1995) suggest that consultants should adhere to the following principles:

- consultation should be guided by a consideration of the wider ecosystem,
- roles and responsibilities should be made explicit and formalised through successive agreements between consultant and consultee,

- the relationship should be noncoercive, the focus should be on the consultee (adult) rather than the child (client),

- avoid sharing psychological insight on the source of the consultee's difficulties,

- focus on the consultee-client dynamic,

- practice and encourage systematic reflection,

- widen the consultee's frames of reference,

- teach consultation skills to the consultee.

Process Consultation

Based on the work of Schein (1969, 1987, 1999) in the field of business and management, process consultation is characterised by its focus on building a relationship with the client to help them perceive, understand, and then act on a given problem situation as defined by them. Its key assumption is that the client must see the problem for themselves and take responsibility for any action that needs to be taken, a state which is established through involving the client in both the diagnostic and solution-generating processes.

Similar to Caplan et al. (1995), Schein (1999) suggests that consultant behaviour should be guided by ten principles:

- always try to be helpful,

- always stay in touch with the current reality,

- access your ignorance,

- everything you do is an intervention,

- it is the client who owns the problem and solution,

- go with the flow,

- timing is crucial,

- be constructively opportunistic with confrontive interventions,

- everything is data and errors are to be learned from,

- share the problem when in doubt.

Behavioural Consultation

Behavioural consultation, unlike mental health consultation and process consultation, is defined far more by procedure than by philosophy or the consultant-consultee relationship (Nolan & Moreland, 2014). Developed as a response to an increased call for

school psychologists to act as consultants at a time where school-based consultation was ill-defined (Bergan & Tombari, 1976), Bergan (1977) describes a four-stage process of problem identification, problem analysis, treatment implementation, and treatment evaluation. This process is carried out cooperatively between consultant and consultee and is typically focussed on social and behavioural difficulties displayed by a child. References to consultant-consultee relationship centre around maximising the acceptance of a 'treatment plan' (Sheridan & Elliot, 1991) rather than subverting existing power dynamics or building a consultee's ownership of a problem. Whilst more recent conceptualisations have highlighted the importance of rapport-building and joint problem-solving (Luiselli, 2018), the philosophical and procedural underpinning of behavioural consultation is that of case referral and intervention, with the consultant firmly placed as the knowledgeable outsider.

These models are characterised by their context, they are rooted in the professions from which they emerged and are procedurally specific to those professions. Indeed, Caplan et al. (1995) expressed some surprise that their model had been adapted for use in schools. Development and reconceptualisation of consultation to suit US school settings has resulted in notable works from Conoley and Conoley (1982, 1990) and Gutkin and Curtis (1990, 1999), all of which have influenced UK consultation practice.

Conoley and Conoley (1982) cite Caplan (1970) as the basis for their consultation model, highlighting the benefits of indirect work. Their view was that through working on a single case with a consultee, they might be able to subsequently generalise the insights and skills to other similar situations in the future. They also shared Caplan's view that caregivers, in this context school staff, were best placed to both formulate and implement interventions based on their professional proximity to the child. Notable characteristics of Conoley and Conoley's (1990) conceptualisation include:

- accepting, empathetic relationships between consultant and consultee
- enhancing the problem-solving capacity and self-efficacy of the consultee is the primary purpose.
- advice giving, while not strictly forbidden, may foster a dependence
- consultee empowerment

Gutkin and Curtis' (1999) work, encompassing systems consultation and eco-behavioural consultation, had a primary focus on organisational problem solving. They summarise that consultation is:

- voluntary,
- confidential,
- indirect,
- work-focussed,
- based on a trusting relationship between consultant and consultee with an assumption of equal power,

Additionally,

- The right is held by the consultee to reject any suggestions made,
- it has the dual goals of prevention and remediation.

Between these conceptualisations, as well as notable work developing consultee-centred consultation (see Lambert et al., 2004), a definition of school-based consultation could be established, one which has heavily influenced UK consultation practice. The clarity that these definitions provide, however, has been called into question. Gravois (2012) highlights the complex interrelated aspects of consultation and the range of practices associated with the term as a source of confusion for practitioners and clients alike. They proposed a dimensional model where the focus (the target for change), form (who is being consulted with), and function (the type of change intended) could be better defined in order to communicate the process and intentions of consultation.

Consultation Within UK Educational Psychology

Identified as one of the five core functions of EP work (SEED, 2002), and highlighted as a positive example of educational psychology practice (Farrell et al., 2006), consultation in the UK has developed as a popular practice predominantly based on the work of Wagner (1995, 2000, 2008). Wagner's conceptualisations of consultation have ranged from outlining discrete consultation meetings (Wagner, 1995) through to whole-service delivery models (Wagner, 2000) and comprehensive frameworks for EP practice (Wagner, 2008).

Whilst not explicitly based on any one previously developed consultation model, Wagner cites some general principles of consultation outlined by Caplan (1970) and Conoley and Conoley (1982) to inform a conceptual framework characterised by the following:

- Insight and skills learned during consultation can be generalised, it is efficient and preventative.
- Schools have the resources within them to effectively problem solve.
- School staff are best placed to know what will work in the context they work in, the consultant is not the 'expert'.

In addition to this, Wagner (2008) outlines four guiding principles for practice:

- A constructive principle: using the principles of psychology to reduce the language of deficit
- A transparency principle: being open about processes and the intent to help
- A self-reflexive principle: being responsive to changing contexts, practice cannot be found in a manual
- A comprehensive principle: all aspects of work follow the framework of consultation

Wagner's models are underpinned by "interactionist, systemic and constructionist psychology" (Wagner, 2008, p. 194) while also incorporating aspects of personal construct psychology (e.g. Ravenette, 1988), symbolic interactionism (e.g. Hargreaves, 1994), solution-focussed approaches (e.g. Berg, 1994), and systems thinking (e.g. Burnham, 2002) in order to address the broad range of complex cases typical of EP work. Whilst the adoption of Wagner's models of consultation in UK EP practice is assumed to be high given the frequent citing of them in the literature, a clear picture of exactly how broad does not exist (Cording, 2011). What is clear, however, is that consultation in one form or another has been a key model of service delivery for many EPSs for the last two decades (Booker, 2005; Leadbetter, 2000; Nolan & Moreland, 2014).

Other forms of consultation have also seen use in the UK and Ireland, including group consultation (e.g. Bozic & Carter, 2002; Farouk, 2004) based largely on the work of Hanko (1999/2016). Group consultation in this form is underpinned by similar principles to the types of consultation previously discussed, and typically involves an EP facilitating

a collaborative problem-solving process between a group of school staff centred around a single case. Stringer et al. (1992) have also used group consultation as a model for training facilitators within schools to set up groups that do not require EP input. A similar approach has been described by Doveston and Keenaghan (2010) where collaborative consultation was used as the foundation for a teacher-led intervention focussed on supporting social development in the classroom.

Despite the popularity of consultation in its various forms, Leadbetter (2006) notes that there had been little conceptual development of consultation or any refinement of the skills required to make consultation successful in EP work. Beyond articles describing service-level adaptations of Wagner's approach (e.g. Dickinson, 2000), there appears to have been very few attempts to reformulate consultation at a theoretical level. Given that the original emergence and formulation of consultation as a model of EP service delivery occurred as a pragmatic response to changes in legislation and school structures (Leadbetter, 2006), it is peculiar that the practice does not appear to have been further developed given recent legislative and economic changes that have impacted other aspects of EP work (Lee & Woods, 2017). One reason for this lack of development might a persistent uncertainty concerning what consultation is. The conceptual foundations of Wagner's models, for example, are clear and well emphasised but some procedural elements are arguably less so. This lack of clarity is not unique to Wagner's models, it is a common concern amongst EPs attempting to implement consultation (Kennedy et al., 2009; Leadbetter, 2006) and the subject of much debate in both the UK and US (e.g. Gravois, 2012). One of the potential risks associated with not reformulating or redefining concepts used in professional practice is that a mismatch can develop over time between accepted definitions and the range of practices associated with them (Welch et al., 2016). Referred to as 'conceptual stretching' by Sartori (1970), this phenomenon can make communicating about a concept for both practice and research purposes highly challenging.

Providing some clarification to what is meant by consultation, Leadbetter (2006) distinguishes between three ways in which it is used by EPs: as an approach to service delivery (e.g. Munro, 2000; Wagner, 2000), as a way to run discrete meetings (e.g. Wagner, 1995), and as a regular activity - "everything we do is consultation" (Dickinson, 2000, p. 20). These distinctions go some way to providing a practical definition of

consultation within EP practice and could reasonably be distilled into 'consultation meetings' which fit within a broader 'consultation process'. 'Consultation process' refers to the application of consultation principles to all "modes of engagement with schools and other clients" (Leadbetter, 2006, p. 23). This approach is evident in LA-developed service delivery models which employ the philosophy of consultation throughout their referrals, reporting, administration, work allocation, language use and meetings (e.g. Dickinson, 2000; Munro, 2000; Wagner, 2000), each with their own 'fit for purpose' adaptations. The more constrained form of consultation, 'consultation meetings', is where the 'helping relationship' (Schein, 1999) is both built and operationalised, with the consultant using psychological and interpersonal expertise to help empower the consultee and jointly problem-solve. These meetings are typified by a specific problem being addressed and a clearly defined set of agreed strategies and actions being generated (Wagner, 2008).

Delineating of the term 'consultation' in this way addresses some of the ambiguity associated with using it as a catch-all term. However, other authors have raised concerns with different aspects of consultation. Kennedy et al. (2008) highlight a lack of consensus about what EPs actually do during consultation as well as a lack of research into consultation practices. They go on to cite Gresham and Kendell's (1987) concern that how and under what conditions consultation works is largely unknown, concluding that "the extent to which knowledge has advanced since then is questionable" (Kennedy et al., 2008, p. 170). More recently, Nolan and Moreland (2014) highlighted a lack of UK-based research concerning the process of consultation (i.e. what EPs actually do to affect change), suggesting that the lack of clarity and understanding outlined by Kennedy and colleagues had endured in the intervening six years.

Both Kennedy et al.'s (2008) and Nolan and Moreland's (2014) studies aimed to address this lack of clarity by investigating consultation as it is practiced rather than conceptualising it through the review of theory. Kennedy et al.'s (2008) focus was on how EPs' espoused theories aligned with their actual practice. Their findings indicate that most EPs had a strong sense of which theoretical/practice models informed their consultation, the majority of which were related to recognised consultation models, although few named a specific framework beyond Wagner's. Furthermore, participating EPs' practice also broadly aligned with their espoused theories with the notable

exception of an evaluation phase. Nolan and Moreland (2014) focussed on what was said by EPs during consultation in order to elicit change. Through discourse analysis the researchers identified seven discursive strategies:

- EP directed collaboration
- Demonstrating empathy and deep listening
- Questioning, wondering and challenging
- Focusing and refocusing
- Summarising and reformulating, pulling threads together
- Suggesting and explaining
- Restating/revising outcomes and offering follow up (p. 67)

In addition to these, six underpinning principles were identified as common amongst the participants, all of which were in broad agreement with previous definitions of consultation:

- Keeping the child at the heart of the process
- Not pathologising the needs of the child
- Trying to walk alongside people (that is, to see the situation as they do)
- Helping in a way that enables consultees to make the changes to make things better (not simply fixing it for them)
- Remaining respectful and non-judgemental
- Drawing upon psychological knowledge (p. 72)

What is evident from these studies is that there are aspects of consultation, in whichever form it takes, that have not been effectively codified in theory: the discursive strategies and tacit knowledge used by EPs. Additionally, these aspects form the basis for what have been described as the 'distinctive contributions' that EPs bring to education systems (Cameron, 2006), particularly "attempting to understand and reconcile different perspectives" and "unpicking human factors which can hasten or hinder the process of desired change" (p. 293-294). There is clearly a balance to be struck between Wagner's (2008) self-reflexive statement of "Our practice is not to be found in a manual" (p. 198) and providing consultation 'scripts' (although a form of this has been shown to be an effective way of teaching consultation skills; Doveston & Keenaghan, 2010).

The precision of a definition does of course depend on the intended audience and their requirements. Whilst an experienced EP may hear 'be reflexive' and instinctively know how to apply themselves, a trainee EP (TEP) may need some further elucidation (Kennedy et al., 2009) and a stakeholder from outside of the profession will likely need even more so. A more comprehensive and unambiguous definition of the intentions, actions, and expected outcomes of consultation would likely be beneficial for the wide range of individuals who EPs work with and for.

Evaluation of Educational Psychology Practice

In a review of evaluation in UK educational psychology services, covering a period from the late 60s to the early 90s, Dowling and Leibowitz (1994) chart the journey of the profession from almost complete autonomy to increased scrutiny and accountability. Among the key themes covered, Sheppard's (1979) conceptualisation of to whom EPs were answerable stands out as particularly prescient; they stated that EPs are accountable to:

- the local education authority (LEA),
- the Secretary of State for Education,
- the primary clients (schools, school staff, parents, children, families),
- their own professional colleagues,
- the profession as a whole,
- themselves.

Sheppard notes that responsibilities towards each of these categories is different, and they likely all have different expectations of the psychological service. In discussing dilemmas that arise from these differing expectations, Dowling and Leibowitz (1994) highlight that 'customer satisfaction' as a measure of evaluation had been simultaneously relied upon and criticised within the profession (e.g. Evans & Wright, 1987); a move away from individual assessment as the primary mode of service delivery had left customers, in this case headteachers, dissatisfied and the work of the EPS evaluated as lacking. A central tension emerged in weighing the needs of the customer against the interests of the child (Dowling & Leibowitz, 1994).

Within current EP practice, accountability and the requirement for evaluation continue to emerge from both professional commitments and external expectations (Lowther,

2013). The tensions between customer satisfaction and EP action highlighted by Dowling and Leibowitz (1994) have arguably heightened due to the increased trading of services (Lee & Woods, 2017), a change which has also brought about the increasingly common positioning of Local Authorities (LAs) as clients and a private companies as employers (Gibbs & Papps, 2017).

As TEPs are typically publicly funded, Fallon et al. (2010) argue that the profession has a responsibility to respond to the agenda of the current government. EPs also have a responsibility to adhere to ethical and professional standards of proficiency (BPS, 2017, 2018; HCPC, 2015, 2016) as well as international legislation (Woods & Bond, 2014), and EP job satisfaction has been shown to depend partly on being able to personally evidence positive impact (Turner et al., 2010). Negotiating agreement, or navigating the tensions that exist, between these interrelated and overlapping sources of motivation defines many aspects of how the profession operates and by extension how the terms of its success are defined.

Professional Commitment to Evaluation

The British Psychological Society's (BPS) practice guidelines cite "evaluation of outcomes" as a core skill within their cycle of professional practice (BPS, 2017, p. 9). This is echoed within the Health & Care Professions Council's (HCPC) standards of proficiency, asserting that practitioner psychologists must "be able to evaluate intervention plans using recognised outcome measures and revise plans as necessary in conjunction with the service user" (HCPC, 2015, p. 12). This positions evaluation as not only desirable, but mandatory for EPs in order to maintain their professional status.

Standards set out by professional bodies represent a reciprocal and ongoing relationship with professionals, and as such their development and publication is not simply a top-down process (e.g. BPS, 2019). EPs have their own sense of professional identity, albeit one which has undergone much collective reconstruction (Fallon et al., 2010). The notions of reflective practice and evidence-based practice are central to the modern conceptualisation of the EP role, both of which have implications for how EPs approach evaluation (Dunsmuir et al., 2009).

Reflective Practice

Self-reflection has been highlighted by Turner et al. (2010) as a way to "illuminate, describe and record" (p. 313) the impact of an EP's work during the process of evaluation. Using a method of triangulating evidence from these reflections, the client's evaluations, and outcome data; Turner and colleagues present a model of evaluation that serves the multiple purpose of aiding EP self-reflection, contributing to performance management, and providing data for whole-service evaluation of EP impact on children.

Evidence-based Practice

The rise in popularity of evidence-based practice as a concept, and the subsequent adoption of its principles by psychology professions (BPS, 2017), has highlighted several key issues relating the evaluation of EP work. Most notably, Dunsmuir et al. (2009) highlight the challenges with conducting the 'gold standard' of evidence-producing research that is randomised control trials (RCTs) within the context of educational psychology. Within an evidence-based practice paradigm the role of evaluation is critical in both establishing and maintaining the use of certain approaches. Both Frederickson (2002) and Fox (2003) advocate for EPs to research their own practice, collecting evidence through the monitoring of their work. This approach, coined 'practice-based evidence' by Fox (2011) represents a readjustment of what constitutes evidence and is in broad agreement with contemporary publications in social work (Gambrill, 2010) and clinical psychology (Satterfield et al., 2009).

Transparency and Accountability

A need for educational psychology to be accountable and transparent to service users was identified as far back as the seventies (Tizard, 1976, cited in Thomas, 1987) and is reflected in the current BPS's "Transparency and duty of candour" guidelines (BPS, 2017). Furthermore, there has been an increased focus on accountability within the context of traded services (Lee & Woods, 2017) since services are now compelled both to advertise and evaluate their contribution in order to sustain 'customer' interest.

A commitment to accountability and transparency does not, however, guarantee agreement with stakeholders; each will come with their own expectations and motivations. Fallon et al., (2010) state the need for courage in declining potential "commissions" where the EP or EPS determine that they cannot themselves directly

"determine the effectiveness of their own contribution" (p.16). This does not only suggest that EP should turn down work if they think they cannot positively contribute, it implies that a lack of ability to evidence impact to the commissioner's expectations should also influence the decision to take on work.

External Expectations of Evaluation

The responsibility of individual EPs and EPSs to provide evidence of the impact of their involvement to stakeholders is not new. However, there is a greater focus on producing measurable outcomes due to a heightened focus on performance indicators from central government (Fallon et al., 2010), an increase in traded services (Lee & Woods, 2017), and an increase in school autonomy brought about by academisation (West & Bailey, 2013). Kennedy et al. (2009) and Farrell et al. (2006) both express concern that the role and function of EP practice would likely be increasingly dictated by policymakers and budget-conscious stakeholders.

National Legislation

The monitoring, reviewing, and evaluation of the support that young people receive is mandated by the SEND code of practice's 'assess, plan, do, review' cycle (DFE/DOH, 2014). Whilst this does not compel EPs to be involved in such evaluation an increased accountability of public services, or services commissioned by public bodies, has led to greater scrutiny (Ashton & Roberts, 2006; Atkinson & Posada, 2019; Frederickson, 2002) and with it a necessity to demonstrate value. Tensions can emerge, however, when external regulation does not align with professional standards or ideologies (Harris, 2003) and the pressures of performance targets exceed traditional expectations (Bagley et al., 2004).

Traded Services and Schools

As schools can now be the main commissioners of psychological services, either through their own status as an academy or through the trading of their local EPS, there is both an increased autonomy and responsibility to seek value for money (Gibbs & Papps, 2017). Whilst this could be seen as a positive move towards increased "choice", the disparity between what schools want from EPs and what EPs think they should provide is well-evidenced and enduring (Ashton & Roberts, 2006; Dowling & Leibowitz, 1994; MacKay & Boyle, 1994). Lee and Woods (2017) reveal a troubling trend in which EPs believe that schools do not want to pay for "airy fairy stuff where she does her

psychology on me" (p. 117), preferring instead to see more immediate tangible results. Discussed in Lee and Woods' (2017) exploration of EP practice within the context of traded services, the increased financial autonomy of schools has led to a commissioning of EP services based on schools' perceptions of EP contribution rather than EP judgement. This has in turn, may have led to an environment in which schools are not incentivised to pay for an EP to conduct an evaluation of their work. Additionally, the pressure placed on schools by performance measures (Wiliam, 2010) likely informs the type of external support they value.

In 2018 the BPS Division of Educational and Child Psychology (DECP) released a guidelines for ethical trading (BPS DECP, 2018) containing the views of EPs and TEPs on the impact of increased trading surveyed in 2012 and 2018. Additional skills in evaluating outcomes in order to demonstrate value for money were highlighted by 2012 TEPs as a training need, suggesting that some anxiety around how to approach this was evident. However, 2018 TEP responses indicated no such concern although the response rate was significantly lower.

Outcomes and Impact of Educational Psychologist Involvement

Evaluation of EP work, and indeed any service, requires the defining of outcomes (Frederickson, 2002; Friedman, 2009). Moreover, for evaluation to be meaningful to a wider audience, an agreement must be reached on what outcomes are appropriate. Dunsmuir et al. (2009) describe the challenges of EPSs defining outcomes in an increasingly complex working environment and in the context of a heightened government focus on assuring quality through performance indicators. This set of factors, Dunsmuir and colleagues propose, has led LAs to consider evaluation indicators such as service-level output (e.g. hours spent/assessments done), school-level data (e.g. SATs results and exclusions) and qualitative evaluations from clients being considered. The limitation of using such measures lies in the fact that they measure what has been done (output) rather than what has been achieved (outcome), a distinction proposed by Sharp et al. (2000). Client evaluations in particular have seen widespread use in educational psychology evaluation despite the likelihood that they often reflect rapport, mutual understanding, and agreement more than the impact of EP involvement (Beaver, 2011). A report jointly published by the Association of Educational Psychologists (AEP), the Division of Educational and Child Psychology (DECP), and the National Association of

Principal Educational Psychologists (NAPEP) concluded that it was not possible to reliably separate out the multiple variables between EP input and the outcome. They go on to and recommended instead taking measures adjacent to EPS activity (AEP/DECP/NAPEP, 2009).

Many of these approaches represent a misalignment of evaluation measure and intended outcome. The impetus appears to be, as discussed by Dunsmuir et al. (2009), on EPs and EPSs to negotiate and define outcomes with stakeholders so that a basis for evaluating the success of EP involvement can be established. Any criteria for success therefore must be directly related to the specific work done and any interventions that arise from it. Concerning the sustainability of the profession, Fallon et al. (2010) summarise that it will be the responsibility of EPSs "to make commissioners fully aware of the potential range and impact of EP services upon locally-relevant outcomes for CYP, that is, to "advertise" and promote the effective work of the local EPS" (p.16).

It is evident that any approach to evaluation by EPs or EPSs cannot be separated from the context in which it occurs. The type of work, expectations of other stakeholders, political climate, and individual philosophy can and should all inform any approach. This has led to a range of evaluation tools being implemented, but as noted by Lowther (2013), no one approach has been adopted consistently across the profession.

Evaluation in Consultation Practice

What separates consultation, be it a holistic approach to service delivery or a discrete meeting, from other forms of EP work is that it is indirect: the outcomes of consultation are largely the responsibility of the consultee to implement. This introduces an additional challenge to evaluating EP involvement beyond those described above; where the EP sits within the "chain of impact" (Turner et al., 2010, p.316) is particularly difficult to establish (Eddleston & Atkinson, 2018).

Difficulty in discerning the distinctive impact made by EPs (discussed in Dunsmuir et al., 2009) when working indirectly has contributed to an increasing tradition of evaluating the experiences of consultees rather than outcomes for the child (O'Farrell & Kinsella, 2018). This, much like with general EP evaluation approaches, would indicate a focus on outputs rather than outcomes (Sharp et al., 2000) and could be characterised as measuring what is easy to measure (Cherry 1998) rather than what is meaningful for

evaluation. Interestingly, as changes in teacher practice would be an intended outcome of consultation (Conoley & Conoley, 1990; Schein, 1999; Wagner, 2008), the evaluation of teacher actions, cognition, or affect would be valuable for evaluation. Bozic and Carter (2002) investigated teacher views on how their thinking and practice had changed following group consultation sessions, and a study by Forrest et al. (2019) identified factors that influence teacher practice change. However, there do not appear to be any studies investigating change in teacher practice as an explicit outcome measure for consultation.

As highlighted by (Kennedy et al., 2008), the EP participants in their study largely adhered to both their espoused theories and established frameworks for consultation practice, save for the "crucial" latter stages including evaluation. Kennedy and colleagues express surprise in their article at how their participants moved through the entire consultation process within one session and characterised this as unusually swift. This in part was identified as a factor for why participants did not satisfactorily complete the evaluation phase.

In a study into outcomes for children following consultation, Dunsmuir et al. (2009) outline a process of developing a Target Monitoring and Evaluation (TME) system, using it to evaluate outcomes of a wide range of interventions resulting from consultation involvement. Their TME system was based on Kiresuk and Sherman's (1968) Goal Attainment Scaling (GAS), which has seen a range of applications across education and health professions, with modifications based on the criticisms of GAS (see Cytrynbaum et al., 1979). The core functionality of TME is the ten-point scale, similar to those used in solution-focussed approaches; up to three targets relating to an intervention plan are set in collaboration with the participants, a baseline for each is rated and described, and an expected outcome is rated. At review the post-intervention situation is described and rated, enabling a comparison with both the baseline (indicating progress made) and the expected outcome. Dunsmuir et al. (2009) report that whilst the system showed clear promise for a range of applications, there were limitations in the variable quality of targets set and the commitment of consultees.

In a more recent study, Eddleston and Atkinson, (2018) investigated how professional practice frameworks might be used to evaluate consultation. They identify Appreciative Inquiry (Cooperrider et al., 2003) and the Constructionist Model of Informed Reasoned

Action (COMOIRA; Gameson et al., 2003) as candidates for use as evaluation frameworks. Whilst conceptually sound and promising in theory, they conclude that participant familiarity with using the frameworks in different contexts may have negatively influenced their acceptance of them as evaluation tools. Participants reported some concern that the frameworks were too complex for consultees to use without assistance, presenting a barrier to objectivity.

Summary

The outcomes of consultation are difficult to define and, perhaps as a result of this, there is a dearth of research addressing the evaluation of them. This has implications for the continual development of consultation as an approach, particularly given the socio-political and subsequent professional shifts that have occurred in the last decade. Additionally, whilst established consultation frameworks (e.g. Wagner, 2008) provide models for how to conduct evaluation while using consultation, studies have shown that these latter stages of consultation are the least adhered to by EPs (Kennedy et al., 2009). This too highlights potential concerns around the viability of consultation in the current working context which, when considered alongside an increased emphasis on accountability and evidence-based practice (discussed in Dunsmuir et al., 2009; Eddleston & Atkinson, 2018), positions applied consultation as no longer contributing to its own evidence base. However, this does not necessarily indicate an absence of consultation evaluation by practising EPs, just that there is a distinct lack of literature either characterising it (with the notable exception of Dunsmuir et al., 2009) or evidencing it.

Additional issues also emerge in relation to codifying what EPs actually do during consultation meetings that affect change and how this can be traced to outcomes for children (Eddleston & Atkinson, 2018; Turner et al., 2010). While Nolan and Moreland (2014) present findings to describe the "rich social event" (p. 74) of consultation meetings and relate these to some specific outcomes for adult consultees, the extent to which these changes contributed towards outcomes of children is not investigated. Much like with Kennedy et al.'s (2008) findings that evaluation is the least rigorously adhered to aspect of consultation frameworks, Nolan and Moreland (2014) describe how follow-up review sessions were offered by the participating EPs, but not mandated. In the context of increasingly traded services, relying on schools to request follow-up,

review, and evaluation of EP involvement may not be the most effective way to ensure these processes are carried out (Lee & Woods, 2017).

Lowther's (2013) study into what information is meaningful to EPs when they evaluate their work highlighted several limitations of existing approaches. Lowther concludes by stating that evaluation should "draw upon a variety of data types" (p. 254) and argue that EPs are well placed to choose appropriate measures given each situation. This simultaneously sidesteps the potentially impossible task of defining standardised outcomes while utilising expertise and self-reflexive skillset of the EP. What this approach is lacking, however, is a consideration of the views and motivations of other stakeholders. The TME system developed by Dunsmuir et al. (2009) indirectly addresses this issue by using solution-focussed principles to involve stakeholders in defining outcomes whilst bringing the EP consultation skillset to guide thinking towards change. However, TME is limited in the extent to which the measured impact can be attributed to EP involvement.

Consideration of Lowther's (2013) recommendations and Dunsmuir et al.'s (2009) TME approach alongside Turner et al.'s (2010) model of triangulating EP, client, and outcomes data further highlights the need for effective communication of what approaches are being used, what outcomes are expected as a result of EP involvement, and what measures should be used to evaluate it. In the case of consultation, this means a clear and shared understanding amongst EPs and stakeholders of what consultation entails, what the expected outcomes of it are, and how to approach evaluating it. At present, I am not aware of any research that explicitly addresses these factors in relation to each other.

Chapter 3 - Methodology and Methods

In this chapter I will first outline the research aims and research questions that follow from my literature review in the previous chapter. I will then discuss the methodology I have adopted and the underlying philosophical assumptions that have informed it, and present the methods I have used to collect and analyse data across the two phases of this study. Finally, I will consider the ethical implications of this research.

Research Aims and Research Questions

Phase One: Defining Consultation - Research Aims

1. To explore modern EP consultation practices in England.
2. To formulate a contemporary concept definition of consultation.

Phase One: Defining Consultation - Research Questions

1. How do EPs describe their consultation practice?
2. What are the defining characteristics of consultation identified by EPs and in the literature?
3. Do these characteristics form a coherent and consistent concept definition of consultation?

Phase Two: Evaluating Casework - Research Aim

1. To explore EPs' views and attitudes towards evaluating consultation-based casework.

Phase Two: Evaluating Casework - Research Questions

1. What approaches to casework do EPs report to use and how confident are they in evidencing their impact?
2. What outcomes of casework do EPs report to expect and how confident are they in evidencing them?
3. What is the relationship between EP approaches to casework, expected outcomes, and confidence in evidencing outcomes?
4. What methods of evaluation do EPs report to use?
5. What factors, if any, do EPs report as preventing them from evaluating their work?

Philosophical Assumptions

Ontological Position

This research is underpinned by a critical realist ontological position. As described by Sayer (1999), critical realism maintains that the world exists "independently of our knowledge of it" (p. 2), but that our perceptions are fallible. As an ontological research position, it is neither wholly idiographic nor wholly nomothetic; it seeks to place knowledge within its social, historical, political, and cultural context while maintaining the belief that this information can contribute to an understanding of what is 'real'.

Critical realism can be understood as a stratified ontology (Bhaskar, 1978/2013) where reality consists of thee domains: the empirical (what is observed), the actual (what occurs), and the real (mechanisms that causes occurrences), and where perception mediates the link between the actual and the empirical. This line of thinking should also be applied to the researcher, recognising that their own beliefs and expectations will alter the way they perceive facts (Bunge, 1993; Creswell & Poth, 2016). This requires me to adopt a reflexive stance (Denzin & Lincoln, 2008), particularly with the Phase One interviews where my position as a 'participant' in the interviews is acknowledged and discussed further in later sections.

Critical realism is considered a useful philosophical position from which explore complex social and educational contexts, particularly in relation to EP professional practice frameworks (B. Kelly, 2008). As discussed by Scott (2005), human beings are "knowledgeable agents" (p. 645) capable of determining their own independent action within emergent or imposed structures. As such, whilst participating EPs will experience and engage with the processes of consultation and casework evaluation differently, there are likely some common factors which inform and directly influence their practice.

Epistemological Position

A critical realist ontological position requires some level of epistemological flexibility. As stated by Madill, Jordan, and Shirley (2000), an understanding of any event, particularly when related to social dynamics, requires a triangulation of multiple "researchers, research methods, sources, or theories" (p. 3) to establish any form of objectivity. With this acknowledged, the epistemological stance that informs my research is rooted in contextualism. Arising from an attempt to address the 'messiness' of social phenomena

by assuming that knowledge "will be true (valid) in certain contexts" (Braun & Clarke, 2013, p. 31), contextualism assumes that no single method can find 'the truth', but multiple 'truths' can be valid (Tebes, 2005). Aligning with the assumptions of critical realism, contextualism encourages multiple methods of enquiry and seeks to validate knowledge within the context it arises from.

Methodological Orientation

In accordance with my ontological and epistemological positions, I employed a mixed methods design for this study. Mixed methods designs include both qualitative and quantitative approaches to data collection and data analysis, often with the intent of investigating a phenomenon from different perspectives or triangulating findings to establish shared understanding (Mertens, 2014). Mixed methods can be particularly valuable when researching within complex systemic or interpersonal contexts (Teddlie & Tashakkori, 2009) and by employing methods from different research traditions, questions can be answered that may not otherwise have been possible from within a single methodological paradigm (Mertens, 2014).

As noted by Gravois (2012), researchers investigating consultation from a purely quantitative methodological position risk reducing it to easily measurable components and missing what it considered most important by those who practice it. Similarly, researchers adopting a purely qualitative methodological position may fail to identify and adequately explore evidence for measurable outcomes and impact valuable to EPs and stakeholders alike.

In this research, I intended to use different 'analytical strands' (Greene et al., 1989) to both inform subsequent stages of my study and to provide complementary findings across my research phases. I wanted to explore the unique experiences of individual EPs who practice consultation as well as broader national trends in views, approaches, and systems associated with consultation and evaluation. This combination of idiographic and nomothetic approaches to research is uniquely possible within a mixed methods design. The specific methodological frameworks I used for different phases of my research will be discussed in the methods sections they pertain to.

Research Design

In order to address my research aims and associated research questions, I adopted a two-phase study design employing both qualitative and quantitative research methods. An overview of my research design is shown in Figure 1.

Phase One consisted of two parts. For Part One, I sought to explore a small number of EP's descriptions of their consultation practice, using Personal Construct Psychology (PCP) interview methods to elicit individually held definitions and characteristics of consultation. I analysed the qualitative data from this phase using cognitive mapping to form a rich description of consultation for each participant as well as to create an overall combined description. For Part Two, I synthesised the findings from Part One with descriptions of consultation in the literature to identify the defining characteristics of consultation as well as any distinct characteristics described by the interview participants. I then considered these characteristics in terms of consultation as a concept and attempted to formulate a concept definition of consultation.

For Phase Two, I sought to explore EP views on approaches to casework, outcomes of casework, and evaluating casework using a nationally distributed online questionnaire. This questionnaire consisted of Likert-type statements about EP practice as well as several open-ended questions about evaluation and accountability. I analysed the quantitative data from this phase using descriptive and inferential statistics, and the qualitative data using thematic and content analysis. I used the characteristics of consultation findings from Phase One and my literature review to inform the questionnaire items for this phase.

Figure 1

Research design

Evaluation in consultation-based educational psychology

Literature Review

Definitions of Consultation

Phase One

Research aims:

1. To explore modern EP consultation practices in England
2. To formulate a contemporary concept definition of consultation

Part One: Interview
Research Question:
1. How do EPs describe their consultation practice?

Participants: Qualified educational psychologists working in England (n = 6)
Data Collection: Online video interview using PCP methods
Data Analysis: Cognitive mapping

Part Two: Concept Definition
Research Questions:
2. What are the defining characteristics of consultation identified by EPs and in the literature?
3. Do these characteristics form a coherent and consistent concept definition of consultation?

Data Collection: Part 1 + literature review
Data Analysis: Concept definition process

Phase Two

Research aim:

1. To explore EP's views and attitudes towards evaluating consultation-based casework

Online Survey
Research Questions:
1. What approaches to casework do EPs report to use and how confident are they in evidencing their impact?
2. What outcomes of casework do EPs report to expect and how confident are they in evidencing them?
3. What is the relationship between EP approaches to casework, expected outcomes, and confidence in evidencing outcomes?
4. What methods of evaluation do EPs report to use?
5. What factors, if any, do EPs report as preventing them from evaluating their work?

Participants: Qualified educational psychologists working in England (n = 121)
Data Collection: Online questionnaire
Data Analysis: Descriptive and inferential statistics for quantitative data, thematic and content analysis for qualitative data

Phase One: Defining Consultation - Methods

Introduction and Theoretical Background

The first aim of Phase One was to explore the characteristics of consultation as described by those who practice it. The second aim was to formulate a concept definition of consultation by considering these characteristics alongside those present in the literature. Both aims were intended to provide insight into the nature of modern EP consultation practices in England as well as to inform the Phase Two exploration of evaluation in consultation-based EP practice.

Creating sound conceptual definitions of phenomena within social sciences can be a difficult task and has been subject to much discussion over time (Komatsu, 1992; Podsakoff et al., 2016; Wittgenstein, 1953). At its core, the process of defining a concept requires considering the characteristics or attributes contained by it, its intension, and the range of cases to which it applies, its extension (Sartori, 1970). In the case of consultation, its intension would be the characteristics that define it, and its extension would be the range of practices which get labelled 'consultation'. However, these factors are not necessarily static and are subject to changing contexts, evolving practices, and individual interpretations (Podsakoff et al., 2016). Concepts can also become less well defined over time if they are generalised to apply to more cases without changing the original defining attributes, a phenomenon described as 'conceptual stretching' by Sartori (1970). Conceptual stretching can be understood as an increase in extension without an increase or reformulation of intension, resulting in a term carrying a range of different meanings with no reliable or efficient way to communicate these differences.

Concepts are not necessarily neatly definable by their attributes or characteristics, as will be discussed later in this section, and so attempting to formulate a concept definition requires a robust framework within which to work. Additionally, the epistemological position of the researcher has implications for selecting which methods are most appropriate and what information is considered valuable (Bagozzi, 2007). In the following sections I will present and discuss the frameworks and methods I have chosen to approach formulating a concept definition of consultation.

Defining Concepts

Based largely on the work of Sartori (1970, 1984), Goertz (2012), and Wittgenstein (1953), Podsakoff et al. (2016) make recommendations for developing good conceptual definitions within organisational, behavioural, and social sciences. They present the following procedure which I have used as a framework for this phase of my research:

- Stage 1: Identify potential attributes of the concept and/or collect a representative set of definitions.
- Stage 2: Organise the potential attributes by theme and identify any necessary and sufficient ones.
- Stage 3: Develop a preliminary definition of a concept.
- Stage 4: Refining the conceptual definition of the concept.

In this section, I will focus on Stages 1 and 2 which form the basis for my data collection and data analysis procedures respectively. Stages 3 and 4 will be referred to further in Chapter 4 - Phase One Findings and Discussion.

For Stage 1, Podsakoff and colleagues present a number of approaches that can be used for identifying the potential attributes and dimensions of a concept. These are:

- Search the dictionary.
- Survey the literature.
- Interview subject-matters experts, colleagues, and/or practitioners.
- Focus groups and direct (structured) observation.
- Case studies.
- Compare the focal concept with its opposite pole.

The authors go on to discuss which of these techniques may be necessary to develop a 'good' conceptual definition in different contexts. While each approach has its merits, three stand out as being particularly useful for approaching consultation as a concept: survey the literature, interview practitioners, and compare the focal concept with its opposite pole. Podsakoff et al. (2016) argue that for researchers trying to "provide a clearer conceptual definition of an already existing concept" (p. 180), a literature review should be viewed as one of the most important activities. For concepts that have multiple definitions, contain many dimensions, or that have abstract and theoretical characteristics, then inductive approaches such as interviews can provide "new insight"

(p. 180). For concepts where underlying attributes may be difficult to articulate or where individuals may have different interpretations, Podsakoff et al. (2016), citing Goertz (2012), highlight the benefits of comparing a focal concept with its 'opposite pole'. The rationale behind finding meaning through exploring difference or opposites shares much with Personal Construct Psychology (PCP; Kelly, 1955), as will be discussed later in this section. Consultation has a range of definitions (Kennedy et al., 2008; Leadbetter, 2006), is multidimensional (Gravois, 2012), and is an abstract interpersonal process subject to individual interpretation (Wagner, 2008), making the three methods outlined here appropriate approaches to defining consultation within Podsakoff et al.'s (2016) framework.

For Stage 2, Podsakoff and colleagues recommend organising the attributes found in Stage 1 into underlying themes or groups. It can then be determined if any individual attributes or themes appear to be 'necessary' or 'sufficient' components of the concept definition. Following Sartori's (1984) definitions, 'necessary' means an essential property that all examples of the concept must possess and 'sufficient' means a unique property, or combination of properties, that only that concept possesses. Concepts with a 'necessary and sufficient' concept structure are defined by their attributes without ambiguity; a given case is either a member of the conceptual category or it is not, there is no question of degree (Komatsu, 1992). Concepts which do not appear to follow this concept structure may be better understood in terms of 'family resemblance' (Wittgenstein, 1953). Concepts with a family resemblance concept structure allow for a range of attributes to be either present or not present so long as at least a minimum number are. As such, two cases may share no attributes with each other but still be included in the concept definition. Podsakoff et al. (2016) highlight the need for identifying the central attributes (attributes which are shared by the most cases) and prototypical cases (cases that have the most shared attributes) for family resemblance concepts. These two concept structures are visually represented in Figure 2.

It is important to note that Wittgenstein's (1953) conceptualisation of family resemblance concept structure does not exclude cases which may satisfy the conditions for necessary and sufficient definitions. However, Podsakoff et al. (2016) note that some concepts can be best understood as having some necessary or sufficient attributes plus some combination of additional attributes, cases which they refer to as having a "hybrid

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structure" (p. 184). As such, retaining the notions of 'necessary' and 'sufficient' can be useful even when exploring concepts like consultation which will likely not satisfy the conditions for a necessary and sufficient definition.

Figure 2

Differences between 'necessary and sufficient' and 'family resemblance' concept structures

	Necessary and Sufficient Concepts	Family Resemblance Concepts
Logical rule	AND	OR
Structural rule	If and only if all *n* attributes are present	If at least *m* of *n* attributes are present
Attribute substitutability	No	Yes

Example attribute matrix

Necessary and Sufficient Concepts

Attributes	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6
	Qualifying Cases				Non-Qualifying Cases	
Attribute 1	X	X	X	X		X
Attribute 2	X	X	X	X	X	X
Attribute 3	X	X	X	X	X	X
Attribute 4	X	X	X	X		X
Attribute 5	X	X	X	X	X	X
Attribute 6	X	X	X	X		X
Attribute 7	X	X	X	X		X
Attribute 8	X	X	X	X	X	

Family Resemblance Concepts

Attributes	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6
	Qualifying Cases				Non-Qualifying Cases	
Attribute 1	X	X			X	
Attribute 2		X	X	X		
Attribute 3		X		X		
Attribute 4	X		X			X
Attribute 5		X	X			
Attribute 6	X	X	X			X
Attribute 7			X	X		
Attribute 8	X		X			

Relation between the intension of the concept and its extension	Intention is negatively related to extension; as the number of defining attributes increases, the number of qualifying cases decreases.	Intention can be positively related to extension; as the number of defining attributes increases, the number of qualifying cases may increase.

Note. From *Recommendations for Creating Better Concept Definitions in the Organizational, Behavioral, and Social Sciences*, by Podsakoff et al., 2016, p. 163.

Personal Construct Psychology Interview Methods

While not explicitly referenced by Podsakoff et al. (2016), some of the approaches they outline share many characteristics, both in philosophical underpinning and application, with Personal Construct Psychology (PCP; Kelly, 1955) and PCP interview methods (e.g. Burr et al., 2014). Using PCP as a framework for conducting interviews provides an opportunity to collect 'rich' data valuable in qualitative research (Braun & Clarke, 2013) as well as an explicit method for implementing Podsakoff et al.'s (2016) recommendation to explore 'opposite poles'.

PCP, as conceived by Kelly (1955), focuses on subjective constructions of experiences. It deals primarily with how individuals construe events and how this, in turn, creates meaning and guides action. Kelly sets out a 'Fundamental Postulate', a central hypothesis, that individuals are principally concerned with predicting their environments and "anticipating events" (Kelly, 1955, p. 47). This fundamental postulate

is followed by 11 corollaries, each of which illustrate different aspects of Kelly's theory. For the purposes of this chapter, I will only focus on how the 'Individuality Corollary' and the 'Dichotomy Corollary' provide a theoretical underpinning for my methods in this phase.

Kelly's Individuality Corollary states that "Persons differ from each other in their constructions of events" (Kelly, 1955 p. 55), articulating the underlying constructivist epistemology of PCP. As noted by Bagozzi (2007), the endeavour of developing concepts is expressly ontological and so when dealing with concepts that do not have easily measurable aspects, consideration of a constructivist epistemological perspective is often crucial. Consultation practice relies heavily on the personal judgement and interpretation of a consultant; it is based upon consultant-consultee relationships and how shared meaning is created through language and interactions (Larney, 2003). Kelly's Dichotomy Corollary states that "A person's construction system is composed of a finite number of dichotomous constructs" (Kelly, 1955 p. 59). In essence, an individual holds within them a set of 'constructs', or beliefs, about how the world works and each of these constructs has a contrasting pole. Eliciting these contrasting poles can give insight into what meaning a certain construct carries, especially considering that this meaning often lies outside an individual's immediate awareness (Burr et al., 2014).

Structured methods for eliciting constructs date back to Kelly's role construct repertory test (Kelly, 1955). This 'rep test' utilises a list of common personal 'roles' (such as mother, father, a teacher you liked, a teacher you disliked) that the interviewee is asked to assign people in their lives to. The interviewee is then asked to consider three of these individuals and indicate in which important way two of them are alike but different from the third. The label given to the similar pair is considered an emergent pole of a personal construct, and the label given to the different third is considered its contrasting pole. This method of 'triadic elicitation' also forms the basis for many PCP approaches (Reddy, 2010).

Constructs may also be elicited throughout the course of a less structured interview (e.g. Procter & Winter, 2020) or in response to direct questions about one's self (e.g. Oades & Patterson, 2015; Ravenette, 1992). In these situations, an interviewer can explore constructs as and when they emerge and provide prompts or probes to elicit further constructs or contrasting poles. One such method is described by both Beaver (2011)

and Procter and Winter (2020) in which an interviewer has four different 'directions' of enquiry when exploring constructs each designed to elicit or expand on different types of construct. Beaver's (2011) conceptualisation (see Figure 3) uses directions termed 'importance' (up), 'behaviour' (down), 'implies' (left), and 'opposite' (right); while Procter and Winter's (2020) 'joystick method' (see Figure 3) uses the terms 'ladder' (up), 'example story' (down), another construct' (left), and 'contrast pole' (right). The terms used across these two approaches are functionally identical in terms of what they are designed to elicit.

Figure 3

Directions of PCP interview enquiry
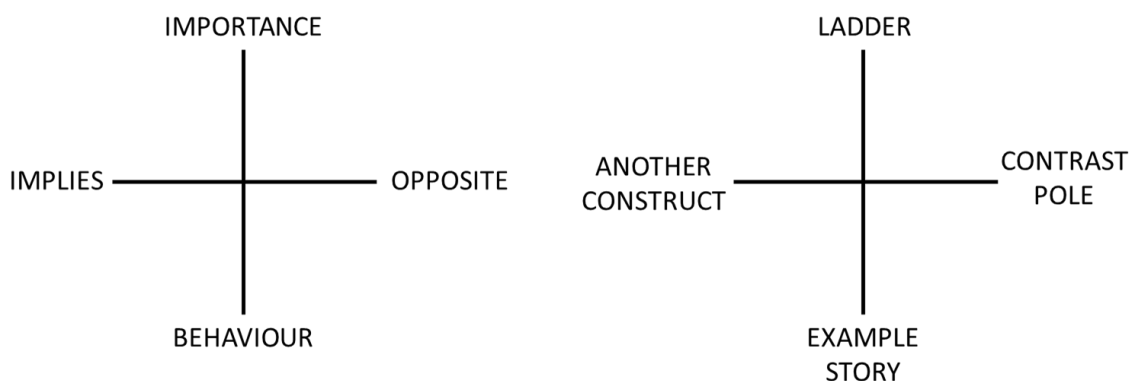
Note. Adapted from *Educational Psychology Casework,* by Beaver, 2011, p. 93 (left); and *Personal and Relational Construct Psychotherapy,* by Procter and Winter, 2020, p. 194 (right).

As constructs are elicited through the course of an interview, Burr et al. (2014) note that it is important to share, check, and clarify the nature of an individual's constructs so that labels can be agreed using their own words and phrases. This is generally achieved through a collaborative process of recording and displaying constructs during the interview. Constructs do not need to be single words, but can be longer descriptions or phrases (Feixas & Villecas, 1991) and there are a wide range of approaches for recording and displaying constructs which suit different applications. For situations where a large number of constructs need to be explored or compared, as is the case with this research, variations on the repertory grid technique, an extension of Kelly's (1955) 'rep test', are often used (Procter & Winter, 2020). I discuss grid techniques and how I developed one for my interview procedure further in the Part One Data Collection Methods section

below. One of the key benefits of grid techniques for this research is that it aligns well with Podsakoff et al.'s (2016) recommended Stage 2 process of organising concept attributes into themes. Constructs, in this capacity, relate directly to characteristics of consultation as described by interviewees.

PCP methods "can be particularly effective in researching experiences that are hard for participants to articulate" and enable them to "overcome the difficulties of expressing abstract ideas...[or those] which reach beyond socially desirable or common sense responses" (Burr et al., 2014, p. 343). It has been suggested that "EPs often struggle to articulate what is meant by consultation" (Nolan & Moreland, 2014, p. 63), and the extent to which certain practices may be 'socially desirable' or 'common sense' within educational psychology is evident in the wide-scale adoption of consultation in the UK (Leadbetter, 2006), with Wagner's models (Wagner, 1995, 2000, 2008) being particularly prominent (Cording, 2011). This apparent consensus amongst EPs about the usefulness of consultation and the relative dominance of one model may make separating espoused theory from actual practice a difficult task for participants and researchers alike, a phenomenon studied by Kennedy et al. (2008). While Kennedy and colleagues approached their investigation by observing and codifying actual consultation meetings, PCP offers an alternative method to 'delve beneath' espoused theory by eliciting underlying beliefs and motivations. With that said, it is still beneficial for interviewees to be grounded in concrete experiences so that they can "be enabled to reach for meaning that is not immediately apparent to them" (Burr et al., 2014 p. 344). This is typically achieved by prompting interviewees to think about a specific experience or event (Procter & Winter, 2020).

Remote Interviews

Due to the Covid-19 pandemic, I was unable to conduct any research activities face-to-face and so phase one interviews were done via video conferencing software. While in-person interviews are typically regarded as the 'gold standard' of qualitative interviewing (Thomas, 2017) and remote video methods seen as a less preferred "last resort" (Hermanowicz, 2002), improvements in technology have led to many of the potential downsides of remote video interviews being mitigated (Lo Iacono et al., 2016). Lo Iacono and colleagues note that while important aspects of qualitative interviews such a rapport-building and communication through non-verbal cues are affected by

using video, benefits such as increased efficiency and flexibility as well as the ability to interview participants which otherwise would not be accessible also exist. Archibald et al. (2019) also highlight the file and screen sharing functionality of more modern video conferencing software as a key benefit over other remote methods such as telephone interview.

Using video conferencing software for my interviews afforded several interesting opportunities. First, it gave me the ability to interview participants across the country from a range of different services and training backgrounds without having to expend unnecessary resources. Second, screen sharing functionality enabled me to type, organise, and display participants' constructs live on a document during the interview. This meant that they could be checked and agreed, a key aspect of the PCP methods outlined above (Burr et al., 2014) and an important factor in establishing the meaning of constructs. Third and most unique to video conferencing software, I was able to record both the audio and video components of the interview, including anything shared on screen. This meant that I had a record of how the screen-shared constructs document evolved over time, which constructs participants deliberated over, and which prompts elicited which responses.

Part One: Interview

The first aim of this phase of my research was to explore modern EP consultation practices. This serves both to address my first research question and to contribute towards the concept definition process outlined by Podsakoff et al. (2016). In this section, I will outline how these interviews were conducted and analysed.

Participants

Six qualified EPs took part in the interviews conducted for this phase of the study. Participant characteristics are outlined in Table 1. I considered both where participants were currently working and where they had trained as factors which may contribute towards their views on consultation. As such, I aimed to recruit from a range of regions of the country and asked participants to report where they had trained. Participants were self-selecting and recruited through email postings sent to service leads (Principal EPs or Senior EPs) from selected geographically representative services within England. Due to this, it can be assumed that those who took part in the interviews has an interest

in, or strong feelings about, consultation and so the data should be interpreted with this in mind.

Data Collection Methods

I used a semi-structured interview format for this phase, following guidance from Robson (2002) and Thomas (2017) and incorporating the PCP interview methods outlined above. Semi-structured interviews allow for specific topics to be covered while also giving the freedom for follow-up questions and elaboration as necessary (Thomas, 2017). All interviews were conducted online via video conferencing software between the dates of 26th November 2020 and 25th January 2021.

Table 1

Participant characteristics for Phase One, Part One interviews

Participant	Number of Years Qualified	Role	Region Currently Working In	Region Trained In
EP 1	17	Senior Specialist EP	South East	Greater London
EP 2	9	Senior Specialist EP	North East	Yorkshire and the Humber
EP 3	45	Main Grade EP	West Midlands	South West
EP 4	6	Main Grade EP	South East	Outside of the UK
EP 5	8	Main Grade EP	South West	South West
EP 6	11	Main Grade EP	Greater London	Greater London

The interview consisted of demographic questions, followed by several broad direct questions about consultation, and then the main semi-structured schedule. I developed this semi-structured schedule to begin with a root prompt intended to ground participants in their personal experiences and ensure that the focus was on consultation meetings regarding an individual child rather than other forms of consultation. This prompt was then followed by several structured questions about their practice which were informed by the literature, complimented by an array of possible further open-ended questions, or probes (Braun & Clarke, 2013), guided by PCP methods. The first part of the interview followed this procedure and focussed on consultation practice. The second part of the interview followed the same procedure but focussed instead on non-consultation practice. The overall aim of the interview was to elicit and record a set of characteristics of consultation and non-consultation EP work, along with any meaningful

contrasts to these characteristics for each participant. Elicited characteristics and contrasts were typed and displayed live via screen sharing to the participant on a 'characteristics grid' as the interview progressed.

Structured Questions

Structured questions covered three main characteristic dimensions of consultation that I had identified in the literature: procedural (what is being done), conceptual (why it is being done), and relational (what happens between consultant and consultee). Within these, I also considered a further set of dimensions of consultation outlined by Gravois (2012): focus (the target for change), form (who is being consulted with), and function (the type of change intended). As the broad focus for this research was on outcomes for children rather than for teachers or school systems, the first of these dimensions was constrained by the root prompt (i.e., participants were asked about consultation where the focus is an individual child). The second and third of these dimensions served as specific points within the procedural and conceptual dimensions respectively. These dimensions of consultation formed my interview framework, which is visually represented in Figure 4, as well as my initial interpretive framework, which I discuss further in the Part One Data Analysis Methods section below.

Figure 4

Framework for structured interview questions

Focus: Root Prompt		
Procedural: Structured Questions	**Conceptual:** Structured Questions	**Relational:** Structured Questions
Form: Structured Question	**Function:** Structured Question	
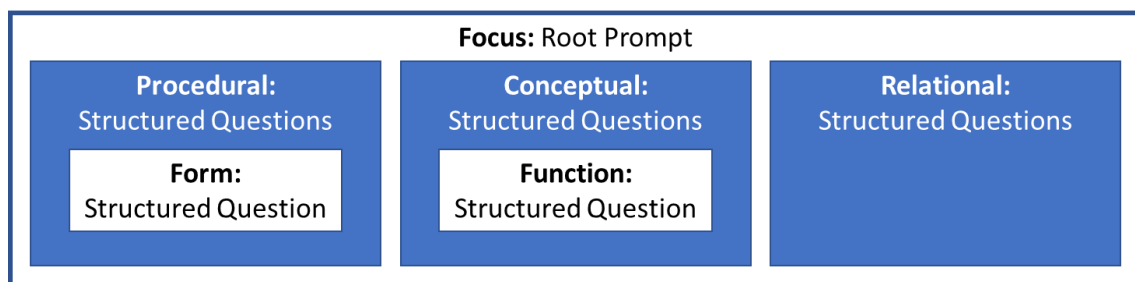
PCP Probes

Follow-up probes were based on the PCP 'joystick method' (Procter & Winter, 2020) discussed in the previous section. These probes belonged to one of four 'directions' of enquiry, each representing a specific type of PCP questioning designed to elicit different constructs. As stated previously, 'constructs' in the context of this research relate to characteristics of consultation. As such, I use the term 'characteristic' when referring to

participant responses, and 'construct' when referring more generally to PCP theory and methods in this chapter.

The first direction, 'importance' (up), was designed to elicit superordinate constructs through exploring why a construct was important (e.g. Hinkle, 1965). The second direction, 'behaviour' (down), was designed to elicit subordinate constructs through exploring concrete examples (e.g. Landfield, 1971). The third direction, 'implies' (left), was designed to elicit different coordinate constructs that may provide further context (e.g. Beaver, 2011). The fourth and final direction, 'contrast' (right), was designed to elicit contrasting poles. The probes associated with each direction were based on examples provided by Beaver (2011) and Procter and Winter (2020), however these were used as a guide or aide-mémoire rather than being prescriptive in their wording as per guidance from Thomas (2017). Similarly, how and when to use each probe was not predetermined so I was free as an interviewer to be guided by participants' responses. As noted by Beaver (2011), "there is no wrong route to take . . . every new description elicited in response to a question becomes a point of choice in terms of the four directions" (p. 93). The probes I used are visually represented in Figure 5.

Figure 5

Probes used during the interviews

Importance
Superordinate constructs
Why was that important to you?
What is important about that?

Behaviour
Subordinate constructs
How can you tell that it is...?
What would that look like?

Implies
Another Construct
What else can you tell me about that?
Why would that be?

Contrast
Contrasting poles of constructs
What would it look like if this wasn't the case?
How would you describe a situation that's not like that?

Characteristics Grid

In order to record and display participant responses, I developed a 'characteristics grid' based on the format of Procter's (2002) qualitative grids. A template for this grid can be seen in Figure 6. The qualitative grid is a PCP-informed method of recording and displaying constructs that allows a number of chosen elements to be considered across a range of dimensions. Elements and dimensions can take any form depending on the intended application. One type of grid, the event or episode grid (EEG; Procter, 2014), typically has different individuals as elements and different 'episodes' or significant events as dimensions. The grid can then be used to consider how each individual construes each episode. One of the key benefits of qualitative grids when compared to the more commonly used repertory grid (Kelly, 1955) is that they allow for an interviewee's words to be accurately represented directly on the grid rather than abstracted through numbered ratings (Procter, 2014).

The characteristics grid I developed was simpler than many qualitative grids in that it contained only two related elements: the characteristics of consultation and their contrasts. These elements were considered in relation to the dimensions of consultation practice outlined in Figure 4. Participants were asked one of the structured questions and any characteristics they offered, either immediately or following further probes, were entered into the corresponding cell of the grid. This simplicity had the added benefits of making the grid both easy to display to participants via screen sharing and easy to understand with minimal explanation. Because participants' responses were presented visually throughout the interview, they were given the opportunity to consider them and elaborate or return to previous answers as the interview progressed.

The version of the grid that was shared with participants did not include the 'dimensions of consultation practice' column present in Figure 6 as these aspects were intended as a guide for myself rather than a prescriptive framework; I wanted to be able to consider any characteristics that emerged which did not fit within these dimensions. The participant version of the grid used in the interviews can be found in Appendix IV.

Figure 6

Characteristics grid template

Elements

	Characteristics	Contrasts
Procedural, including Form		
Conceptual, including Function		
Relational		

Dimensions of Consultation Practice

Throughout the interview, Podsakoff et al.'s (2016) recommendation to compare focal concepts with their opposite poles was implemented in two main ways. First, by asking participants to consider both consultation and non-consultation work and second, by using the 'contrast' PCP probes during the interview.

I piloted this interview with one EP and one TEP to ensure that the questions were eliciting the type of responses intended and that the domains from my literature-informed framework were adequately covered. Following this pilot phase I made changes to the wording of some questions for clarity and made some preliminary notes on which PCP probes appeared to be most beneficial at different points. I also noticed that keeping track of the specific probes I was using and what responses they elicited was limiting my capacity to pay full attention to the participant. This was detrimental to

the overall 'flow' of the interview and so I decided that this could be done during the analysis phase instead. A final version of the interview schedule can be found in Appendix II, with amendments documented in Appendix III.

I considered several alternative interview methods, including a more straightforward semi-structured interview (e.g. Thomas, 2017) and hierarchical focussing (Tomlinson, 1989) to explore participants' conceptualisations of consultation. I decided that using PCP interview methods within a semi-structured interview framework allowed me to elicit responses that I otherwise might not be able to while maintaining a focus on discrete characteristics of consultation that would be compatible with Podsakoff et al.'s (2016) recommendations for defining concepts.

Data Analysis Methods

Cognitive Mapping

Data from Part One interviews were intended to address my first research question as well as to contribute towards Part Two of this phase, which concerns formulating a concept definition of consultation and addresses my second and third research questions. However, I wanted to retain as much of the participant's descriptions and the richness of their responses as possible while still being able to organise them into categories and themes suitable for Podsakoff et al.'s (2016) concept definition process. As consultation involves many interconnected and interdependent processes, I decided to use cognitive mapping to analyse the data from these interviews.

As described by Jones (1985), cognitive mapping is an approach to visually modelling an individual's beliefs. It allows for the representation of ideas and concepts as well as the relationships between them, typically marked by lines (for simple connections) or arrows (for causal relationships). It is a method particularly useful in analysing semi-structured interviews (e.g. Browne, 1989; Northcott, 1996; Thomas, 2002) as it enables the coding of participant responses into inductive themes while preserving the connections between them. The approach I used was based primarily on an adaptation of Jones' (1985) method devised Northcott (1996).

Northcott (1996) notes that "cognitive mapping generates a picture of the constructs and ideas of individuals and of groups, in an 'intersubjective' way that combines the researcher's view with those of the respondents" (p. 456). This description highlights

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the strong compatibility between cognitive mapping and my interview approach; it explicitly deals with 'constructs' and inherently acknowledges my contribution as a researcher. In this case, my contribution came in two main forms: my initial interpretive framework established from the literature (see Figure 5) and the role I played in guiding the interview through the use of probes. Throughout the cognitive mapping process, I adapted my initial interpretive framework according to each participant's unique responses, allowing for my final interpretive framework (discussed further below) to accommodate both inductive and deductive aspects of my research.

First-Level Analysis: Individual Interview Data

As noted by Browne (1989), any specific approach to cognitive mapping should be personalised to meet the individual needs of the researcher. Based on Northcutt's (1996) procedure, I created a cognitive map for each participant using the following steps:

1. Start at the centre of the page with the term 'characteristics of consultation' and add the six dimensions of consultation from the initial interpretive framework (procedural, conceptual, relational, focus, form, and function) as second-order themes branching from this.

2. Group characteristics and any contrasts from the participant's characteristics grid by emergent first-order categories.

3. Place characteristics, contrasts, and their first-order categories on the diagram according to the initial second-order themes.

4. Listen to/watch the interview recording and identify which root prompt, structured question, or PCP probe each characteristic stemmed from. Reorganise characteristics according to this information, draw lines connecting characteristics that are related, and draw arrows to denote causal or explanatory links.

5. Throughout the listening the process, note any illustrative quotes and mark which characteristic(s) they correspond to.

6. Listen to/watch the interview again. Record and place any additional characteristics not identified on the characteristics grid and draw any additional links evident in the participant's responses.

7. Re-label any of the original interpretive framework themes to better represent the data and/or add additional second-order themes to group the first-order categories.

8. Draw dotted lines to indicate links that were not explicitly stated but were implied or that satisfy clear logical steps.

9. Listen to/watch the interview again. Draw any final links and restructure the map for clarity.

Through this process, I represented each participant's data as a map of interconnected characteristics of consultation, sorted into first-order categories and then broader second-order themes using software. As one of the overall aims of this phase was to form a concept definition of consultation by comparing individual 'cases' from practitioners and the literature, I endeavoured to keep the second-order themes and first-order categories consistent across participants. This required an iterative process of expanding and adapting the terms I used as I created each map. These second-order themes and first-order categories formed my final interpretive framework which accommodated most of the key ideas about consultation described during the interviews. This final interpretive framework is discussed further Chapter 4.

It is important to note that as a lone researcher, my interpretation and analysis of participants' data was not subject to any of the peer auditing or corroboration evident in Northcott's (1996) use of cognitive mapping. While the constructs themselves are represented verbatim from the participants, the themes and categories are not and my role in shaping their meaning is acknowledged.

Second-Level Analysis: Comparative Data

Northcott (1996) describes second-level analysis of cognitive mapping as "the process of going beyond the individuals' contribution and building theory" (p. 461). This essentially involves combining the data from each participant's cognitive map to form a 'macro' map that sets out all of the evidence collected. I used my final interpretive framework as a foundation for this combined map, then placed the most central and most frequently occurring characteristics from each participant followed by more peripheral and less frequent characteristics. I preserved links from the individual maps where possible and made new links across participants' data where appropriate.

To support and provide further context to this combined cognitive map, I followed a process set out by Thomas (2002) for organising illustrative quotes relating to key ideas that emerge from analysing interview data. For each second-order theme and its associated first-order categories of my interpretive framework, I collated selected illustrative quotes from all participants and provided analytical and contextual commentary. Each quote was referenced to a characteristic on the combined map and organised according to my final interpretive framework.

Part Two: Concept Definition

The second aim of this phase of my research was to formulate a contemporary concept definition of consultation. In the following section I will outline how I synthesised findings from the Part One interviews with descriptions of consultation found in the literature, as per Podsakoff et al.'s (2016) recommendations, to address the second two research questions of this phase. This analysis also provided the foundation for elements of Phase Two of this study.

Data Collection Methods

Literature sources were identified through the search protocol outlined in the previous chapter. For the purpose of this phase, as stated in the rationale for this research, I limited my scope to only literature that included 'consultation meetings' (Leadbetter, 2006) and a focus on a specific child or 'client' within their definitions. Both individual consultation (e.g. Wagner, 1995) and group consultation (e.g. Bozic & Carter, 2002) were considered to reflect the range of responses given during the Part One interviews. All literature sources were either focussed on UK EP practice (e.g. Nolan & Moreland, 2014) or were frequently cited as influencing UK EP practice (e.g. Caplan, 2004). The only exception to this was Gravois (2012) which I included due the critical perspective on consultation practice adopted and the inclusion of a consultation dimensions framework. A full list if this literature can be found in Appendix VI and is discussed further in Chapter 4. Each literature source, though they invariably made reference to previous conceptualisations of consultation and used them to form their own, was treated as a distinct definition of consultation or 'case'.

I used my interpretive framework from Part One of this phase as a starting point for summarising the characteristics of consultation present in these literature sources. As describing consultation was either the explicit goal of these sources or a necessary part

of their methods section, identifying and extracting characteristics did not require any analysis beyond grouping and organising them into themes. Additionally, as the selected literature formed part of the wider literature I used to formulate my initial interpretive framework, the themes necessary to accommodate these definitions were already largely established. I did, however, expand some first order categories and characteristic labels at this stage to better reflect any common characteristics. I created a table summarising all characteristics of consultation identified from interview participants and literature sources (collectively termed 'cases' from here on) so that all cases could be considered alongside each other for analysis.

Data Analysis Methods

To address my second and third research questions for this phase, I followed Podsakoff et al. (2016) guidance to "organise the potential attributes by theme and identify any necessary and sufficient ones" (p. 181). As I had already organised all cases by theme as part of Phase One and the literature data collection described above, the next step I took was to evaluate whether any of the identified aspects of consultation were necessary (essential) or sufficient (unique) properties. Any characteristics, first-order categories, or second-order themes in the combined table which were present across all cases would be deemed necessary, and any which appeared to be unique to consultation would be deemed sufficient. I used an adapted version of Podsakoff et al.'s (2016) necessary and sufficient attributes grid (p. 182) to structure this analysis. See Figure 7 for a template version of this grid.

While a necessary and sufficient concept structure (Sartori, 1984) for consultation would make for a satisfying finding, this was highly unlikely given the already identified breadth of definitions in the literature. As such, the majority of my analysis focussed on identifying the central characteristics (characteristics shared by the most cases) and prototypical cases (cases which have the most shared characteristics) that could make up a family resemblance concept definition (Wittgenstein, 1953). As noted by Komatsu (1992) and highlighted by Podsakoff et al. (2016), every attribute within a family resemblance concept must be shared by more than one member of the category. The grid shown in Figure 7 also facilitated this analysis.

Figure 7

Template grid used to organise and analyse consultation characteristics by case

			Cases															Conclusions
			Participants						Literature Sources									(Necessary, Sufficient, or Central)
SOT	FOC	Characteristics	P 1	P 2	P 3	P 4	P 5	P 6	L 1	L 2	L 3	L 4	L 5	L 6	L 7	...	
SOT 1	FOC 1	C 1															
		C 2															
		C 3															
		C 4															
	FOC 2	C 5															
		C 6															
		C 7															
		C 8															
SOT 2	FOC 3	C 9															
		C 10															
		C 11															
		C 12															
	FOC 4	C 13															
		C 14															
		C 15															
		C 16															
⋮	⋮	...															
		...															
		...															
		...															
		...															
		...															
		...															
		...															
	Conclusions (Prototypical)																	

SOT - Second-Order Theme, FOC - First-Order Category, C - Characteristic, P - Participant, L - Literature Source

Note. Adapted from *Recommendations for Creating Better Concept Definitions in the Organizational, Behavioral, and Social Sciences*, by Podsakoff et al., 2016, p. 182.

Phase Two: Evaluating Casework - Methods

Introduction and Theoretical Background

The aim of Phase Two was to explore EP's views on evaluating indirect aspects of casework and how these views relate to their practice. In order to approach this, I chose to investigate the prevalence of different approaches to EP casework, including indirect consultative work, how frequently different types of outcome were expected as a result of EP involvement, and how confident EPs were in evaluating these approaches and outcomes. I also investigated how adopting an indirect approach interacts with the types of outcome expected and confidence in evaluating them, as well as the methods EPs report to use for evaluating their work and the barriers they encounter in trying to do so. As evaluation requires consideration for all stakeholders and their motivations, I also wanted to identify who EPs saw themselves as being accountable to and who evaluates their work.

As discussed in the previous chapter, evaluation of consultation has typically tended to focus on the experiences of consultees rather than on changes for the child, and on outputs (what is done) rather than outcomes (what has changed) (O'Farrell & Kinsella, 2018; Sharp et al., 2000). Given that consultation can have many intermediate outcomes along the way to an overall outcome, the full range of outcomes associated with indirect consultation-based work; be they for the focus child, the consultees, or the whole school; should be considered important for evaluation purposes (Turner et al., 2010).

For this phase, I did not want to address consultation directly or use the term explicitly. The reasons for this are threefold: first, due to the range of practices associated with consultation, I would not be able to assume that the term meant the same to all participants, something which would limit the validity of comparing their responses. Second, due to the ubiquity of consultation in UK EP practice, the impact of 'socially desirable' responses would be more difficult to account for (Braun & Clarke, 2013). Third, I did not want the term 'consultation' to create a bias in participant self-selection; I was not solely interested in the views of EP who have strong views on consultation and were hence more likely to volunteer to participate.

Participants

121 qualified EPs completed the online questionnaire used in this this phase of the study. The number of years each participant had worked as an EP ranged from 1 year to 50 years (M = 12.06. SD = 9.48). The distribution of participants was moderately skewed towards EPs earlier in their career, with a skewness of 0.91 (SE = 0.22). Participants were from a range of regions in the UK, outlined in Figure 8.

Figure 8

Distribution of participants across regions of England for Phase Two online questionnaire

Participants were self-selecting and recruited through email postings sent to service leads (Principal EPs or Senior EPs) across the country. Due to this, it can be assumed that those who responded had an interest in, or strong feelings about, the evaluation of EP work and so the data should be interpreted with this in mind. As discussed above, the term 'consultation' was not used in any materials for this phase, and so attitudes towards consultation did not contribute towards this selection bias. Of the 125 original responses, four reported to be in training and so their data were excluded from further analysis.

Data Collection Methods

I used an online questionnaire for this phase, following guidance from Peterson (2000) and Krosnick and Presser (2009). Online questionnaires are suitable for collecting data

from a wide distribution of participants (Thomas, 2017), particularly quantitative data from closed questions that can be generalised across populations (Krosnick & Presser, 2009). While collecting qualitative data from open questions with questionnaires can affect response rate due to time commitments (Krosnick & Presser, 2009), I decided that providing an opportunity for participants to express ideas that I could not anticipate was important. This is especially true for views on evaluation methods, which can vary across services (Dunsmuir et al., 2009), and views on any barriers to evaluating work, which would likely be highly personal to participants.

I designed a single online questionnaire to be distributed nationally amongst qualified EPs. Participants were asked some demographic questions including where they currently worked, how long they had been working as an EP for, as well as their current role and the model of service delivery they worked within. The rest of the questionnaire was divided into two sections: closed direct questions using 5-point scaled responses, and open-ended questions with free-text entry.

Closed Direct Questions

I designed questions for this section to address both the approaches to and outcomes of EP casework. Questions addressing approaches were informed by my Phase One findings and Woods and Farrell's (2006) survey of psychological assessment approaches, resulting in 36 'approach items' covering indirect and direct casework practices. A full coded list of these items can be found in Appendix XI. For each item, participants were asked to rate how often they used that approach and how confident they were in providing evidence of its impact. Responses were recorded on a 5-point scale following guidance from Dawis (1992). A summary of the rating categories for these questions can be found in Table 2.

Questions addressing outcomes were informed by my Phase One findings and Gravois' (2012) proposed dimensions of consultation, resulting in 36 'outcome items' made up of child-focussed, adult-focussed, and systemic-focussed outcomes. A full coded list of these items can be found in Appendix XI. For each item, participants were asked to rate how often they considered it to be an outcome of their work and how confident they were in providing evidence of that outcome. Again, responses were recorded on a 5-point scale. A summary of the rating categories for these questions can be found in Table 3.

Table 2

Summary of participant rating categories for approach items

Questionnaire Item	Questionnaire Question and Rating Category	
	How often do you use the following approaches in your work as an Educational Psychologist?	How confident are you in your ability to provide evidence of the impact of the following approaches?
Indirect approach items	Indirect frequency ratings	Indirect impact evidence ratings
Direct approach items	Direct frequency ratings	Direct impact evidence ratings

Table 3

Summary of participant rating categories for outcome items

Questionnaire Item	Questionnaire Question and Rating Category	
	How often do you consider the following to be outcomes of your work?	How confident are you in your ability to provide evidence of the following outcomes?
Child-focussed outcome items	Child-focussed outcome frequency ratings	Child-focussed outcome evidence ratings
Adult-focussed outcome items	Adult-focussed outcome frequency ratings	Adult-focussed outcome evidence ratings
Systemic-focussed outcome items	Systemic-focussed outcome frequency ratings	Systemic-focussed outcome evidence ratings

I conducted an exploratory factor analysis to assess the construct validity of my two approach item dimensions (indirect and direct) and three outcome item dimensions (child-focussed, adult-focussed, and systemic-focussed). I also conducted a reliability analysis on each of these dimensions to assess their internal consistency as scales. The results from these tests can be found in Chapter 5.

Open-ended Questions

I designed questions for this section to directly address the evaluation methods participants used as well as their beliefs about who they were accountable to and any barriers they experienced to evaluating their work. I wanted these questions to be open-ended to encourage participants to provide more contextual information and to allow for a wider range of responses than I would be able to anticipate. As noted in the

previous chapter, approaches to evaluation in educational psychology vary greatly between services and my personal experience suggested that this is likely also true within services. These open-ended questions yielded qualitative data addressing the final two research questions of this phase.

I piloted the questionnaire with a small sample of EPs (n=3) and TEPs (n=4) to ensure clarity, accessibility of language, and that the time commitment was reasonable. Following this pilot phase, I made a few minor changes to the wording of some of the closed questions and removed one of the 'approach items' as it appeared to replicate an item in the same category. I also added a caveat to the introductory information sheet explaining that, wherever possible, responses should not be considered in the context of the COVID-19 pandemic. The final version of this questionnaire can be found in Appendix IX, with amendments documented in Appendix X.

Data Analysis Methods

Data from this phase came in two main forms: quantitative ratings from the closed questions and qualitative text from the open-ended questions. Quantitative data were used to address the first three research questions for this phase, and qualitative data were used to address the fourth and fifth research questions.

Closed Direct Questions

To address the first research question for this phase, I analysed quantitative data from the approach item ratings using descriptive statistics within SPSS. Items were grouped according to indirect and direct approaches, and ratings for items within these two dimensions were presented in table and graph forms. This allowed for analysis of the overall frequency of use across the two groups of approaches as well as the overall confidence in ability to provide evidence of their impact. I also analysed the rating scores for each individual item to explore how common each approach was and how confident participants were in providing evidence of their impact. I used the same analysis method with the outcome items to address the second research question for this phase, grouping items by child-focussed, adult-focussed, and systemic-focussed outcomes. This allowed for analysis of the overall frequency ratings for the three categories of outcome as well as the overall confidence in ability to provide evidence for each of them. Again, I also analysed the rating scores for each individual item to explore how common each outcome was and how confident participants were in providing evidence for them.

To address the third research question for this phase, I conducted non-parametric correlation tests within SPSS between composite scores calculated from participant responses. These composite scores were calculated by summing the individual Likert-type item ratings within each category, following guidance outlined by Boone and Boone (2012) and Joshi et al. (2015). The approach item composite scores I used for analysis were as follows:

1. Indirect approach composite score: sum of Indirect frequency ratings.
2. Direct approach composite score: sum of Direct frequency ratings.

The outcome item composite scores were as follows:

3. Child-focussed outcome composite score: sum of child-focussed outcome frequency ratings.
4. Adult-focussed outcome composite score: sum of adult-focussed outcome frequency ratings.
5. Systemic-focussed outcome composite score: sum of systemic-focussed outcome frequency ratings.
6. Child-focussed evidence composite score: sum of child-focussed outcome evidence ratings.
7. Adult-focussed evidence composite score: sum of adult-focussed outcome evidence ratings.
8. Systemic-focussed evidence composite score: sum of systemic-focussed outcome evidence ratings.

While there is some debate in the literature regarding the validity of creating and analysing composite Likert-type items using this method (e.g. Starkweather, 2012), I decided that it provided a satisfactory measure of overall attitude towards the target constructs given that they were generated from the literature and informed by my Phase One findings. This decision was further supported by the factor analysis I conducted, as outlined above and discussed further in Chapter 5.

In total, I ran 12 non-parametric correlation tests to assess the relationship between approach to casework and type of outcome as well as the relationship between approach to casework and confidence in providing evidence of different types of outcome. These are summarised in Table 4.

Table 4

Summary of non-parametric correlation tests run

Outcome Item Composites	Approach Item Composites	
	1.Indirect approach composite score	2. Direct approach composite score
Outcome Frequency Composites		
3. Child-focussed outcome composite score	Test 1	Test 7
4. Adult-focussed outcome composite score	Test 2	Test 8
5. Systemic-focussed outcome composite score	Test 3	Test 9
Outcome Evidence Composites		
6. Child-focussed evidence composite score	Test 4	Test 10
7. Adult-focussed evidence composite score	Test 5	Test 11
8. Systemic-focussed evidence composite score	Test 6	Test 12

Open-ended Questions

To address the fourth and fifth research questions for this phase, I analysed the qualitative data from the open-ended questions using thematic analysis and content analysis (Braun & Clarke, 2006, 2013). Thematic analysis involved data familiarisation, initial coding, theme searching and review, and theme definition. Content analysis followed a similar procedure but involved quantifying certain responses based on theme. An example of this analysis process can be found in Appendix XIV. I then presented the main themes found across participants alongside selected associated codes and their descriptions in a table.

Ethical Considerations

Key ethical considerations for this research were in gaining informed consent and ensuring confidentiality across both phases. Consent was gained from Phase One participants via a consent form emailed to them prior to their interviews. This consent form contained a summary of the study's aims, what would be expected of participants, information about their right to withdraw, and notice that audio and video recordings would be made of the interviews. Participants were also asked to confirm their consent prior to the interview recordings beginning. A copy of this information and consent form can be found in Appendix I. Consent was gained from Phase Two participants via a

consent statement integrated into the online questionnaire. This statement was presented following a summary of the study's aims, what would be expected of participants, and information about their right to withdraw. Due to the questionnaire being anonymous, participants were explicitly informed that their right to withdraw data was lost once they had submitted their responses. Participants were required to acknowledge that they had read and understood the information and agreed to participate before they were able to progress with the questionnaire. A copy of this information and consent statement can be found in Appendix VIII.

No children or young people were involved in this research and no confidential information about children, families, or other professionals was shared during the Phase One interviews. Audio and video recordings of the interviews were stored on a password-protected device that only I had access to, and any transcribed sections were made by me. All Phase One participants were pseudonymised prior to data analysis. All Phase Two data were anonymised at the point of collection and stored initially on the password-protected survey website, and then on a password-protected device that only I had access to. No combination of identifiable data (e.g. location, service, training provider, time qualified) were presented during analysis.

There was potential for Phase One interviews to contain some professionally challenging content, and so participants were explicitly informed of their right to cease the interview at any point and withdraw their participation. During the interviews, participants were asked if they were happy to continue at each break in the interview schedule.

Ethical approval for this research was granted by the Exeter University Graduate School of Education's Ethics Committee. A copy of the Certificate of Ethical Approval can be found in Appendix XVII.

Chapter 4 - Phase One: Defining Consultation - Findings and Discussion

In this chapter I will present the findings from Phase One which are divided into two main sections: EP views on consultation gathered through interview (Part One), followed by a synthesis of these findings with the literature as part of the concept definition process (Part Two). As the analysis for this phase includes my interpretation throughout and the explicit consideration of findings within the context of the literature, the discussion section is relatively brief and focussed largely on the suitability of a concept definition of consultation within the context of UK EP practice.

Part One: EP Views on Consultation

Individual Interview Findings

In this section I will present the cognitive maps drawn from each participant's interview data alongside commentary on elicited constructs and the links between them in order to address the first research question of this phase.

RQ1: How do EPs describe their consultation practice?

Due to the large number of constructs elicited during the interviews and their highly interconnected nature, I have separated individual 'chains' of connected constructs from each cognitive map to more clearly present them for commentary. Maps were drawn using data from participants' characteristics grids constructed during the interview and through analysing the interview recordings. An example of a participant's completed characteristics grid can be found in Appendix V.

The interpretive framework used to organise the cognitive maps is summarised below. These second-order themes (numbered) and first-order categories (lettered) were developed iteratively throughout the cognitive mapping process to accommodate the constructs elicited during the interviews.

1. Conceptual characteristics
   a. Consultation focus
   b. Consultant goals (function)
   c. Consultant beliefs / philosophy
2. Procedural characteristics
   a. Consultation form
   b. Consultant actions
   c. Information sharing

  d. Problem solving

  e. Recording

  f. Evaluation

  g. Administration / accessibility

3. Relational characteristics

  a. Interactions: consultant - consultee

  b. Dynamics: consultant - consultee

  c. Interactions: consultee - consultee

  d. Dynamics: consultee - consultee

4. Outcomes

  a. In-meeting change

  b. Post-meeting change

5. External factors

  a. Perception of EP / EP role

  b. Service delivery

  c. Consultee factors

Each map is organised so that elicited constructs relating to consultation (purple outline) are presented with their associated contrasts (red text), and these are visually distinct from elicited constructs relating to non-consultation (red outline) and their contrasts (purple text). Direct links are denoted with a solid line and represent constructs which are related either through routes of PCP questioning (see Figure 5 in the previous chapter) or where the participant made direct reference to them being related. Links made by myself following analysis of the interview data that satisfy clear logical steps or that were implied through the course of the interview are denoted by a dotted line. Both 'direct' and 'researcher' links may also indicate an explanatory or causal relationship, denoted by an arrow. A key for the diagrams can be seen in Figure 9.

Figure 9

Key for the cognitive maps
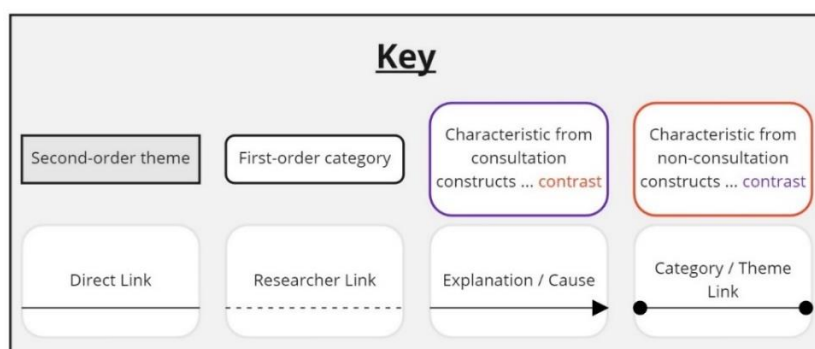
Cognitive Map 1 - EP1

A Senior Specialist EP working in the South East with 17 years of experience (Figure 10). There was a strong link between this EP's beliefs about not 'being an expert', the notion of problem ownership, their goals as a consultant, and their actions (Figure 10.1). The use of exploratory questions was seen as a contrast to 'giving solutions', where the former directly facilitates the problem-solving process. The specific example of 'providing the school with numbers' as a contrast to collaborative working exemplifies this EP's view that consultation should equip school staff to be able to find solutions and implement strategies themselves. This idea of 'building capacity' was evident in the EP's view on the function of problem solving (Figure 10.2), where both defining the problem (or the consultee's perception of the problem) and finding exceptions to the problem facilitate a change in consultee thinking and a greater understanding of the problem dimensions. This, in turn, allows the consultant to move away from providing solutions and instead help develop a consultee's knowledge and understanding of why certain strategies might work, a contrast to using 'off the peg' interventions. The EP viewed this understanding as key to building staff capacity long-term and as an example of the efficiency and value of consultation.

A second key factor in building capacity explored by this EP centred around consultee affect (Figure 10.3). Consultee ownership over their feelings and ability to 'sit with difficulty' were both directly linked to empowering staff to take action themselves. Empowered staff was seen as a contrast to power-seeking staff, something which the EP viewed as detrimental to collaboration and making effective change. Explicitly exploring consultee feelings while providing validation and reassurance, as opposed to 'shaming', were seen as important actions to facilitate this sense of ownership. The EP viewed generating shared, agreed actions as a key function of consultation (Figure 10.4), which required changes in consultee thinking to take place in the meeting alongside the active process of exploring and defining the problem. Aligning with several of this EP's constructs outlined above, agreeing on shared actions was seen as a direct contrast to the EP making recommendations.

Figure 10

Cognitive Map 1 - complete cognitive map for EP1 showing all constructs and links
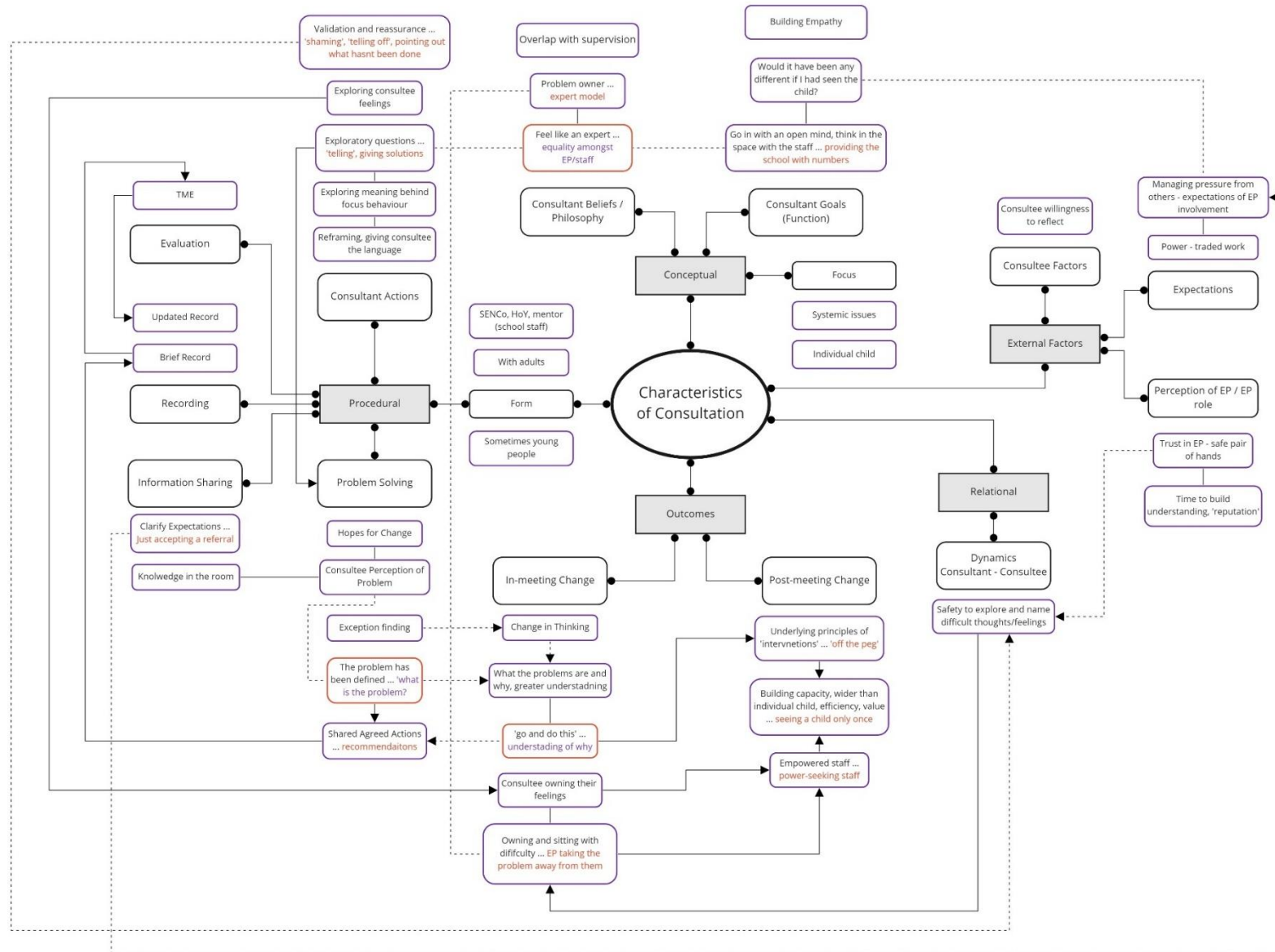
Figure 10.1

Map 1 links between problem ownership and problem solving
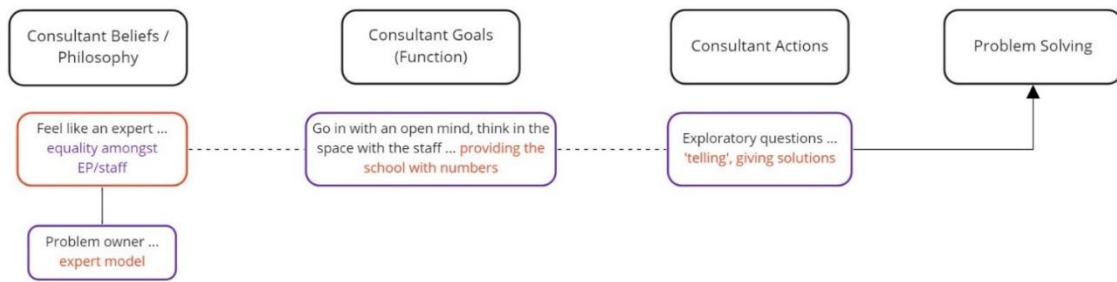
Figure 10.2

Map 1 links between problem solving, consultee understanding, and building capacity
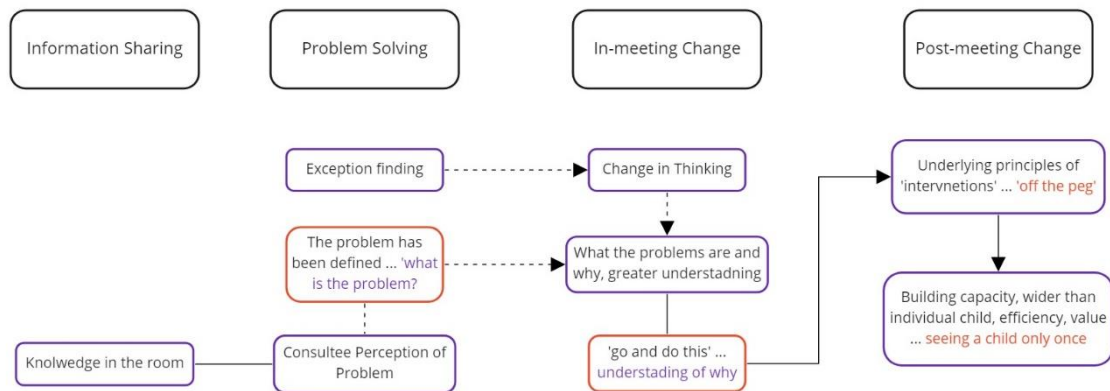
Figure 10.3

Map 1 links between consultee affect, consultee empowerment, and building capacity
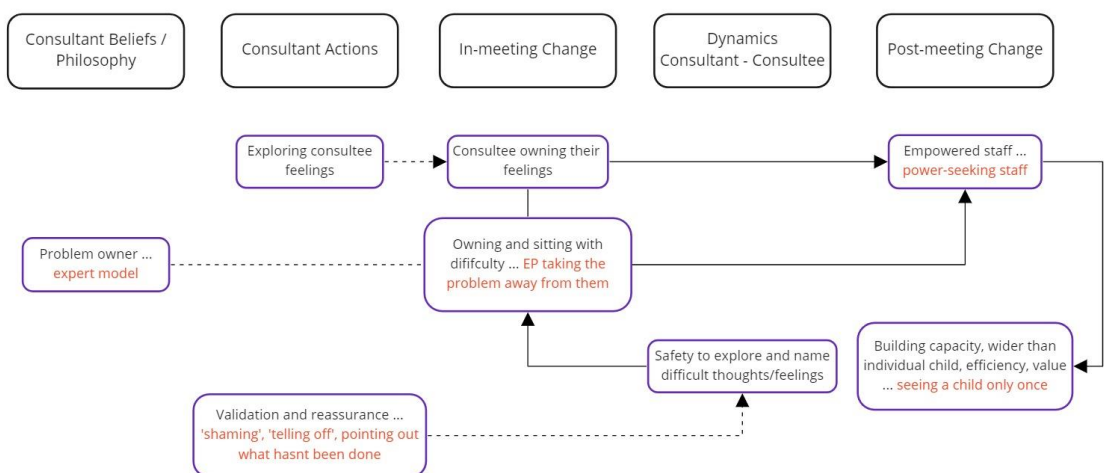
Figure 10.4

Map 1 links between problem solving and generating shared, agreed actions
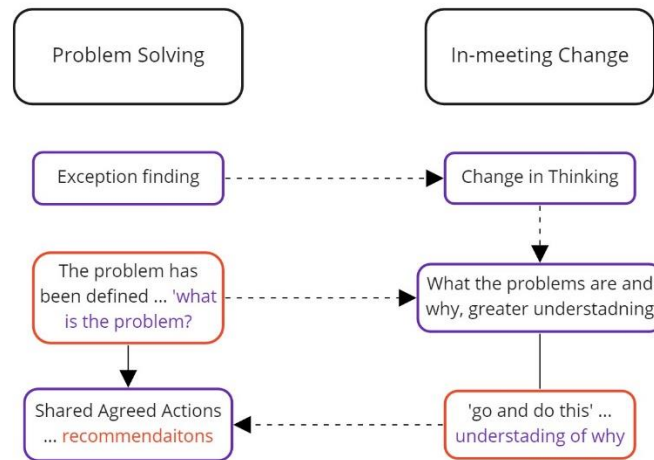
As can be seen, one of the most central characteristics of consultation as viewed by this EP is that it is distinct from giving advice, making recommendations, or 'taking the problem away'. The EP identified that this does not always align with a school's expectations of EP involvement and that this required consideration, particularly in the context of traded work (Figure 10.5). The position of a school as 'customer' has the potential to place pressure on the consultant to deliver what the school want, often individual assessment work, rather than what the consultant thinks would be most beneficial. This is further exemplified by a question the EP reported to ask themselves when reviewing their work: "would it have been any different if I had seen the child?". The process of clarifying expectations before involvement rather than 'just accepting a referral' was seen as a way to navigate this potential tension.

Figure 10.5

Map 1 links between expectations, traded work, and consultant goals
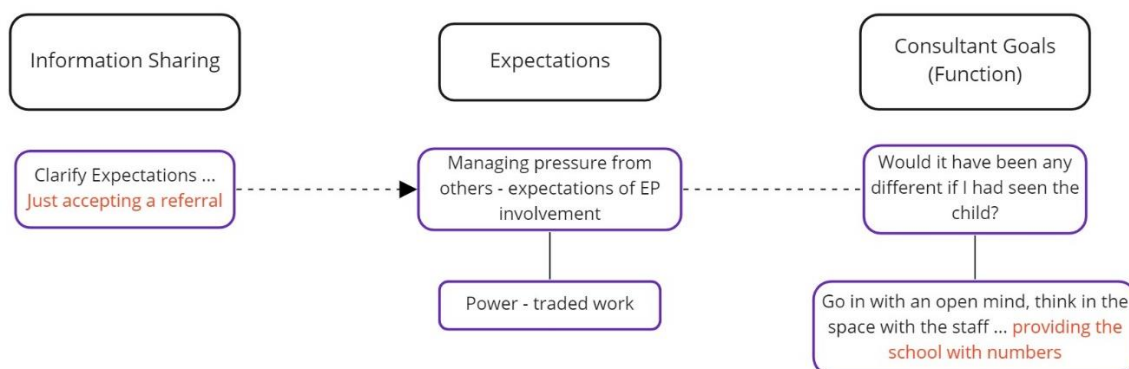
A senior specialist EP working in the North East with nine years of experience (Figure 11). An important construct for this EP was representation (Figure 11.1). They saw this as informing their approach of listening to different consultee stories and interpretations to establish shared meaning. They described how the 'journey' from information sharing, to aligning goals and actions, to shared planning relies on establishing a shared focus and shared values during the meeting. The importance of exploring consultees' starting points was also indicated, highlighting a key part of the information sharing and problem-solving processes.

One of the main goals of consultation described by this EP was to support reflective practice in the consultee, with the contrast of this being the EP already knowing their position and using the consultation to simply give their opinion (Figure 11.4). The EP described how there was some safety in taking this approach, though their beliefs around the importance of not doing so were highlighted through the emphasis they placed on following consultee pace and ensuring that the consultee felt heard. The goal of supporting reflective practice was seen as particularly important for consultees who may feel out of their depth with a problem, but who are receptive to engaging with consultation. The EP also saw one of the characteristics of consultation as mediating relationships where they may be tension between consultees (Figure 11.5). The case of parents feeling let down by a school and this dynamic preventing effective communication and problem solving was discussed, with modelling interactions and setting rules for how to interact during the meeting seen as ways to move forwards.

Figure 11

Cognitive Map 2 - complete cognitive map for EP2 showing all constructs and links
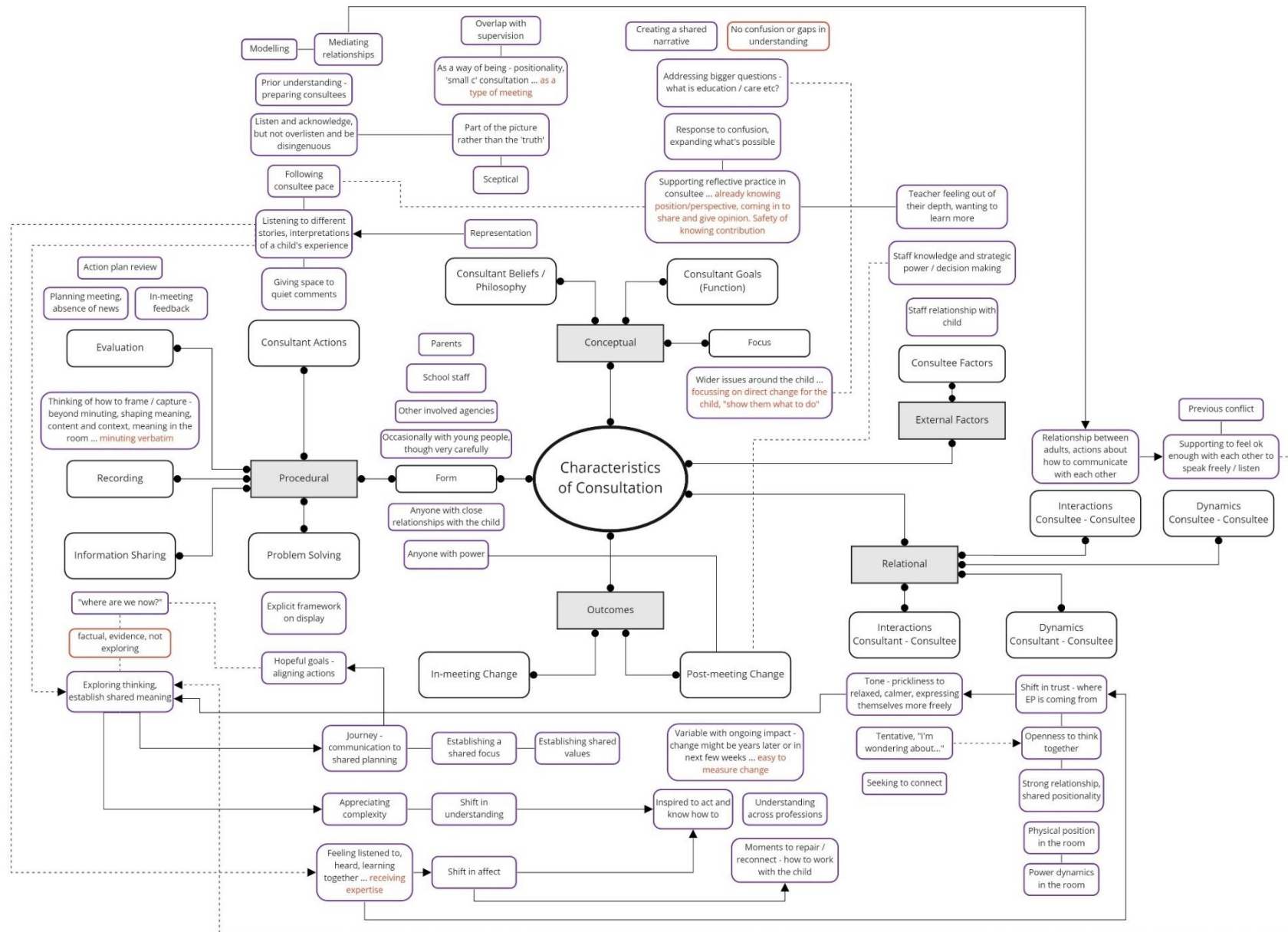
Figure 11.1

Map 2 links between representation, shared planning, and problem solving
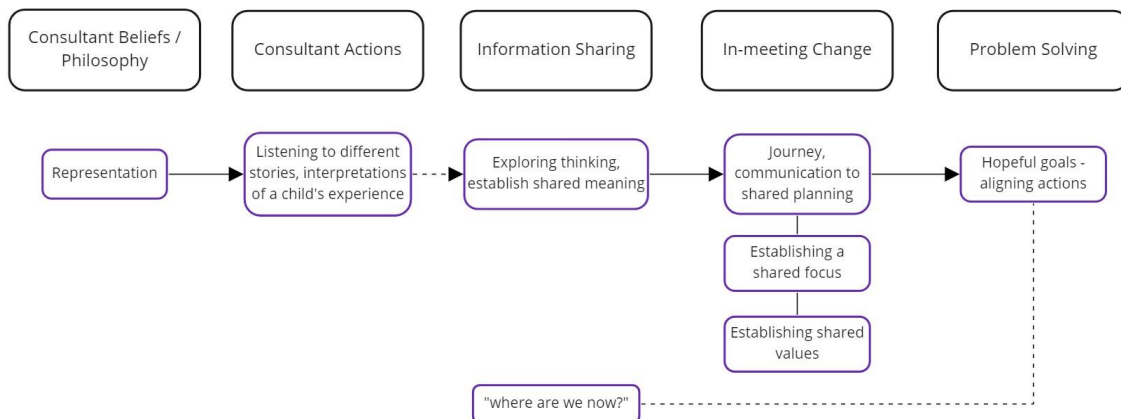
Figure 11.2

Map 2 links between listening to consultees, shifts in understanding and affect, and consultee action
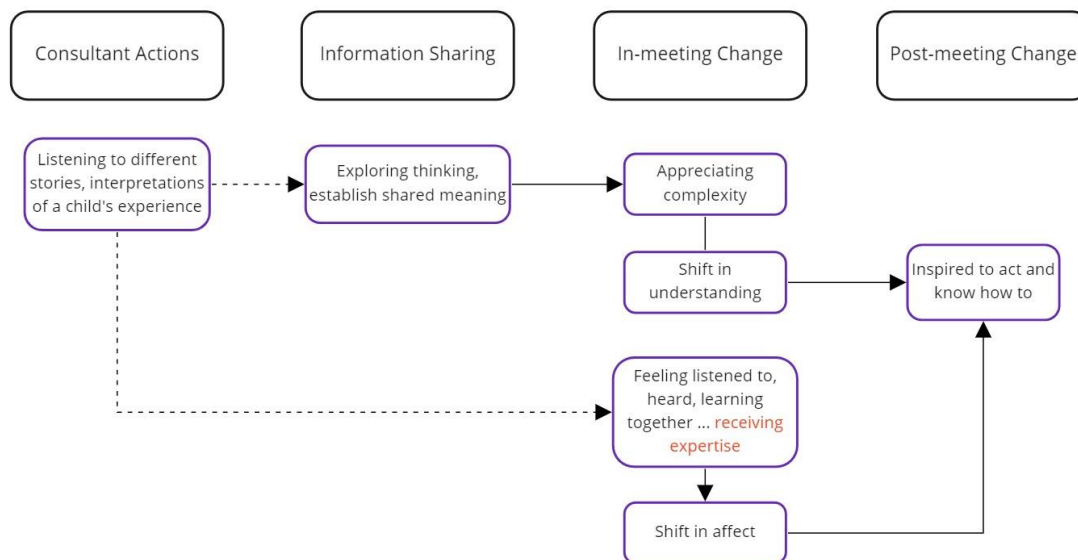
Figure 11.3

Map 2 links between consultees feeling listened to, trust, and collaboration
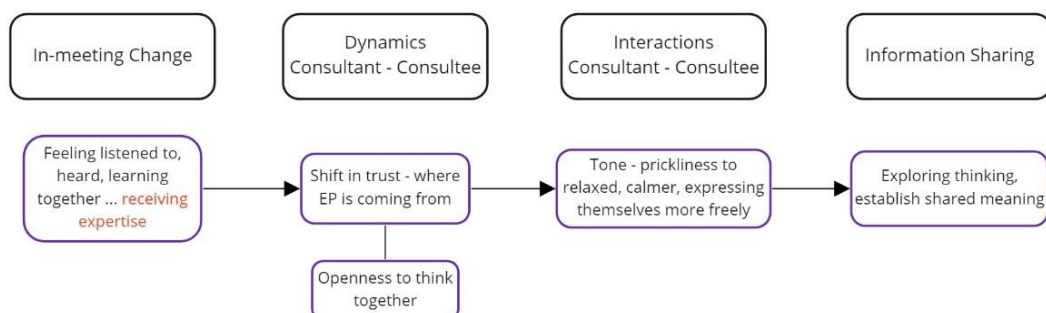
Figure 11.4

Map 2 links between supporting reflective practice, EP input, and feeling listened to
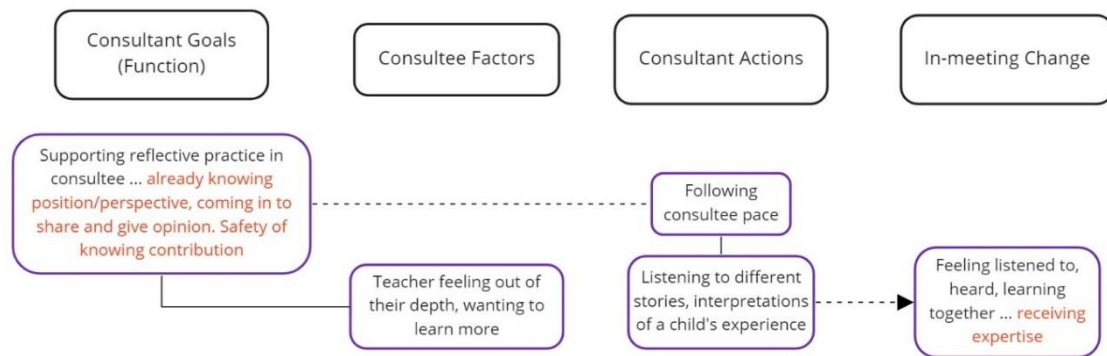
Figure 11.5

Map 2 links between mediating consultation relationships, navigating tensions, and enabling collaboration
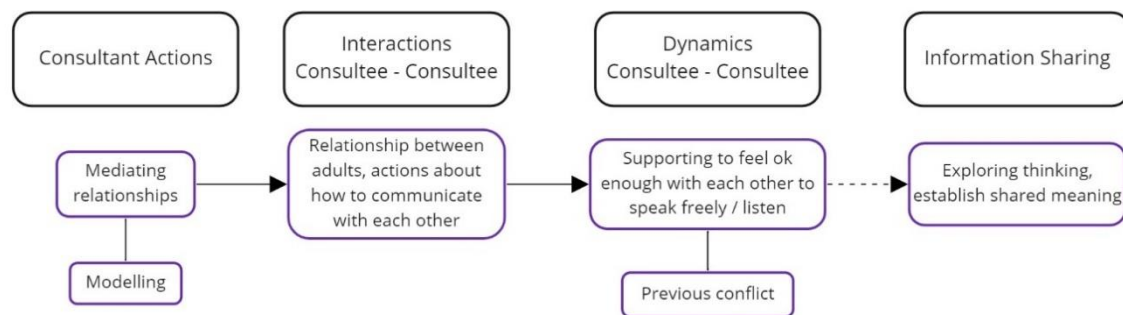
Cognitive Map 3 - EP3

A main grade EP working in the West Midlands with 45 years of experience (Figure 12). This EP had previously held Principal EP and Senior EP roles at different services within Greater London. The two main outcomes of consultation identified by this EP were the consultee moving beyond a presenting problem and the consultee being able to generate new ideas to address a problem (Figure 12.1). Both of these outcomes were linked to the construct of the consultee 'becoming a psychologist themselves', something the consultant could facilitate by avoiding the contrasting construct of 'discounting' the consultee's interpretation and explanation for their concerns. The EP saw the process of building trust through validation and not jumping to offer solutions or advice as being key to the consultee 'opening up' their thinking. A second facilitator for the consultee being able to generate new ideas was the use of clarifying questions and reflecting explanations back to ensure a proper understanding of the consultee's

concerns (figure 12.2). This was seen as a contrast to the consultant reaching a 'narrow formulation' before fully exploring a problem, already having solutions in mind, and 'persuading' the consultee to adopt these.

The EP spoke about the importance of having the class teacher involved in a consultation and mentioned situations where school leadership might not involve them (Figure 12.3). This was based on a belief that understanding and validating the class teacher's constructs around the focus child or problem was key to informing future approaches or strategies, particularly given that they were the ones who would have to implement them. The construct of mutual respect (Figure 12.4) was seen as an important factor in establishing the trust seen in Figure 12.1. The contrast of adopting or reenforcing a hierarchy between consultant and consultee implies that the EP considered this power dynamic to be unhelpful during consultation. The constructs of confidentiality, consent, and properly communicating the purpose of EP involvement, all elements of respectful practice, were central to this EP's beliefs about how consultation should be approached.

The EP held a series of connected beliefs about consultation as an adaptive, flexible tool that often had to be employed intuitively. Knowing when and where to use consultation was seen as an example of the distinct contribution of the consultant (Figure 12.5). Though the EP suggested that highly structured meetings were the contrast to consultation's more organic nature, they also believed that having a defined and familiar consultation model was important to help communicate and clarify the process to others. This echoes the contrasting poles of 'permission, consent' and 'involvement not clear' seen in Figure 12.4.

Figure 12

Cognitive Map 3 - complete cognitive map for EP3 showing all constructs and links
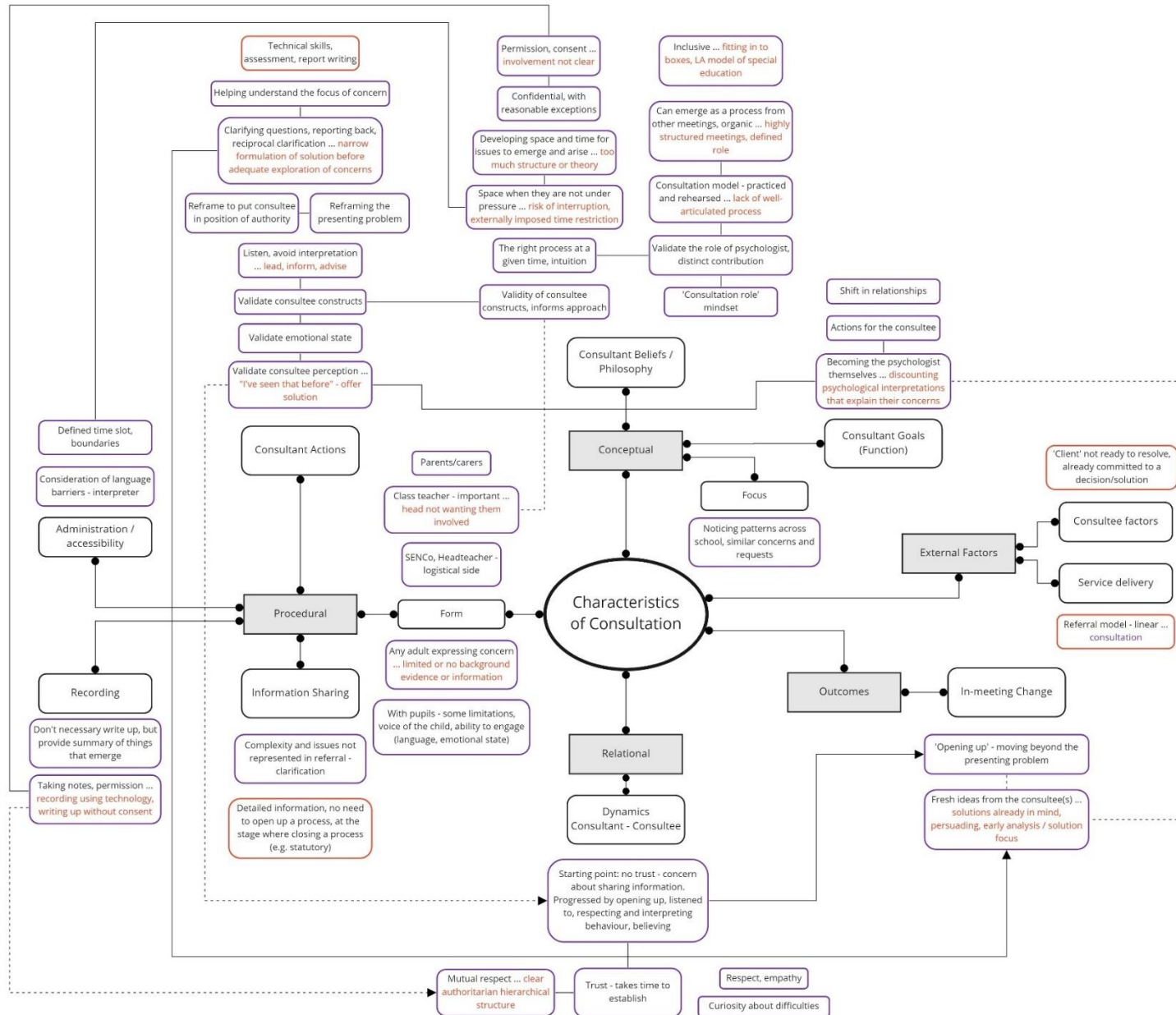
Figure 12.1

Map 3 links between consultee problem-solving, validation, and trust
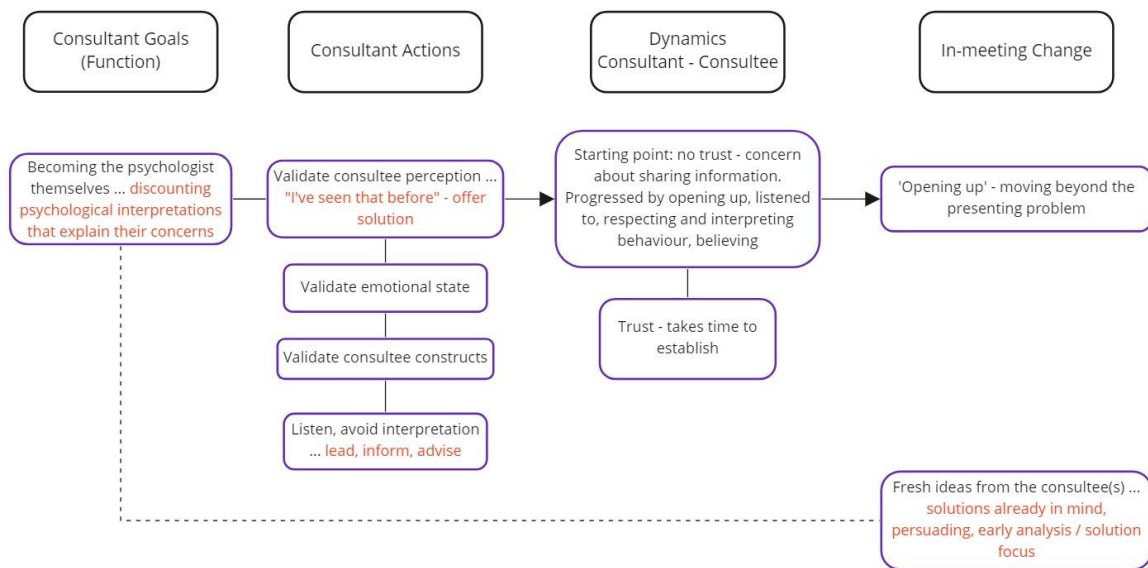
Figure 12.2

Map 3 links consultee problem-solving and clarifying/exploring problem dimensions
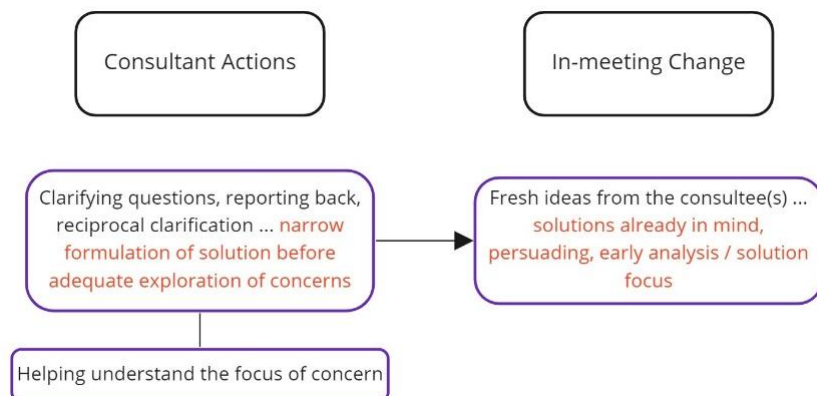
Figure 12.3

Map 3 links between consultee role, validating consultee constructs, and implementing change
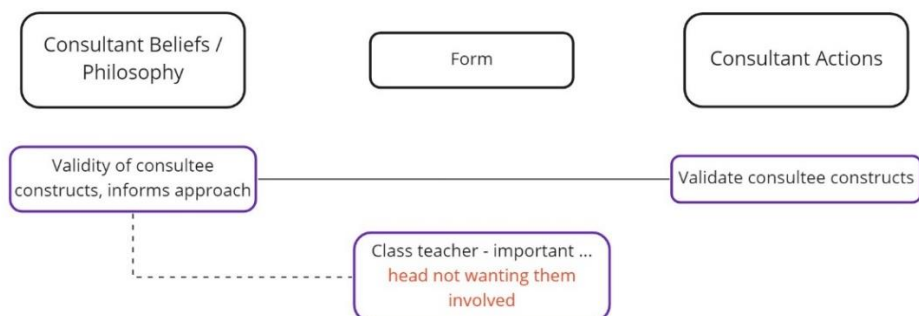
Figure 12.4

Map 3 links between establishing trust, respectful practice, and power dynamics
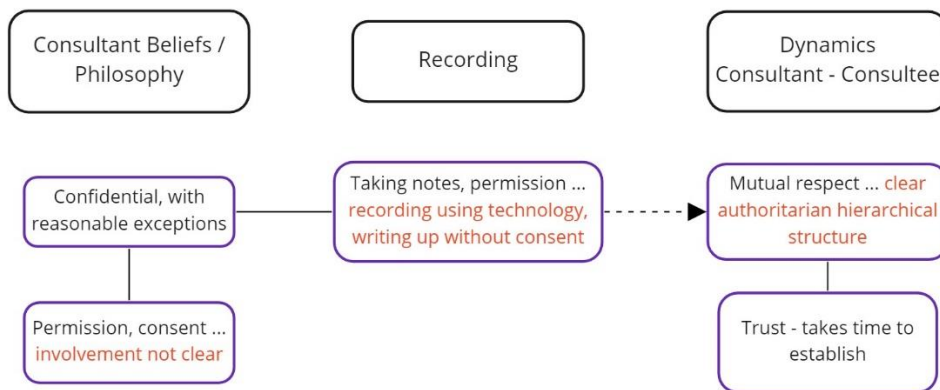
Figure 12.5

Map 3 links between beliefs about EP role and knowing when to use consultation
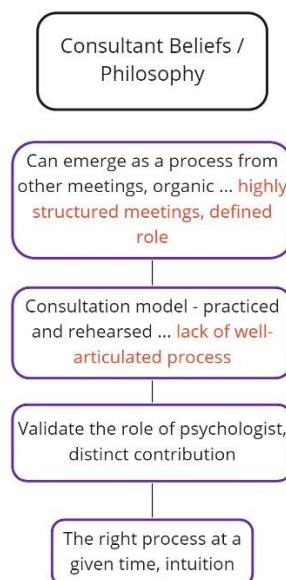
Cognitive Map 4 - EP4

A main grade EP working in the South East with six years of experience who trained outside of the UK (Figure 13). This EP held a prominent construct around partnership and collaboration between consultant and consultee, with the contrast being what they termed an 'expert model' of the EP knowing best. Avoiding this expert/novice dynamic was seen as being directly linked to increasing the consultee's confidence in supporting a child (Figure 13.1). The EP highlighted a parallel they saw between these interpersonal dynamics and a 'therapeutic relationship', exemplified by the importance they placed on establishing rapport and a comfortable, collegial interpersonal environment. The

notion of the consultant as 'expert' also arose while exploring the construct of 'professional dialogue', where the contrast of a 'didactic' consultant who provided solutions could reenforce an unhelpful view that the psychologist alone held the solution to 'fixing' a child (Figure 13.2). These constructs were closely aligned with this EP's views on the goals of consultation, which centred around the construction of new perspectives through the sharing of ideas.

The EP saw one function of consultation as noticing and challenging some beliefs a consultee may have about their level of responsibility to 'solve' a child's difficulties (Figure 13.3). The consultee having a realistic view of their role and a 'healthy' sense of ownership over the problem were seen as key in-meeting changes that could also enhance consultee confidence. Ensuring the consultee knew where to seek further support rather than feeling that they had to manage alone was highlighted as a related longer-term outcome. Establishing joint goals and eliciting measures for consultee confidence and belief in change were aspects of problem-solving that contributed to these outcomes.

The connections between information sharing, problem-solving, and evaluation form an important aspect of this EP's views on consultation (Figure 13.4). Discussing and exploring both the concerns and underlying causes was directly linked to establishing expectations and solution-focussed problem-solving which, in turn, would contribute to establishing joint goals. The EP highlighted the use of evaluation tools such as TME and GAS as relying on the consultant eliciting numeric measures through scaling.

Figure 13

Cognitive Map 4 - complete cognitive map for EP4 showing all constructs and links
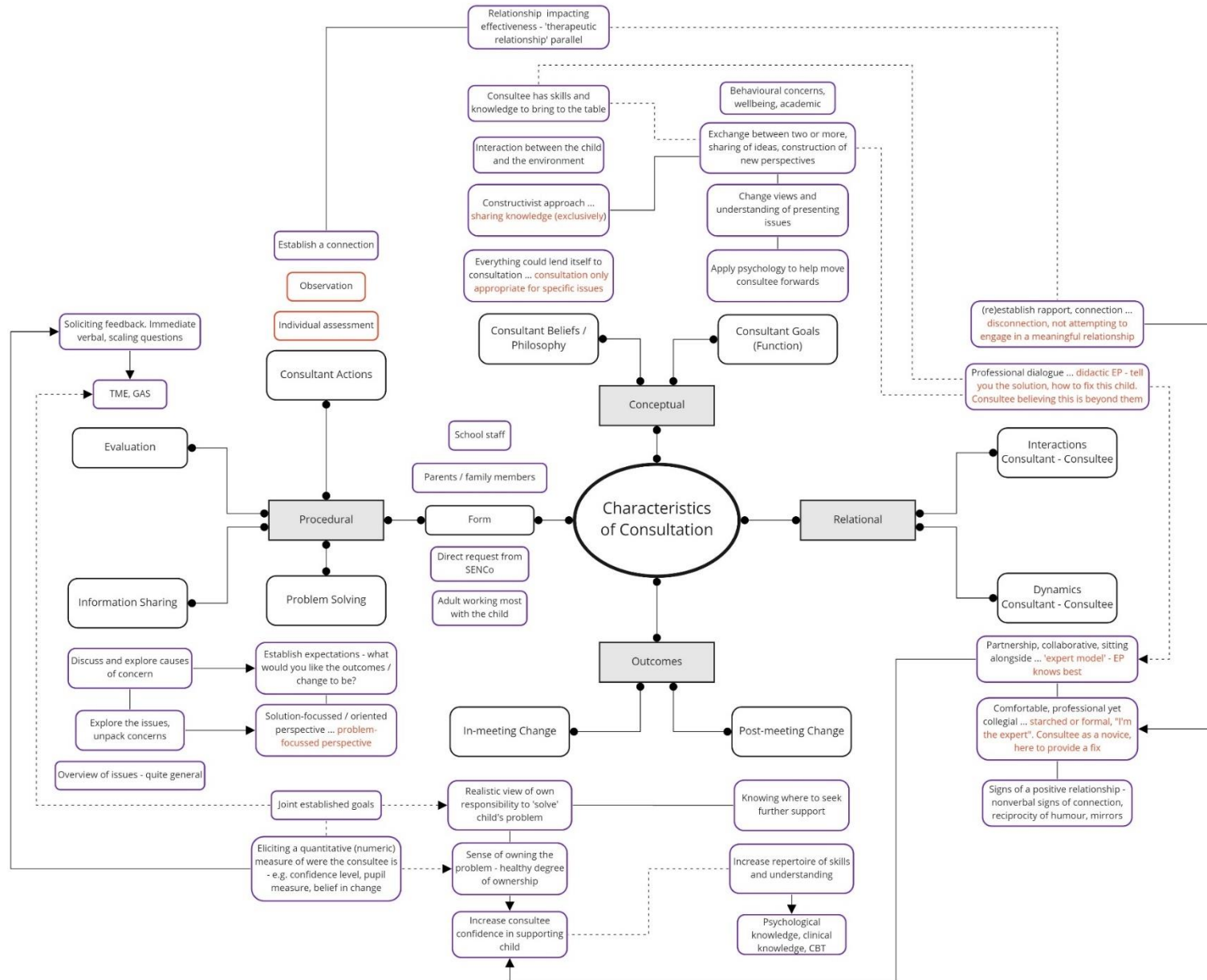
Figure 13.1

Map 4 links between rapport, collaboration, and consultee confidence in providing support
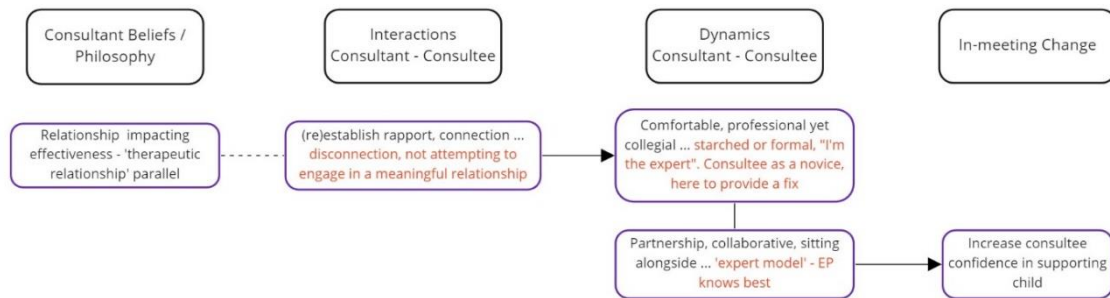
Figure 13.2

Map 4 links between consultant's constructivist views, collaboration, and change in consultee views
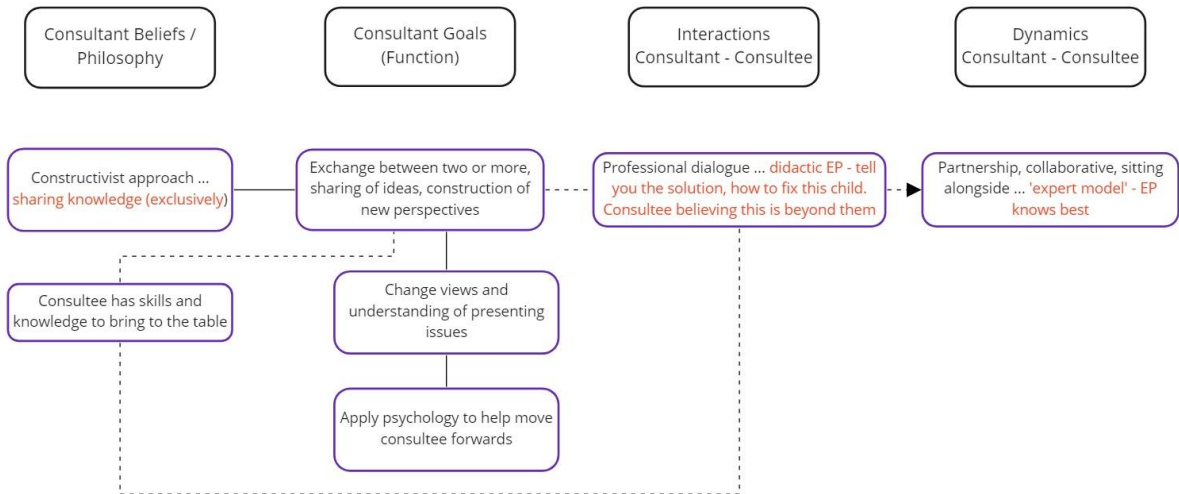
Figure 13.3

Map 4 links between problem solving and shifts in consultee views and perception of the problem
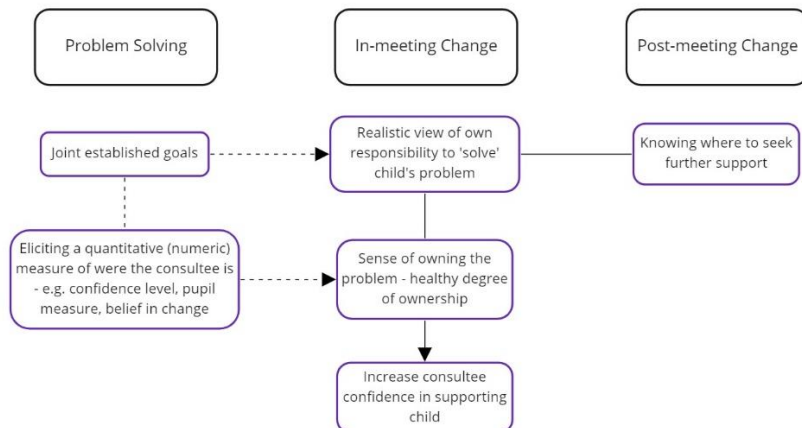
Figure 13.4

Map 4 links between exploring concerns, problem-solving, and evaluation processes
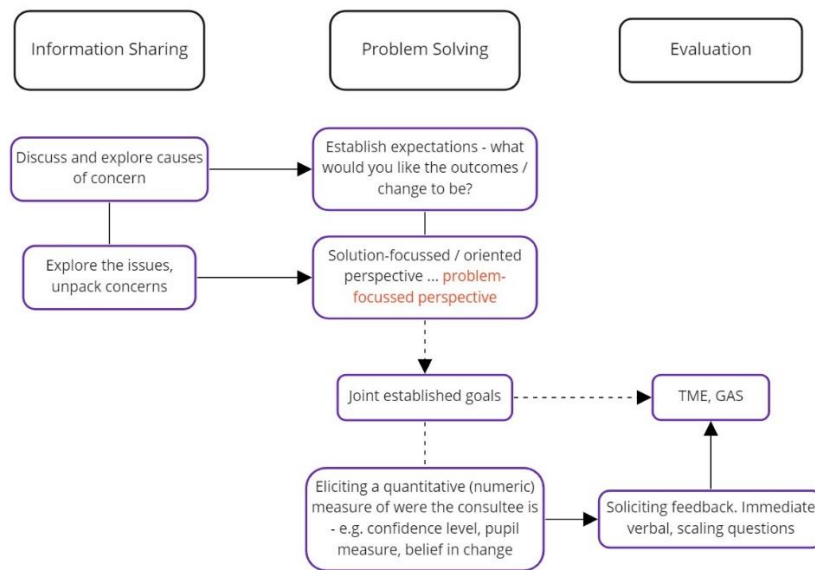
Cognitive Map 5 - EP5

A main grade EP working in the South West with eight years of experience (Figure 14). This EP's belief that consultees should be considered 'experts' within their roles informed what they saw as one of the main goals of consultation: helping the consultee recognise that they are the 'agent of change' as opposed to the EP (Figure 14.1). The beliefs of the consultee and their perception of the EP role were also seen as important factors in establishing this, specifically their openness to the consultation process rather than expecting advice or instruction. Another goal of consultation identified by this EP was for the consultant to feel able to try something new and feel empowered to do so, the contrast being them having a fear of getting something wrong. The themes of consultee fear and judgement were evident in several of this EP's constructs (Figure 14.2) and linked to the power dynamics and positioning of the consultant also seen in Figure 14.1.

Figure 14

Cognitive Map 5 - complete cognitive map for EP5 showing all constructs and links
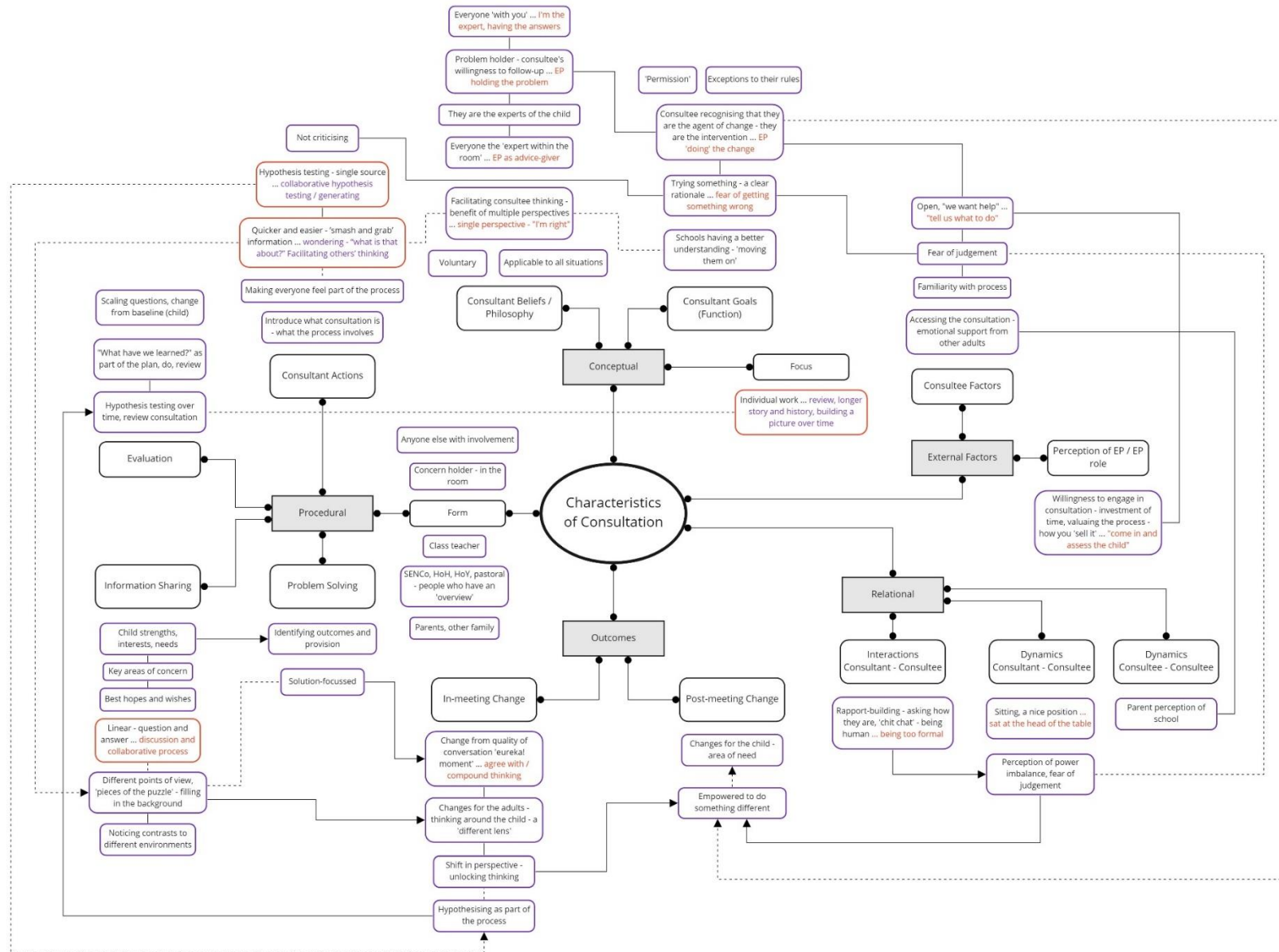
Consultees being able to see the focus problem through 'a different lens' and having a 'shift in perspective' were viewed by this EP as important outcomes brought about by collaborative thinking. Their constructs around what consultation is not, 'smash and grab' information gathering and single source hypothesising, highlight the value they placed on considering different perspectives (Figure 14.3). This EP believed that consultees should participate in the hypothesis-generating process and saw this as a key outcome of consultation. These constructs around collaboration and information sharing were also linked to solution-focussed problem solving, something which this EP saw as being able to create 'eureka!' moments for the consultee (Figure 14.4). The contrast of agreeing with or compounding the consultee's existing views suggests that these moments would not be possible without some level of challenge from the consultant or other consultees.

Figure 14.1

Map 5 links between belief in consultee expertise, willingness to engage, and problem ownership
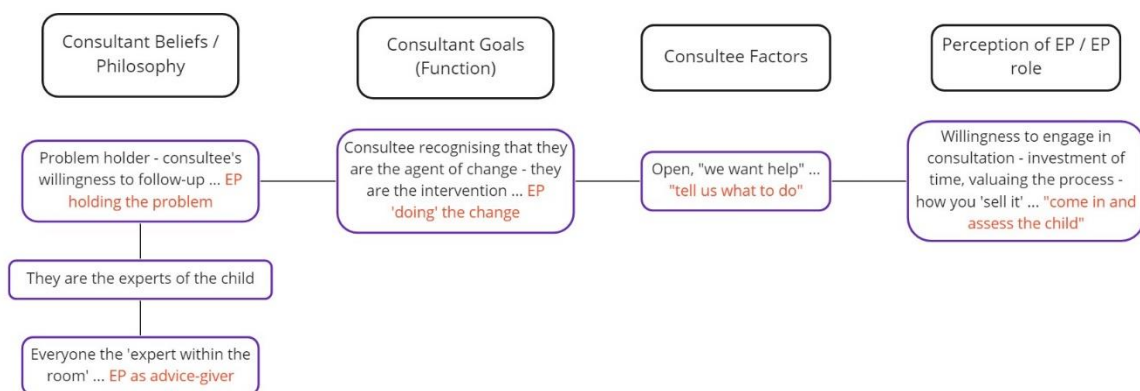
Figure 14.2

Map 5 links between perception of power, consultee fear, and consultee empowerment.
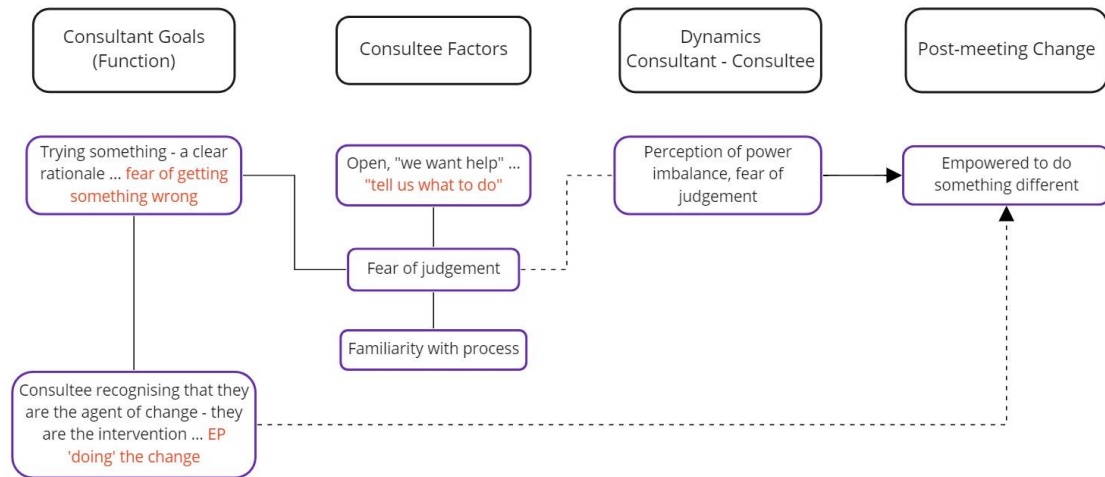
Figure 14.3

Map 5 links between collaborative information sharing and shifts in consultee thinking
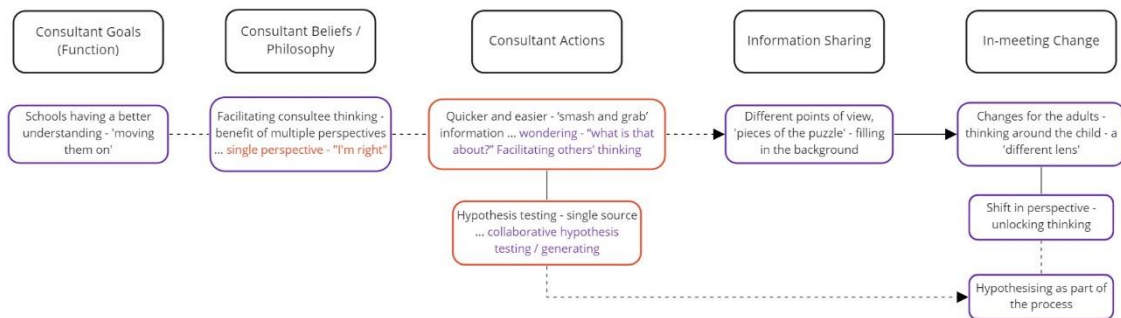
Figure 14.4

Map 5 links between collaborative information sharing and effective problem-solving
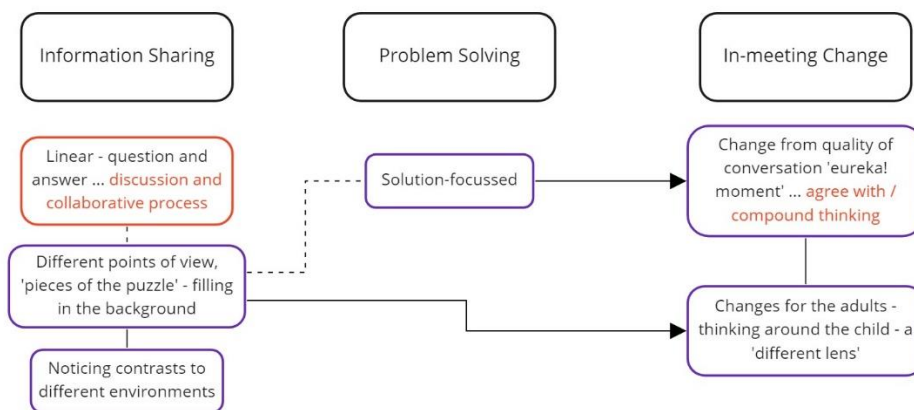
Cognitive Map 6 - EP6

A main grade EP working in Greater London with 11 years of experience and a tutor on one the accredited doctorate training courses in the same area (Figure 15). Viewing the consultee as an expert with valuable insight, particularly relating to their experiences with the focus child, was expressed in several of this EP's constructs (Figure 15.1). Enabling a shift in consultee thinking, as opposed to them feelings stuck, was seen as a key outcome of consultation which could be facilitated by this positioning of consultee, not consultant, as 'expert'. The consultant pursuing their curiosity fully rather than being satisfied with surface-level answers was also highlighted as a factor in enabling the consultee to explore ideas beyond the initial concern, something which was seen as key for helping them make sense of the problem. The EP also highlighted that demystifying any beliefs that the consultant might hold some special knowledge or psychological 'methods' which could solve a problem was an important goal for them.

The importance of power dynamics between consultant and consultee was also evident in this EP's views on how comfortable a consultee might be to share openly and honestly during a consultation (Figure 15.2). The consultant carrying themselves as a 'white coat' professional was a contrast to putting the consultee at ease, a sentiment which can also be seen in how this EP viewed their contrasting constructs of 'one up' and 'one down' positions of power as impacting trust. A belief that the consultant should 'be alongside' the consultee during the shared experience of consultation was evident, and their description of how a consultant can share aspects of their personal thoughts and feelings rather than presenting a blank canvas exemplifies this.

One of the goals of consultation identified by this EP was to ensure that the consultee wasn't 'wallowing' in negative thoughts or feelings of failure and guilt which might prevent them from being able to 'move forwards' (Figure 15.3). They described finding the balance between acknowledging the consultee's concerns while wanting them to be able to focus on strengths (both their own and the child's) and saw this a key aspect of the problem-solving process. Biases in the consultee's beliefs and thinking were seen as contributors to negative thought patterns and something which could be addressed through consultation.

Figure 15

Cognitive Map 6 - complete cognitive map for EP6 showing all constructs and links
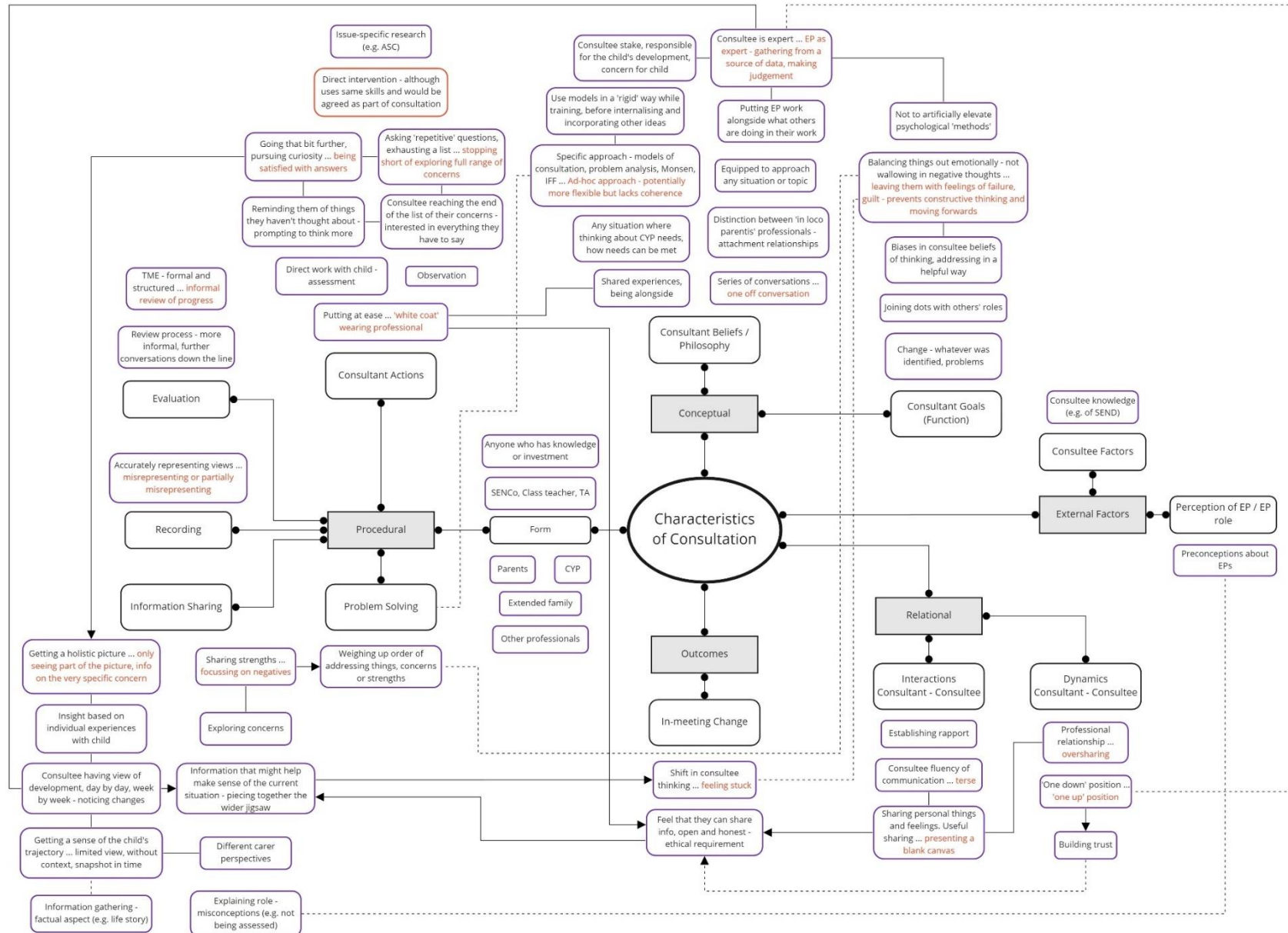
Figure 15.1

Map 6 links between positioning of the consultant, promoting consultee expertise and insight, and shifts in thinking
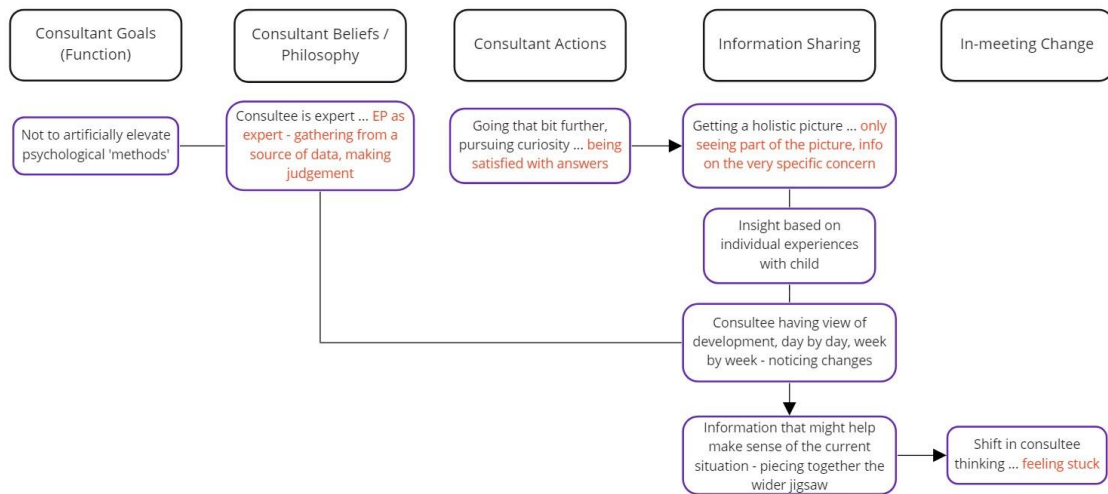
Figure 15.2

Map 6 links between power dynamics, trust, and consultee comfort with sharing
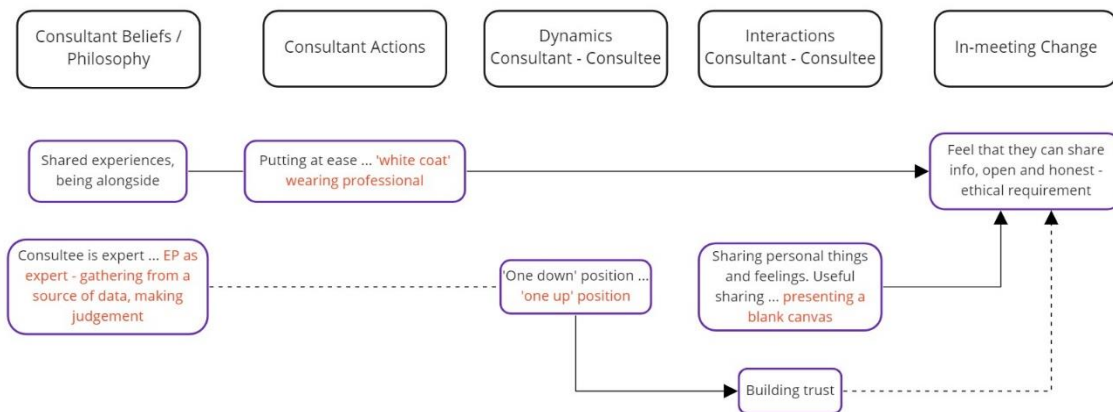
Figure 15.3

Map 6 links between addressing negative perceptions and shifts in consultee thinking
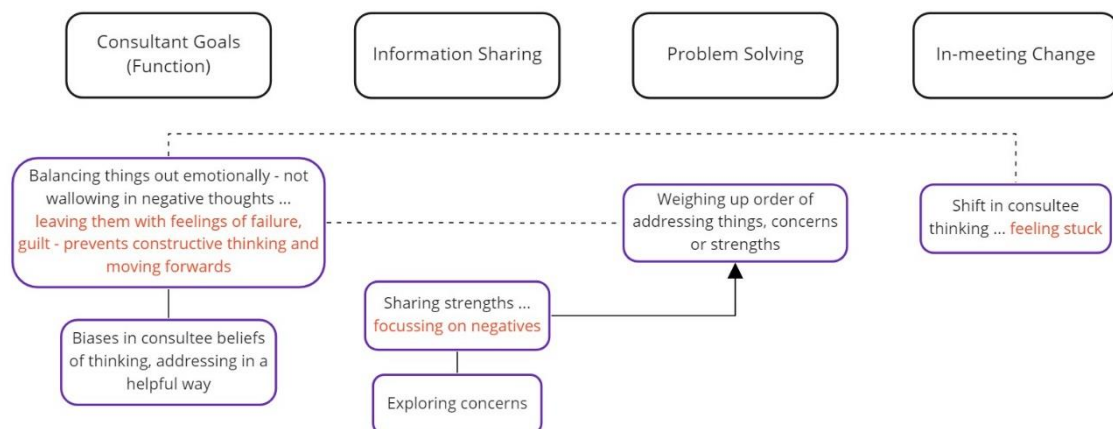
Comparative Findings

In this section I will present a synthesis of findings from the interviews and summarise the most central characteristics of consultation evident across participant responses. Central characteristics, as will be discussed in later sections within this chapter, are those which appeared most frequently. The first aspect of this synthesis is a combined cognitive map constructed from the individual maps seen above (Figure 17). The second aspect is a commentary on the combined map characteristics supported by illustrative quotes from the interviews. At this level of analysis, the characteristics of consultation relate to groups of similar constructs rather than individually held ones and so are referred to simply as 'characteristics' from here on.

The most significant change from the interpretive framework developed during the individual cognitive mapping process and the one seen in both the combined map and the illustrative quotes below is in the distinction between 'consultant goals' and 'outcomes'; the conceptual differences between consultant goals (what the consultant was there to do) and consultation outcomes (what was achieved through the consultation) narrowed to become no longer meaningful. I also combined the 'information sharing' and 'problem-solving' categories as the most commonly held information sharing constructs related directly to recognised problem-solving processes.

Combined Cognitive Map

For clarity and to highlight the most central characteristics of consultation, the combined map only includes characteristics and links which were evident in three or more participant interviews. Some first-order categories are no longer represented (e.g. 'Recording') as they did not contain any central characteristics. A Key for the combined map can be seen in Figure 16.

Figure 16

Key for the Combined Cognitive Map
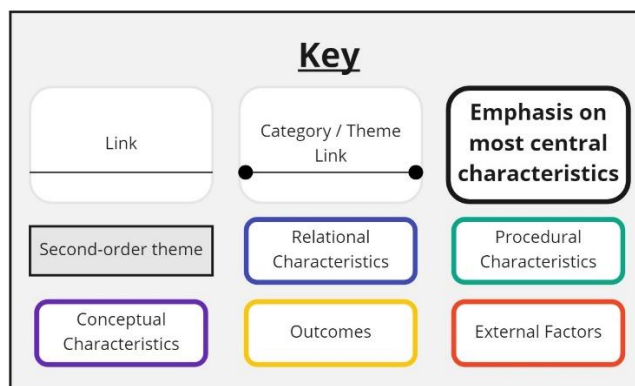
Central Characteristics and Illustrative Quotes

Conceptual characteristics

Consultation focus

As discussed in the previous chapter, participants were asked to think about a specific example of consultation where the focus was an individual child. As such, views on the focus of consultation were not directly elicited as part of the interview. Some participants did, however, speak about how broader systemic issues could be addressed through consultation:

> We talk either about an individually named young person...but we can talk about systemic issues in that as well. In fact, I have over the last few days, it hasn't all been individually named pupils. (EP1)

> A pattern crops up and you're not quite sure what it's all about, so you can initiate as part of your role with the school "I'm a little bit concerned that we seem to be getting, you know, quite a lot of requests for concern just in key stage two". (EP3)

Consultant beliefs / philosophy

The theme of viewing the consultee as an 'expert' and recognising their skills was present in all but one of the participant's interviews. A common contrast to this was the positioning of the consultant as an expert or as there to provide solutions:

> It's about making them feel at ease that actually, you know, they are the experts in terms of the child. I'm not going to be criticising them...it's about everyone being the expert in the room...the contrast would be EP as advice giver. (EP5)

> Emphasising that the consultee is an expert on the child, as opposed to the EP as expert who is just kind of gathering data that they're going to make judgements on or analyse. (EP6)

Figure 17

Combined Cognitive Map
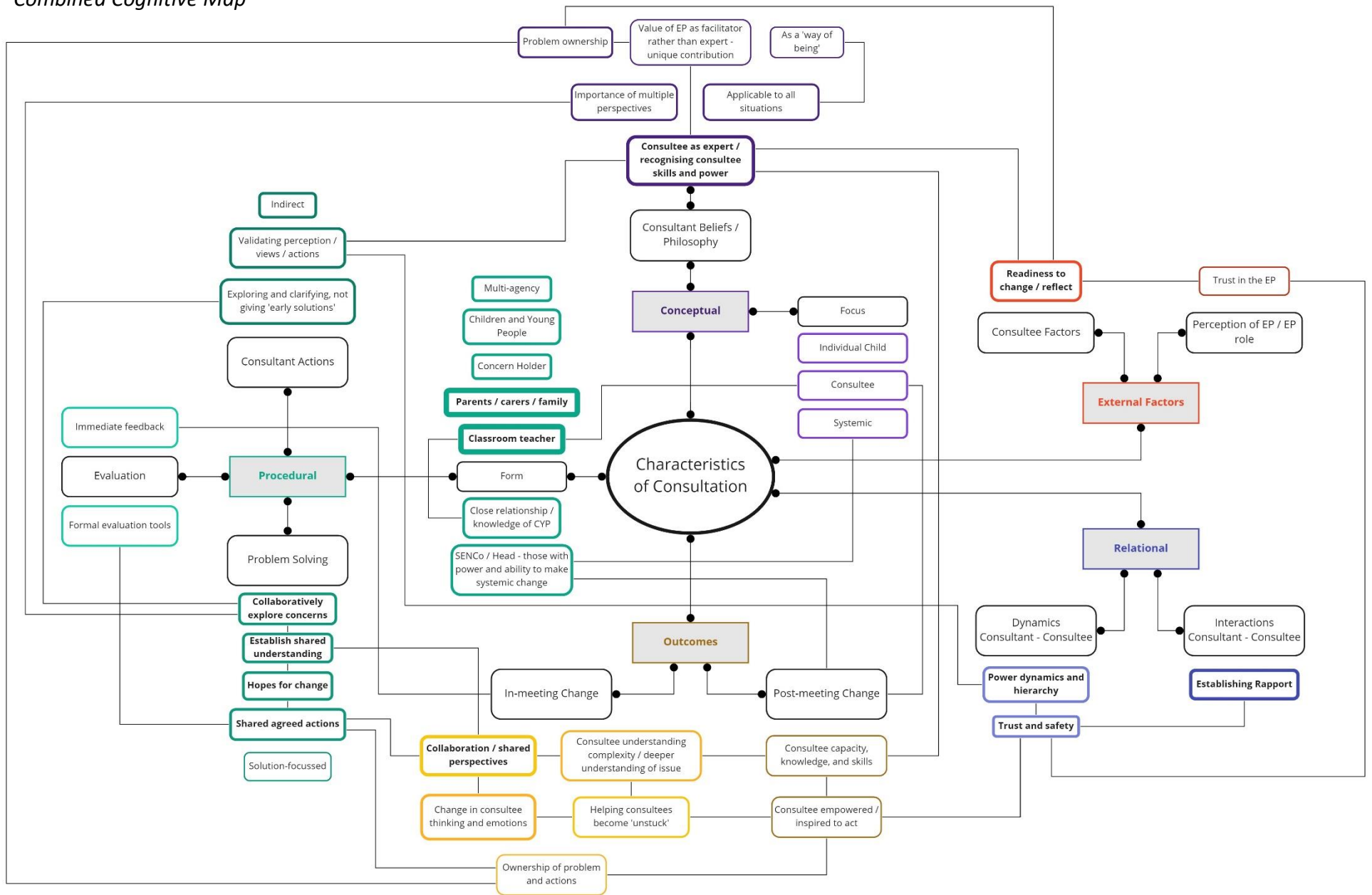
Similar constructs relating to the consultant not being an 'expert' were present in how EP5 and EP3 viewed the role of the consultant as facilitator rather than problem-solver. EP3 also noted that external pressures can lead to schools wanting the consultant to take the problem away from them:

> I feel like you've kind of got to bring everyone together and with you rather than "I'm here to do something to you" or "I'm going to be the expert and I'm gonna be doing something miraculous here". (EP5)

> It really does validate your role as a psychologist, which is different from any other service that contributes...there's enormous pressure, so the sort of default system is "I'm worried, I want it passed on to somebody who can tell me how to fix it" and that's still very prevalent. (EP3)

These views were closely linked to the idea of 'problem ownership', who holds the concern and who is responsible for the child, another prominent theme across the interviews:

> The other thing about consultation that I haven't thought about and said is...who the problem holder is...it's not about me holding the problem for them, it's about them making it manageable. (EP5)

> I would say...they've got a stake in the sense that they are responsible for the child's development in certain ways, and they have a concern for the child. (EP6)

In terms of when consultation should be used, both EP4 and EP5 viewed it as being applicable to all situations:

> All situations, ever...I find it very difficult to do any casework without consultation. (EP5)

> I suppose the very broad answer is everything. Every sort of presenting referral I think could lend itself to consultation...I've never come across an issue that I don't think would lend itself to consultation. (EP4)

EP2 expressed a similar view, seeing consultation as a way of being rather than as a discrete type of work. EP1 also mentioned this, though they were less sure about how true it was of their practice:

> When I was on placement in [training EPS], it shifted my thinking...from consultation as a type of meeting or a type of involvement to consultation as a way of being and a positionality for practice. So I think most of my conversations with schools...I've got an intention in mind of them being consultative. (EP2)

I want to say...everything that I do is consultative, but that's probably...I don't know if that's actually true. I want to say "oh yes, everything I do is consultative" but I just don't believe that to be true. (EP1)

The value of considering multiple perspectives, as with the goal of facilitating rather than solving problems mentioned above, was highlighted by the majority of participants:

So it would be an exchange. Sharing of ideas and construction of new perspectives. And I say that quite deliberately because I do see consultation as a constructivist approach...as opposed to just sharing knowledge. (EP4)

Having both parents and school there helps to move that conversation on, because they were able to have a bigger view of that child as an overall individual rather than just having their own little piece of information. (EP5)

It's sort of things that might help to make sense of the current situation. You can sometimes only get that by piecing together the kind of larger jigsaw and looking at the image you're faced with. (EP6)

Procedural characteristics

Consultation form

Most participant responses within this theme involved simply listing a range of adults and roles. All participants mentioned working with school staff and parents, and all held specific constructs around why different adults might be involved, including who the concern holder was and the relationship between consultee and the child. Both EP2 and EP3 also noted the importance of including staff with strategic power:

Most of the time I would think school staff, and within that I would think school staff with power...the SENCo was there because within that setting she holds quite a strong understanding of some of the approaches that might have been appropriate and because she's the one who allocates which staff are where. (EP2)

I try to involve the head teacher as much as possible because if there are issues to do with the logistics of support in the school you want to get that straight. (EP3)

Consultant actions

The majority of participants highlighted that consultation is indirect as opposed to involving individual work with a child, though EP4 and EP5 believed that direct work could both inform and be a result of consultation. EP1 described how they reflect on the indirect nature of their consultation work and what direct work might add:

I suppose what I would say, and I know this is a controversial statement and most of my colleagues wouldn't agree, but I don't typically consider direct pupil work, assessments, to be consultation. I think it can feed into consultation and I would often draw on assessment results to inform consultation but, observing a child, assessing a child, that's not what I would consider myself to be consultation. (EP4)

Any one-to-one work with a child, I wouldn't class that as consultation. It may come out of a consultation in terms of the purpose of it, but I wouldn't see that as consultation. (EP5)

I often question myself, would it be any different if I saw the young person? Like, genuinely, would any of the   actions have been any different?...I'm really not sure that anything I would have recommended or agreed with them would be any different. (EP1)

Constructs around specific consultant actions fell into two main categories. The first of these, exploring and clarifying concerns, was seen as key to both to defining the problem and establishing expectations for the consultation. EP1 and EP3 saw this process as a contrast to providing early solutions:

Exploring the concerns that the person has and sort of asking ... "can you tell me a bit more about that, is there anything else that you're concerned about?" (EP6)

I suppose the meaning really of why they're raising this young person, what is it that's bothering you about their behaviour...the nature of the questions you're asking is to explore, not to tell. (EP1)

It needs to be established with whoever you were consulting with that you didn't enter with a predisposition of either judgment or solution...I think the contrast to that is too narrow a formulation of solutions before adequate exploration of concerns... you want to really have a conversation with someone and facilitate some opening up of "what is all this about?" Because sometimes the presenting problem is only masking another problem. (EP3)

The second main consultant action was validating the perceptions, views, and actions of consultees. EP1 held contrasting poles of providing validation and shaming, particularly for negative or contentious views, while EP3's constructs were more related to the positioning of consultant as 'expert'.

Finding where they've done it well themselves, you know, giving them validation and reassurance...it is ok sometimes not to like young people. That is real, you are human...I feel there's something about...when it's not consultation I suppose you are then going "look what you haven't done" potentially, this is what you should have been doing, and almost shaming a little bit. (EP1)

If you're looking at their constructs and their language and their perception of what's happening, you can obviously validate those and see if you can begin to hold those in place. The thing to avoid

is that when you as an EP recognise something that you've seen before is step in and say, "well I know, I've seen that before". (EP3)

Problem solving

Some form of problem-solving process or elements of problem solving were mentioned by all participants. The first stage of this was consistently seen as collaboratively exploring the problem to establish some form of shared understanding. This related to understanding between consultant and consultee as well as between consultees in a group:

> To start a consultation I think I would try to establish some of that shared sense of meaning...sort of supporting people to come to it with the intention to work with me to explore through language and to think together. (EP2)

> I'd consider the body of the consultation, where I explore the issues. And within that I would say I try to, I try to unpack the concerns. (EP4)

The closely linked processes of exploring hopes for change and agreeing on shared actions were highlighted by EP2 and EP4. EP2 noted that consultees' goals often align but can appear not to due to the different ways they have approached reaching them. Exploring this fully was seen as a vital step in ensuring collaboration:

> I would usually ask...if today's consultation is successful what would you like to come away with, what would you like to change, what would you like the outcome to be? (EP4)

> Even when you're going into a setting that are saying "we're going to permanently exclude" with a parent who desperately wants their child to be in that school...if we dig far enough behind, they will have a similar hopeful goal for the young person. But, at times their actions are not going to get us to that goal. (EP2)

EP1 highlighted the importance of reaching 'agreed actions' rather than giving expert 'recommendations' and how this relates to a consultee's willingness to act:

> They're not recommendations, they're agreed actions...if I get a sense of resistance, we'd explore any resistance because there's no point...that's why I don't do any recommendations, otherwise you are putting yourself in a bit of an expert model. (EP1)

EP5 and EP4 both explicitly mentioned 'solution-focussed' as informing their approach to aspects of the problem-solving process and EP1 mentioned 'exception finding', a core aspect of solution-focussed brief therapy:

I suppose thinking about people's best hopes and wishes for the consultation...generally using a solution-focussed questioning approach. (EP5)

If I had to put a label on it, I'd say I approach it from a solution-focussed / solution-oriented, because I do flit between the two perspectives. For me what it involves is eliciting a quantitative measure of...where my consultee is at the moment. (EP4)

Also when the young person does well, you know, exception finding. When is it better? What lessons? What is the teacher doing in that lesson...what is the young person doing? (EP1)

Evaluation

The use of formal evaluation tools, all including some form of quantitative scaling, was mentioned by half of the participants. This was seen as relating directly to agreed actions:

I do TME on the "agreed", in inverted commas, actions. And then 4 months later we go back...I do a brief update on that record by updating any movement in the scale we've produced at the first stage of TME. (EP1)

I also quite like to do some scaling, so before and after scaling questions about the aims of the consultation. Sometimes, if I'm feeling really enthusiastic, I'll also do some TME and GAS scaling. (EP4)

In terms of outcome...that would be scaling questions, so have they moved on from where we were last time? 'Worse than baseline', 'no change from baseline', whatever the five-tier system is. (EP5)

Soliciting immediate qualitative feedback was seen as relating more to in-meeting changes like shifts in thoughts and feelings as well as what has been learnt. EP5 noted that this is not something that they do regularly anymore:

I generally know that changes have occurred through soliciting feedback from my consultees. That usually takes the form of some immediate verbal feedback, so in essence asking them how was that, how did you feel, what did you take away? (EP4)

Something I haven't done in ages but something I used to with consultation is... "what have we learnt through this process?" (EP5)

Outcomes

In-meeting change

The most consistent goal of consultation discussed by participants was to facilitate collaboration and establish a shared perspective in the meeting, both between consultant and consultee and amongst consultees:

> I think there must be something about maybe not wanting to problem solve before we even get in there. So when you say what are my goals, I suppose my goal is to go in with an open mind and think in the space with the staff. (EP1)

> I would hope for people to feedback things like they've felt really listened to and heard, that they felt that everyone was learning together. (EP2)

> It's kind of a helpful thing to put alongside what the other people are doing in their roles and it might help to sort of, join some dots...where knowledge or understanding about the child is kind of a bit sketchy, but it's only part of a much bigger picture that people are dealing with in their roles. (EP6)

A second prominent in-meeting goal was to create changes in the consultee's ways of thinking, particularly when they may be feeling 'stuck':

> Very broadly speaking, I try to apply psychology to help move the consultee forward. (EP4)

> It's also about...moving everyone's thinking on about the child and what might be the underlying needs for them...using a different lens to shine a light on to the problem or concern. (EP5)

> It would also be kind of supporting the individual...to shift their thinking. So, you know, sometimes it's a teacher who is frustrated because they can't figure out how to help the child move forward and they feel stuck. (EP6)

EP6 also noted that consultees can become trapped in their feelings of guilt or responsibility for a child's difficulties, and that this is something consultation should aim to explore and address:

> In a more emotional sense, kind of balancing things out. So particularly if it's an individual who is very worried about a young person or might feel...guilty or responsible for things, so to make sure that they're not just wallowing in worry and concern and guilt. (EP6)

Shifts in thinking were seen by most participants as being closely related to improving a consultee's understanding of a problem, particularly with complex situations. EP5 highlighted the consultee generating solutions for themselves as a potential outcome of having a deeper understanding:

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> I would hope that there would be a shift in understanding, whether that be a shift to people appreciating that there might be quite a complex picture or a lot going on, or whether that be a shift to a shared area of need that people are all perceiving as important. (EP2)

> In terms of their view and perception of the child, I think that generally comes through the quality of the conversation and people's own kind of 'eureka!' moments...they maybe start to think about and suggest strategies for themselves that they might not have previously thought of doing. (EP5)

EP1 highlighted that without a shift in a consultee's emotions or understanding, they are less likely to be able to take ownership and implement actions:

> If they don't really do it with their hearts and their minds and they don't really truly believe or understand why they're doing what they're doing, I feel it's destined to just land badly. (EP1)

EP4 also highlighted that problem ownership can cause issues in the opposite direction, with consultees having too much of a sense of responsibility to 'solve' a child's difficulties:

> I feel that perhaps when she came in she was owning the problem almost a bit too much, or beyond what her reasonable capacity was. I'd like to think that by exploring that we were able to shift her understanding to a more healthy perspective, a more healthy degree of ownership. (EP4)

Post-meeting change

Post-meeting changes were characterised by consultees taking action based on the in-meeting changes that had occurred. One prominent theme was consultees feeling that they could implement actions, either through being inspired or feeling empowered:

> For them to feel empowered to, you know, do something different and figure out what that difference was going to be...I suppose that would be them trying something that they possibly might have wanted to but didn't know whether it was quite going to be right or not. (EP1)

> I often hope that as a result of the consultation people feel better, feel more at ease. At times feel inspired that they can go and act and know. (EP2)

A second prominent theme in post-meeting change was an increase in consultee capacity, knowledge, or skills. This was characterised by learning something new in terms of provision or strategies. EP4 also linked this to consultee confidence:

> Change in terms of thinking...they might have learnt something new through the process. Something new about the child or a new provision that they haven't tried before or haven't used. (EP5)

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> The goals that I jointly established with my consultee were to increase her confidence in supporting a pupil presenting with signs of anxiety. It was also to increase her knowledge, increase her repertoire of strategies to support or to address the pupil's anxiety. (EP4)

EP1 drew the distinction between consultees implementing a recognised intervention and understanding the underlying principles to inform their practice:

> I don't mean go to this 'off the peg' thing and do it, what I'm trying to say is take the principles of that because it would be useful for this young person. (EP1)

This was seen as being key to the 'efficiency' of consultation and how learning has a broader application beyond the focus child. EP1 contrasted this with individual assessment and questioned the usefulness of 'scores' to a school, implying again the limitations of positioning the consultant as 'expert':

> So, there is an efficiency and that's why I pitch it to schools I guess, because I feel like you can support them and build their capacity...I often say to them I can come and see a child, do some scores that you probably won't understand that you can file away in a dusty filing cabinet...so in my mind I wonder if its better sometimes to skill up the staff. (EP1)

Relational characteristics

Interactions: consultant - consultee

The main relational characteristics of consultation explored by participants concerned direct interactions between consultant and consultee and the dynamic that these interactions and other factors created. Interactions that established rapport early, for both new and existing relationships, featured prominently for most participants:

> First of all, I sort of re-established rapport, so re-established the relationship with the SENCo...I always find that important to do a little bit of "hi, how are you, how's the family?" blah blah blah just to re-establish the connection. (EP4)

> Part of the rapport building skills I think is just that initial...asking how people are, finding out a little bit about them...just having those kinds of conversations and just being, being human with them, sort of showing your personal side rather than being too, you know, too formal. (EP5)

Dynamics: consultant - consultee

All participants referred to the power dynamics between consultant and consultee. The consultant 'being alongside' rather than positioned above was seen as key to facilitating collaboration, while both EP2 and EP5 highlighted how a consultee's perception of power imbalances can impact engagement with consultation:

Another term that I kind of think of...being in that 'one down' position rather than a 'one up' position, which is similar to being alongside I suppose. (EP6)

Early on the quiet comments tended to come from the TA. Because she was a bit unsure, with the job titles, whether she would be heard as having the same level of expertise...I was conscious of offering her a space...without creating a dynamic where everyone turns to her because I felt that would reenforce some of that power dynamic she was feeling. (EP2)

I think it's about that potential perception of power imbalance between me having all the 'answers' and also their engagement with the process. I remember a teacher who wouldn't meet with me for a consultation because she was too scared. (EP5)

Establishing trust was seen by several participants as an important factor in enabling consultees to feel safe enough to share their thoughts and feelings. EP1 highlighted how this was particularly important when addressing potentially challenging or complex topics such as race:

The dad offered something he had been uncertain about and that felt like a shift in, I suppose a shift in trust...that I might be someone who was actually going to listen to them. (EP2)

Creating an atmosphere where the person you're speaking to feels they can share information, including things that might be about their feelings...where they feel they can be open and honest. (EP6)

This was a young black man at school in quite a white area and I didn't think that was coming up...I suppose I'm trying to provoke some thinking and space to think where maybe they don't feel safe to have those thoughts, or they don't know what to make of them. (EP1)

External factors

Perception of EP / EP role

The most referenced external factor which could affect the success of a consultation meeting was the consultee's perception of consultation and the consultant. EP1 and EP5 both highlighted the responsibility that they have to establish consultation as a worthwhile use of the school's time:

I mean I can't deny time is really important. You've got to have, almost like a reputation that precedes you...that I'm a safe pair of hands. (EP1)

I think part of it is the willingness in the first place to engage in consultation. Some schools kind of want you to come in and assess the child and they don't value the time...obviously, that is about how you sell it to them in the first place and equally their experience of it. (EP5)

Consultee factors

EP1 and EP5 also noted how positive views about consultation and the EP could lead to consultees being more prepared and more open to the consultation process, while EP3 highlighted how a consultee's fixed mindset or emotional state could prevent effective consultation. This was seen as particularly true if a consultee or school had already decided on a course of action:

> They were all quite willing to come, I didn't get a sense of "oh we've tried all that" which sometimes comes up in consultation, they were very willing to stop and reflect. (EP1)

> Mum and nan came with very much an open "we want help" and "how can we support our child?" so it was positive from the start...it wasn't one of my challenging ones. (EP5)

> If the attitude, mindset, behaviour, emotions are in a state where you're not going to resolve things because they're not ready for it...or if someone's already got a solution and is absolutely committed...you're not going to change that. (EP3)

Part Two: Concept Definition of Consultation

In this section I will present findings from the analysis conducted to form a concept definition of consultation in the context of UK EP practice in order to address the second and third research questions for this phase.

RQ2: What are the defining characteristics of consultation identified by EPs and in the literature?

RQ3: Do these characteristics form a coherent and consistent concept definition of consultation?

This analysis was based on a synthesis of the interview findings from Part One with selected literature sources. Per recommendations set out by Podsakoff et al. (2016) and as discussed in the previous chapter, this process involves first attempting to identifying any necessary and sufficient characteristics. If the concept does not appear to have a necessary and sufficient concept structure, as I will demonstrate is the case here, then the next step is to identify any central characteristics and prototypical cases which could form a family resemblance concept definition. A complete version of the combined interview and literature characteristics grid used for this analysis can be found in Appendix VII.

Necessary and Sufficient Characteristics

Only one specific characteristic of consultation was identified as meeting the conditions for 'necessary' (present across all cases): the consultee being a focus for change. A second characteristic, the consultee being a classroom teacher, was present in all cases except for Caplan's (1995) definition of mental health consultation. Given that Caplan's definition is not focussed on school practice but was included due to its influence on other school-based consultation literature, this characteristic could be considered necessary. However, as many participants identified the classroom teacher as a possible consultee rather than a necessary one, I have not considered this to be a necessary characteristic of consultation.

No individual characteristics could be identified as 'sufficient' (unique to consultation). Some groups of characteristics, for example working indirectly with a classroom teacher to build consultee capacity and affect change for a child, could be considered jointly sufficient in that they distinguish it from other forms of EP work or psychological

intervention. However, as these characteristics were not present in all cases, they cannot be considered both necessary and jointly sufficient.

Central Characteristics and Prototypical Cases

Some of the selected literature sources explored only specific aspects of consultation. As such, each category of characteristic is considered here separately to avoid giving unfair weight to more comprehensive definitions of consultation.

The extent to which a characteristic is considered 'central' is based on the number of cases the characteristic is present in. The extent to which a case is considered 'prototypical' is based on how many of the identified central characteristics it contains. Here I will present only the most central characteristics and the most prototypical cases within each category. A full version of the grid used for this analysis can be found in Appendix VII.

Conceptual characteristics

Consultation focus

As noted above, a focus on change for the consultee was present in all cases. A focus on systemic change was present in 11 out of the 12 literature cases and three out of six of the participant cases. A focus on change for the individual child was present in 10 literature cases and one participant case. The most prototypical cases within this category, with all central characteristics represented, were Caplan (1995), Gravois (2012), Kennedy et al. (2008, 2009), Kerslake and Roller (2000), Kratochwill and Pittman (2002), Larney (2003), Nolan and Moreland (2014), and Wagner (1995, 2008).

Consultant beliefs / philosophy

Viewing the consultee as an 'expert' and recognising their skills within the context of their work setting was present in five literature cases and five participant cases. The value of the EP as facilitator rather than the expert was present in seven literature cases and two participant cases, and the closely linked notion of 'problem ownership' was present in five literature cases and three participant cases. The voluntary nature of consultation and the participant's right to reject 'suggestions' was present in five literature cases and two participant cases. The general application of a psychological theory or knowledge base was present in six literature cases while the specific use of ecosystemic, interactionist problem-solving was present in four literature cases and

three participant cases. The notion of confidentiality was present in four literature cases and one participant case. The most prototypical cases within this category were Larney (2003) with six central characteristics, Nolan and Moreland (2014) with five, and both Wagner (1995, 2008) and Bozic and Carter (2002) with four.

Procedural characteristics

Consultation form

Consultation with a classroom teacher was present in 11 literature cases and six participant cases. Consultation with other school staff (SENDCo, Headteacher, TA) was present in four literature cases and six participant cases. Consultation with parents or carers was present in three literature sources and six participant cases. Consultation with a child or young person was present in two literature sources and four participant cases. Consultation with the concern holder or help seeker was present in three literature cases and two participant cases. The most prototypical cases within this category were Wagner (1995, 2008) with six central characteristics and Larney (2003), Leadbetter (2006), and Nolan & Moreland (2014) each with three.

Consultant actions

Indirect action (i.e., working with adults rather than a child) was present in seven literature cases and four participant cases. Use of exploratory questions and 'wondering' rather than giving solutions was present in six literature cases and three participant cases. Use of direct work with a child (e.g., assessment or interview) was present in four literature cases and three participant cases. Reframing the problem was present in four literature cases and two participant cases. Considering different perspectives and interpretations was present in four literature cases and two participant cases. Preparing consultees and making the process transparent was present in four literature cases and two participant cases. The most prototypical cases within this category were Caplan (1995), Kennedy et al. (2008), and Nolan and Moreland (2014) each with four central characteristics.

Problem solving

Collaboratively exploring concerns was present in nine literature cases and five participant cases. Establishing a shared understanding was present in seven literature cases and five participant cases. General problem-solving or the use of a problem-

solving framework was present in nine literature cases and one participant case. Clarifying roles and expectations was present in seven literature cases and three participant cases. Collecting holistic, contextual information was present in eight literature cases and two participant cases. Establishing shared agreed actions was present six literature cases and four participant cases. Identifying and defining the problem was present in seven literature cases and one participant case. Jointly exploring different perceptions of a problem was present in six literature cases and one participant case. Establishing hopes for change was present in two literature cases and four participant cases. Use of solution-focussed approaches was present in three literature cases and three participant cases. The most prototypical cases within this category were Wagner (1995, 2008) with 10 central characteristics, Kennedy et al. (2008) with eight, and Bergan and Tombari (1976), Kerslake and Roller (2000), and Nolan and Moreland (2014) each with six.

Recording

Providing a brief summary or record of agreed actions was present in two literature cases and two participant cases. The most prototypical cases within this category were Nolan and Moreland (2014) and Wagner (1995, 2008) which both mentioned this aspect of consultation.

Evaluation

The use of formal evaluation tools and quantitative data collection (e.g., scaling) was present in two literature cases and four participant cases. The review of actions and impact after a period of time was present in three literature cases and two participant cases. Seeking immediate, qualitative feedback was present in two literature cases and three participant cases. The most prototypical cases within this category were Kennedy et al. (2008), Larney (2003), and Nolan and Moreland (2014) each with two central characteristics.

Administration and accessibility

Ensuring a protected, defined time slot was present in three literature cases and one participant case. The most prototypical cases within this category were Leadbetter (2006), Nolan and Moreland (2014), and Wagner (1995, 2008) which all mentioned this aspect of consultation.

Outcomes

In-meeting change

A change in consultee understanding of the problem was present in seven literature cases and four participant cases. Increased collaboration, shared understanding, and collaborative problem-solving was also present in seven literature cases and four participant cases. A change in consultee thinking and emotions related to the problem was present five literature cases and four participant cases. Increased ownership of the problem and actions was present in five literature cases and three participant cases. The consultee generating new ideas or solutions was present in four literature cases and four participant cases. An increase in consultee confidence was present in three literature cases and three participant cases. A decrease in consultee feelings of hopelessness or feeling stuck was also present in three literature cases and three participant cases. The most prototypical cases within this category were Nolan and Moreland (2014) with six central characteristics, Bozic and Carter (2002) and Caplan (1995) each with five, and Wagner (1995, 2008) with four.

Post-meeting change

An increase in consultee capacity and generalisable knowledge or skills was present in seven literature cases and three participant cases. An increase in consultee critical thinking and problem-solving skills was present in six literature cases and two participant cases. The consultee feeling empowered or inspired to act was present in three literature cases and three participant cases. Positive outcomes for a child or a change in their situation was present in four literature cases and two participant cases. The most prototypical cases within this category were Bozic and Carter (2002), Kratochwill and Pittman (2002), Leadbetter (2006), and Nolan & Moreland (2014) each with three central characteristics.

Relational characteristics

Interactions: consultant-consultee

Supportive and non-judgemental collaboration was present in six literature cases and one participant case. Establishing rapport was present in one literature case and four participant cases. The most prototypical case within this category was Kerslake and Roller (2000) with two central characteristics.

Dynamics: consultation-consultee

Coordinate power status was present in five literature cases and four participant cases. Trust and safety was present in two literature cases and four participant cases. The most prototypical cases within this category were Larney (2003) and Nolan and Moreland (2014) each with two central characteristics.

External factors

Consultee factors

Consultee readiness to change or wiliness to reflect was present in three literature cases and five participant cases. A consultee's existing knowledge or skills was present in three literature cases and two participant cases. The most prototypical case within this category was Larney (2003) with two central characteristics.

A Concept Definition of Consultation

The analysis presented above indicates that a concept definition of consultation would fit better within a family resemblance structure than a necessary and sufficient one. Indeed, it appears as though a necessary and sufficient concept structure would not be possible. The set of characteristics that define this family resemblance concept of consultation is presented in Figure 18. Following Podsakoff et al.'s (2016) guidance for refining a newly formed concept definition, the characteristics and categories of characteristic have been re-worded to reduce ambiguity and jargon. The hope is that this definition is clear, concise, and understandable to as broad an audience as possible.

Within this concept structure, characteristics are organised by category and judged as more or less central based on the frequency of their inclusion in the cases described above. As a lower bound, in order for an activity to be thought of as a 'consultation meeting', at least one characteristic from each category must be present. Only one characteristic within this definition can be considered necessary (essential), a change for the consultee (adult) and this must be present. The more characteristics that are included, and the more central these characteristics are, the closer to a prototypical consultation meeting the activity becomes. This definition should be considered dynamic rather than static and specific to the context of current UK EP practice. The characteristics contained within it should also not be considered exhaustive, given the relatively limited number of participants and literature sources considered in this phase.

Figure 18

Family resemblance concept definition of educational psychology consultation meetings

A consultation meeting is...

A meeting between Educational Psychologist and one or more of...   [consultation form]

| Classroom Teacher | SENDCo | School Leadership | Parents / Carers | A Child or Young Person |
| | TA / HLTA | | | |

At a protected, defined time slot

Where the Educational Psychologist...   [consultant actions]

| Uses questioning and curiosity rather than giving solutions | Makes the process transparent | Prepares consultees before the meeting |
| Works with the CYP before or after | Reframes the problem | Considers different perspectives and interpretations |

Underpinned by...   [consultant beliefs / philosophy]

| Viewing the consultee as the expert in their setting | Ecosystemic, Interactionist, Constructionist psychology | A consultee's right to reject suggestions |
| The concept of 'problem ownership' | The EP being a facilitator rather than an expert | Voluntary participation | Confidentiality |

And taking consideration of...   [consultee factors]

| A consultee's readiness to change | A consultee's readiness to reflect | A consultee's existing knowledge or skills |

In a way that...   [relational characteristics]

| Creates an even balance of power | Is supportive and non-judgemental | Helps consultees feel safe to share | Creates trust | Establishes rapport |

To facilitate a problem solving process involving...   [problem solving]

| Collaboratively exploring concerns | Clarifying roles and expectations | Sharing holistic and contextual information | Identifying and defining the problem | Using a solution-focussed approach |
| Establishing a shared understanding | Using a problem-solving framework | Establishing shared, agreed actions | Establishing hopes for change | Jointly exploring different perceptions of the problem |

In order to bring about change for...   [consultation focus]

| Adults | School systems | Children and young people |

During the meeting in the form of...   [in-meeting change]

| Improved understanding of the problem | Increased ownership of the problem | Change in affect | Change in thinking | Generating new ideas or solutions | Improved confidence | Feeling less hopeless or stuck |
| Increased collaboration | Improved shared understanding | | | | | |

And after the meeting in the form of...   [post-meeting change]

| Increased capacity and generalisable knowledge or skills | Improved critical thinking and problem-solving skills | Feeling empowered | Improvement in CYP's situation | CYP progress in specific areas |

That is recorded through...   [recording]   And evaluated...   [evaluation]

| A brief record of agreed actions and outcomes | Using pre- and post-scaling against agreed outcomes | After an agreed period of time | Using immediate qualitative feedback |

More Central   Less Central

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Phase One Discussion

In this section I will further explore the third research question for this phase in order to assess the suitability of the consultation concept definition presented.

Suitability of the Consultation Concept Definition

RQ3: Do these characteristics form a coherent and consistent concept definition of consultation?

Participants' descriptions of their consultation practice were predominantly characterised by the connections between characteristics rather than by any individual or set of characteristics. This highlights a limitation of the concept definition process adopted here which focussed almost exclusively on defining consultation by its characteristics. However, the most common 'chains' of connected constructs, as shown in the combined cognitive map (Figure 17), can be reasonably simplified to a broadly linear progression from consultant beliefs, to consultant actions, to interpersonal interactions and dynamics, to problem-solving processes, to outcomes, to recording and evaluation.

Some of the more interesting and potentially important characteristics of consultation which did not satisfy the inclusion criteria for the definition presented here include:

- Reasons for consulting with different roles within a school. EP2 mentioned "Most of the time I would think school staff, and within that I would think school staff with power..." (EP2) due to their ability to affect change at a systemic level. EP3 also mentioned the importance of involving the class teacher as they were the ones though which change for the child would typically be made.

- The consultant having an awareness of the systemic context and consultees' ways of working. Both Kennedy et al. (2008) and Larney (2003) draw attention to this as an important factor in ensuring the efficacy of the EP during consultation meetings.

- Long-term systemic outcomes. While change at a systemic level emerged as a fairly central characteristic, very few examples of systemic change were present as outcomes in either the literature or participants' responses. The two examples presented in Figure 18 refer more to in-meeting systemic functioning rather than post-meeting systemic change.

- Perception of the EP / EP role. This was mentioned by several participants during interview as an external factor which can greatly impact the success of a consultation meeting. While the consultees' willingness to reflect and readiness to change are related characteristics that were central enough to be included, the importance of building a school's trust with using consultation is not reflected in this definition. This is particularly pertinent given the difficulties associated with misaligned priorities between EPs and schools within traded services (Lee & Woods, 2017).

These examples highlight a second limitation of the concept definition procedure in that it is not sensitive to new developments or insight. Having frequency across cases as the main inclusion criteria for characteristics means that potentially important aspects of consultation were not included in the final definition. This is arguably more a limitation of how I have chosen to interpret the boundaries of Podsakoff et al.'s (2016) guidance rather than a limitation of the procedure itself, though no mechanism for weighting characteristics based on recency or importance was discussed in their paper.

Defining any multi-dimensional abstract concept through its discrete characteristics, or even categories of characteristic, is complex task that risks being overly reductive (Forster, 2010). With that said, and as noted by Gravois (2012), in the case of consultation it is very much a 'can of worms worth opening' given the need to communicate and evidence consultation practice to various stakeholders. With this goal in mind, I feel that the definition presented in Figure 18 succeeds. It is arguably not, however, a definition that would be suitable for communicating what consultation is to EPs or TEPs who wish to better understand consultation (as discussed in Kennedy et al., 2009). A more thorough analysis and discussion based on the Part One interviews and cognitive maps could provide a useful starting point for a definition that is more suitable for this purpose, though it is beyond the scope of this study to explore this further here.

Chapter 5 - Phase Two: Evaluating Casework - Findings and Discussion

In this chapter I will present the findings from Phase Two which consisted of a nationally distributed online questionnaire. The questionnaire was made up of two main parts which form the structure for this chapter: closed direct questions addressing approaches to casework, outcomes of casework, and confidence in evidencing impact and open-ended questions addressing evaluation methods and factors affecting the evaluation EP casework.

Approaches to Casework, Outcomes of Casework, and Evidencing Impact

As the Likert-type questions in this section generated ordinal data, medians and interquartile ranges (IQRs) are used as measures of central tendency and dispersion. Due to the thematic similarity of items contained within each Likert-type scale, ranges are also reported and used as a tertiary measure to organise findings where appropriate.

Approaches to Casework

In order to address the first research question of this phase, respondents were first asked to rate how frequently they used a range of approaches to EP casework. Approach scales were made up of 23 indirect approaches (α = .909) and 13 direct approaches (α = .626). Given that direct items consisted of relatively disparate approaches to EP casework informed predominantly by Woods and Farrell's (2006) survey of psychological assessment approaches, I decided that a Cronbach's Alpha of .626 was acceptable as per guidance set out by Taber (2018).

The overall distribution of responses for frequency of use across all indirect and direct casework approach items is presented in Figure 19. The most frequent response across indirect approaches was "Almost Always" (43.4%), closely followed by "Often" (39.7%). The most frequent response across direct approaches was "Sometimes" (33.6%), followed by "Often" (25.2%) and "Almost Always" (23.5%).

Figure 19

Distribution of reported frequencies of indirect and direct casework approaches
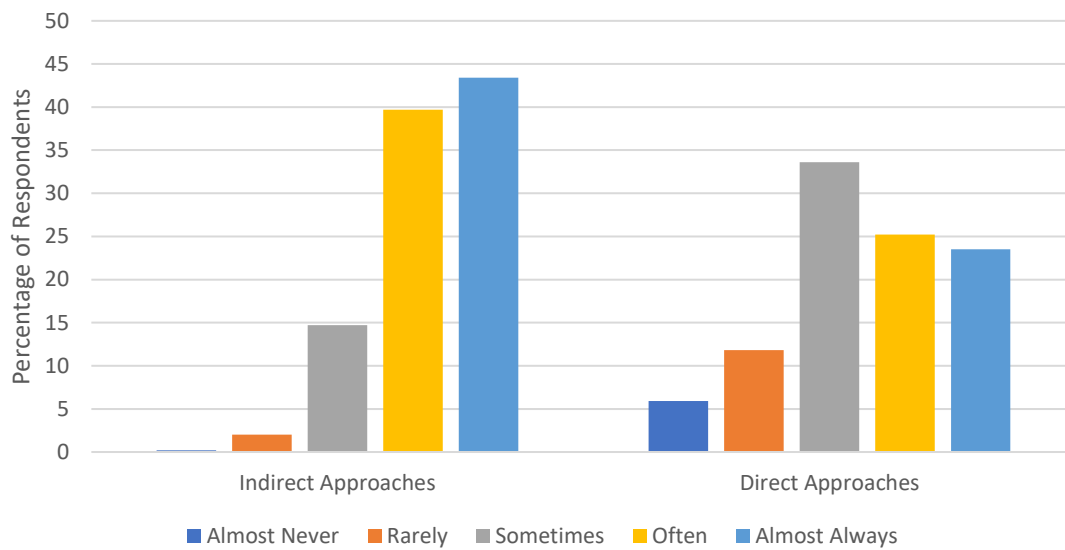
Indirect approaches

Results for reported frequencies of indirect casework approaches are presented in Table 5. 11 of the 23 approaches had a median rating of 5, "Almost Always". Another 11 had a median rating of 4, "Often". The remaining approach had a median rating of 3, "Sometimes". The approaches with the highest median rating of 5 and lowest IQR of 0 were "establishing rapport with adults" and "use of active listening during meetings".

Direct approaches

Results for reported frequencies of direct casework approaches are presented in Table 6. Three of the 13 direct approaches had a median rating of 5, one had a median rating of 4, eight had a median rating of 3, and one had a median rating of 2, "Rarely". The approach with the highest median rating of 5 and lowest IQR of 0 was "information gathering". The remaining two approaches with a median rating of 5 were "exploring a child's perception of the problem" and "eliciting and promoting a child's voice" with an IQR of 1.

Table 5

Medians, Interquartile Ranges, and Ranges for frequency of indirect approaches

	Frequency of approach		
Indirect approaches	Median	IQR	Range
Establishing rapport with adults	5	0	2
Use of active listening during meetings	5	0	3
Accurately representing the views of others	5	1	1
Validating and reassuring adults	5	1	2
Helping adults consider the wider context of a problem	5	1	2
Summarising adults' thoughts and feelings	5	1	2
Exploring adults' perception of a problem	5	1	2
Clarifying others' expectations of your involvement	5	1	2
Establishing trust with adults	5	1	2
Jointly agreeing actions with adults	5	1	2
Jointly exploring problem dimensions	5	1	3
Promoting the knowledge and expertise of others	4	0	3
Exploring the feelings of adults	4	1	2
Promoting underrepresented views	4	1	3
Jointly agreeing expected outcomes	4	1	3
Reframing problems	4	1	3
Mediating relationships or tensions	4	1	3
Giving adults 'permission' to try new things	4	1	3
Establishing a shared understanding or narrative	4	1	3
Finding exceptions to problems	4	1	3
Naming difficult thoughts or feelings	4	1	3
Clarifying who the 'problem owner' is	4	1	4
Subverting or challenging power dynamics	3	1	4

Table 6

Medians, Interquartile Ranges, and Ranges for frequency of direct approaches

	Frequency of approach		
Direct approaches	Median	IQR	Range
Information gathering	5	0	2
Exploring a child's perception of a problem	5	1	2
Eliciting and promoting a child's voice	5	1	2
Observation of a child in lesson	4	1	3
Reviewing a child's classwork	3	1	4
Standardised attainment test	3	1	4
Jointly agreeing actions with a child	3	1	4
Observation of a child on the playground	3	1	4
Partial psychometric cognitive assessment	3	1	4
Clinical or published questionnaire	3	1	4
Providing solutions to problems	3	2	3
Dynamic assessment	3	2	4
Full psychometric cognitive assessment	2	2	4

Evidencing Impact of Casework Approaches

In order to address the first research question of this phase, respondents were next asked to rate how confident they were in their ability to evidence the impact of the approach items outlined above.

The overall distribution of responses across all indirect and direct casework approaches is presented in Figure 20. The most frequent response across indirect approaches was "Very Confident" (42.4%), followed by "Moderately Confident" (26.8%) and then "Extremely Confident" (18.0%). The most frequent response across direct approaches was "Moderately Confident" (36.8%), closely followed by "Very Confident" (34.1%).

Figure 20

Distribution of reported confidence in ability to evidence the impact of indirect and direct casework approaches
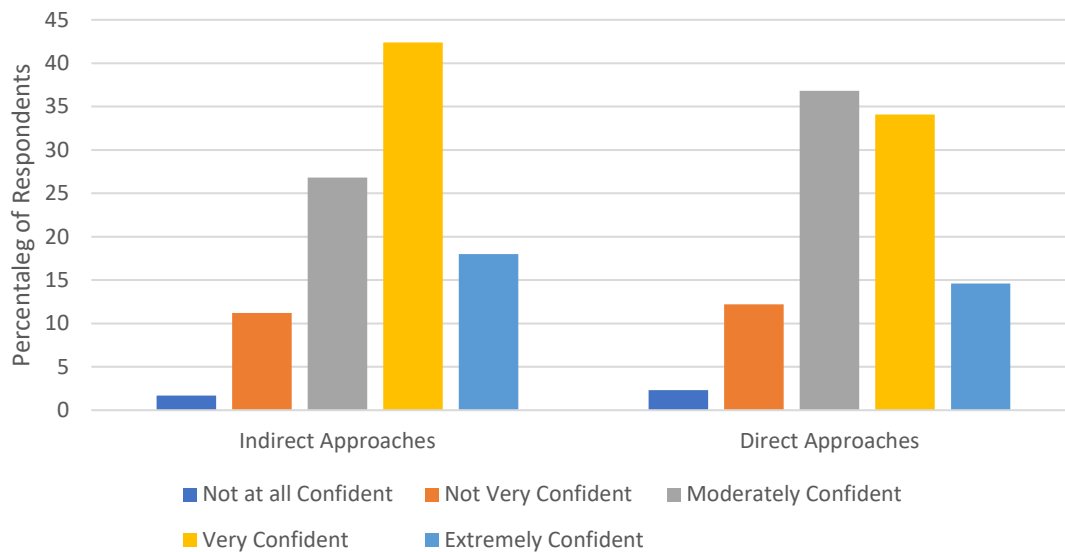
Confidence in evidencing impact of indirect approaches

Results for reported confidence in ability to evidence the impact of indirect casework approaches are presented in Table 7. 20 of the approaches had a median rating of 4, "Very Confident", 16 of which had an IQR of 1 and a range of 3. The remaining three approaches had a median rating of 3, "Moderately Confident".

Confidence in evidencing impact of direct approaches

Results for reported confidence in ability to evidence the impact of direct casework approaches are presented in Table 8. Six approaches had a median rating of 4, five of which had an IQR of 1. The remaining seven approaches had a median rating of 3.

A table showing frequency ratings alongside confidence in ability to evidence impact ratings of both indirect and direct casework approaches are presented in Appendix XII.

Table 7

Medians, Interquartile Ranges, and Ranges for confidence in ability to evidence the impact of indirect approaches

	Confidence in ability to evidence impact of approach		
Indirect approaches	Median	IQR	Range
Establishing rapport with adults	4	1	3
Validating and reassuring adults	4	1	3
Helping adults consider the wider context of a problem	4	1	3
Summarising adults' thoughts and feelings	4	1	3
Exploring adults' perception of a problem	4	1	3
Clarifying others' expectations of your involvement	4	1	3
Establishing trust with adults	4	1	3
Jointly agreeing actions with adults	4	1	3
Jointly exploring problem dimensions	4	1	3
Exploring the feelings of adults	4	1	3
Reframing problems	4	1	3
Mediating relationships or tensions	4	1	3
Giving adults 'permission' to try new things	4	1	3
Establishing a shared understanding or narrative	4	1	3
Finding exceptions to problems	4	1	3
Naming difficult thoughts or feelings	4	1	3
Promoting the knowledge and expertise of others	4	1	4
Promoting underrepresented views	4	1	4
Accurately representing the views of others	4	2	3
Jointly agreeing expected outcomes	4	2	3
Use of active listening during meetings	3	2	4
Clarifying who the 'problem owner' is	3	2	4
Subverting or challenging power dynamics	3	2	4

Table 8

Medians, Interquartile Ranges, and Ranges for confidence in ability to evidence the impact of direct approaches

Direct approaches	Confidence in ability to evidence impact of approach		
	Median	IQR	Range
Information gathering	4	1	3
Exploring a child's perception of a problem	4	1	3
Observation of a child in lesson	4	1	3
Jointly agreeing actions with a child	4	1	3
Observation of a child on the playground	4	1	3
Eliciting and promoting a child's voice	4	2	3
Clinical or published questionnaire	3	1	3
Providing solutions to problems	3	1	3
Standardised attainment test	3	1	4
Partial psychometric cognitive assessment	3	1	4
Dynamic assessment	3	1	4
Full psychometric cognitive assessment	3	1	4
Reviewing a child's classwork	3	2	4

Outcomes of Casework

In order to address the second research question of this phase, respondents were first asked to rate how frequently they considered a range of items to be outcomes of their work. Outcome scales were made up of 11 child-focussed outcomes (α = .893), 16 adult-focussed outcomes (α = .926), and nine systemic-focussed outcomes (α = .745).

The overall distribution of responses across child, adult, and systemic-focussed outcome items is presented in Figure 21. The most frequent response for child-focussed outcomes was "Sometimes" (53.3%), followed by "Often" (31.0%). The most frequent response for adult-focussed outcomes was "Often" (41.7%), closely followed by "Sometimes" (38.6%). The most frequent response for systemic-focussed outcomes was "Sometimes" (39.8%), closely followed by "Often" (34.3%).

Figure 21

Distribution of reported frequencies of child-focussed, adult-focussed, and systemic-focussed outcomes
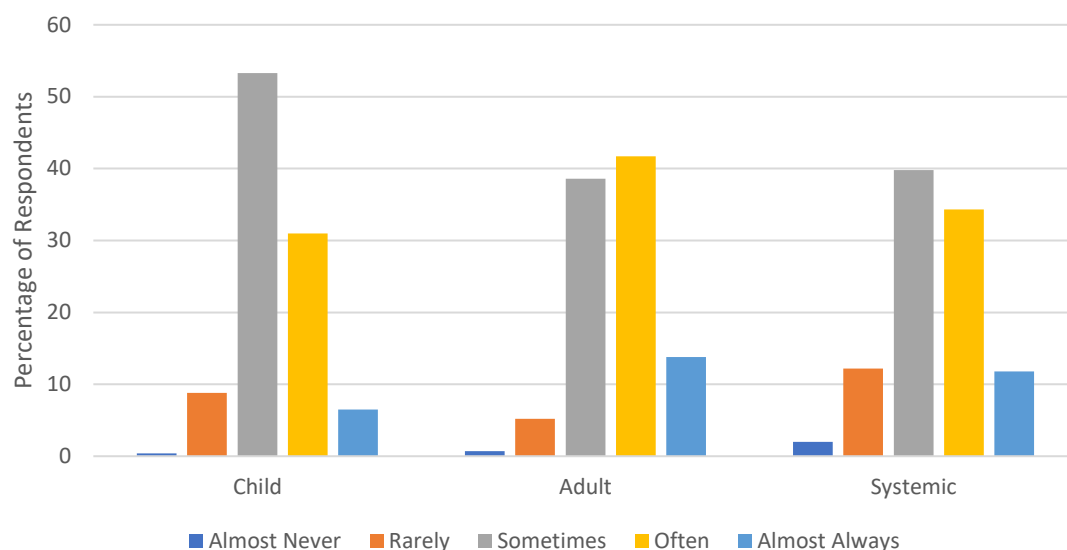
Child-focussed outcomes

Results for reported frequencies of child-focussed casework outcomes are presented in Table 9. One item, "change in a child's relationship or interactions with school staff" had a median rating of 4, "Often" an outcome of casework, with and IQR of 1 and range of 2. Two other items had a median rating of 4, IQR of 1, and range of 3. The remaining eight items all had a median rating of 3, "Sometimes" an outcome of casework.

Adult-focussed outcomes

Results for reported frequencies of adult-focussed casework outcomes are presented in Table 10. Two items, "change in adults' empathy with a child" and "change in adults' framing of the problem" had a median rating of 4 and an IQR of 0. Eight items had a median rating of 4 and higher IQRs. Six items had a median rating of 3.

Systemic-focussed outcomes

Results for reported frequencies of systemic-focussed casework outcomes are presented in Table 11. One item, "having a shared understanding of a child's needs" had a median rating of 4, IQR of 1, and range of 2. Three items had a median rating of 4, IQR of 1, and range of 3. Five items had a median rating of 3.

Table 9

Medians, Interquartile Ranges, and Ranges for frequency of child-focussed outcomes

	Frequency of outcome		
Child-focussed outcomes	Median	IQR	Range
Change in a child's relationships or interactions with school staff	4	1	2
Change in a child's behaviour	4	1	3
Change in a child's engagement with learning	4	1	3
Change in a child's attendance	3	0	4
Change in a child's sense of ownership over their thoughts and feelings	3	0	4
Change in a child's mental health or wellbeing	3	1	3
Change in a child's relationships or interactions with peers	3	1	3
Change in a child's sense of ownership over the problem	3	1	3
Change in a child's attainment	3	1	3
Change in a child's relationships or interactions at home	3	1	4
Change in how empowered a child feels	3	1	4

Table 10

Medians, Interquartile Ranges, and Ranges for frequency of adult-focussed outcomes

Adult-focussed outcomes	Frequency of outcome		
	Median	IQR	Range
Change in adults' empathy with a child	4	0	2
Change in adults' framing of the problem	4	0	3
Change in adults' understanding of specific interventions	4	1	3
Change in adults' attitudes towards a child	4	1	3
Change in adults' understanding of a child's needs	4	1	3
Change in adults' knowledge of psychological theory	4	1	3
Change in adults' capacity for meeting a child's needs	4	1	4
Change in how empowered adults feel	4	1	4
Change in adults' beliefs about a child	4	1	4
Change in adults' understanding of the wider context of a child's school and home life	4	2	4
Use of specific strategies at home	3	0	4
Change in approach at home	3	0	4
Change in adults' sense of ownership over the problem	3	1	3
Change in adults' resilience	3	1	4
Change in adults' sense of ownership over their thoughts and feelings	3	1	4
Change in adults' ability to generalise solutions to wider contexts	3	1	4

Table 11

Medians, Interquartile Ranges, and Ranges for frequency of systemic-focussed outcomes

Systemic-focussed outcomes	Frequency of outcome		
	Median	IQR	Range
Having a shared understanding of a child's needs	4	1	2
Change in the relationship or interactions between school and home	4	1	3
Having a shared understanding of a child's interests and aspirations	4	1	3
Use of specific interventions at school	4	1	3
Change in school culture	3	0	4
Change in school policy	3	1	3
Change in stability of a child's school placement	3	1	4
Access to specific provision or services	3	1	4
Having standardised data to understand a child's ability or functioning	3	2	4

## Evidencing Outcomes of Casework

In order to address the second research question of this phase, respondents were next asked to rate how confident they were in their ability to provide evidence of the outcome items outlined above.

The overall distribution of responses across child, adult, and systemic-focussed outcome items is presented in Figure 22. The most frequent response across all three outcome categories was "Moderately Confident" (child-focussed, 50.0%; adult-focussed, 49.9%; systemic-focussed 45.7%). No other response was higher than 25% across all outcome categories.

Figure 22

Distribution of reported confidence in ability to evidence child, adult, and systemic-focussed outcomes
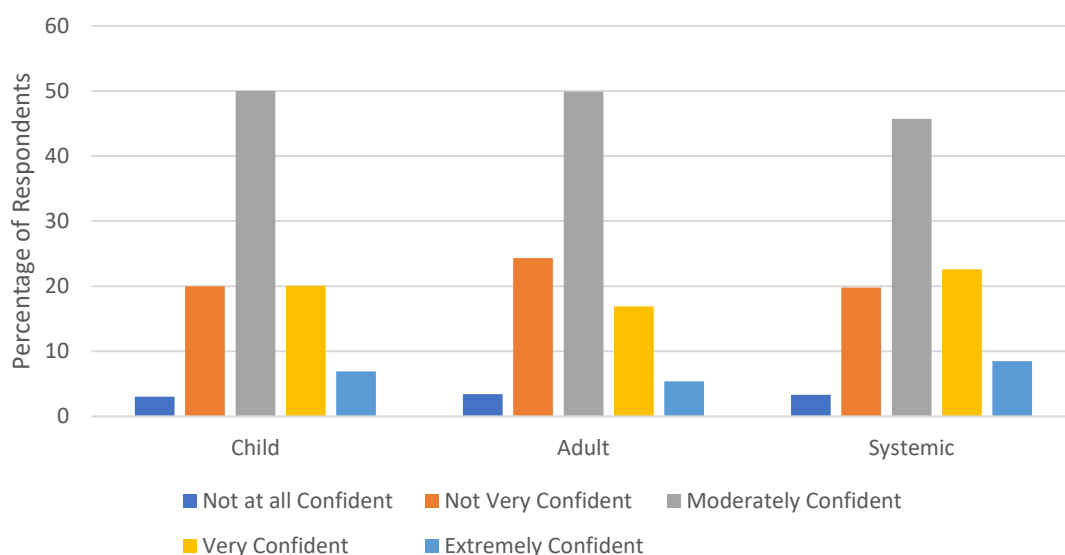
Confidence in evidencing child-focussed outcomes

Results for reported confidence in ability to evidence child-focussed outcomes are presented in Table 12. Two items, "change in child's engagement with learning" and "change in child's attainment" had a median rating of 3, IQR of 1 and range of 3. All other items had a median rating of 3, IQR of 1, and range of 4.

Confidence in evidencing adult-focussed outcomes

Results for reported confidence in ability to evidence adult-focussed outcomes are presented in Table 13. Two items, "change in adults' empathy with a child" and "change

in adults' framing of a problem" had a median rating of 4 and IQR of 0. Eight other items had a median rating of 4, seven with an IQR of 1 and one with an IQR of 2. The remaining six items had a median rating of 3.

Confidence in evidencing systemic-focussed outcomes

Results for reported confidence in ability to evidence systemic-focussed outcomes are presented in Table 14. One item, "change in stability of a child's school placement" had a median rating of 3, IQR of 1, and range of 3. All other items had a median of 3, IQR of 1, and range of 4.

Table 12

Medians, Interquartile Ranges, and Ranges for confidence in ability to evidence child-focussed outcomes

	Confidence in ability to evidence outcome		
Child-focussed outcomes	Median	IQR	Range
Change in a child's engagement with learning	3	1	3
Change in a child's attainment	3	1	3
Change in a child's behaviour	3	1	4
Change in a child's relationships or interactions with school staff	3	1	4
Change in a child's relationships or interactions at home	3	1	4
Change in a child's mental health or wellbeing	3	1	4
Change in a child's relationships or interactions with peers	3	1	4
Change in a child's sense of ownership over the problem	3	1	4
Change in a child's attendance	3	1	4
Change in a child's sense of ownership over their thoughts and feelings	3	1	4
Change in how empowered a child feels	3	1	4

Table 13

Medians, Interquartile Ranges, and Ranges for confidence in ability to evidence adult-focussed outcomes

	Confidence in ability to evidence outcome		
Adult-focussed outcomes	Median	IQR	Range
Change in adults' capacity for meeting a child's needs	3	0	4
Change in adults' beliefs about a child	3	0	4
Change in adults' knowledge of psychological theory	3	0	4
Change in adults' empathy with a child	3	1	4
Change in adults' framing of the problem	3	1	4
Change in adults' resilience	3	1	4
Change in adults' understanding of the wider context of a child's school and home life	3	1	4
Change in adults' understanding of specific interventions	3	1	4
Change in adults' attitudes towards a child	3	1	4
Use of specific strategies at home	3	1	4
Change in how empowered adults feel	3	1	4
Change in adults' understanding of a child's needs	3	1	4
Change in adults' sense of ownership over the problem	3	1	4
Change in approach at home	3	1	4
Change in adults' sense of ownership over their thoughts and feelings	3	1	4
Change in adults' ability to generalise solutions to wider contexts	3	1	4

Table 14

Medians, Interquartile Ranges, and Ranges for confidence in ability to evidence systemic-focussed outcomes

Systemic-focussed outcomes	Confidence in ability to evidence outcome		
	Median	IQR	Range
Change in stability of a child's school placement	3	1	3
Change in the relationship or interactions between school and home	3	1	4
Having standardised data to understand a child's ability or functioning	3	1	4
Having a shared understanding of a child's interests and aspirations	3	1	4
Having a shared understanding of a child's needs	3	1	4
Access to specific provision or services	3	1	4
Change in school policy	3	1	4
Use of specific interventions at school	3	1	4
Change in school culture	2	1	4

A table showing frequency ratings alongside confidence in ability to evidence impact ratings of the three outcome categories can be found in Appendix XIII.

Relationship Between Approaches to Casework, Casework Outcomes, and Evidencing Outcomes

In order to address the third research question for this phase, I ran a range of Spearman's rank-order correlation tests using IMB SPSS. These were used to determine the relationship between approaches to casework (indirect and direct) and outcome frequencies (child-focussed, adult-focussed, and systemic-focussed) as well as between approaches to casework (indirect and direct) and confidence in ability to evidence outcomes (child-focussed, adult-focussed, and systemic-focussed). Composite scores were used for the correlations as outlined in Chapter 3. I interpreted composite scores for approach frequencies as 'adopted approaches' and composite scores for outcome frequencies as 'expected outcomes'. Results from these correlation tests are presented in Table 15.

Table 15

Correlations between approaches to casework and outcome frequencies, confidence in evidencing outcomes

	Approach Item Composites ($\underline{n}$ = 121)	
Outcome Item Composites	Indirect approaches	Direct approaches
Outcome Frequency		
Child-focussed	.331*	.316*
Adult-focussed	.522*	.219
Systemic-focussed	.374*	.536*
Confidence in Evidencing Outcome		
Child-focussed	.168	.232
Adult-focussed	.205	.250*
Systemic-focussed	.155	.259*

*p < .01

Approaches to casework and outcome frequency

There was a statistically significant positive correlation between adopting indirect approaches and expecting child-focussed outcomes (r_s = .331, 95% BCa CI[.152, .500], p < .001). There was a statistically significant positive correlation between adopting indirect approaches and expecting systemic-focussed outcomes (r_s = .374, 95% BCa

CI[.212, .522], $p < .001$). There was a statistically significant positive correlation between adopting indirect approaches and expecting adult-focussed outcomes (r_s = .522, 95% BCa CI[.396, .638], $p < .001$).

The correlation between adopting indirect approaches and expecting adult-focussed outcomes was significantly stronger than both the correlation between adopting indirect approaches and expecting child-focussed outcomes (t = 3.22) and the correlation between adopting indirect approaches and expecting systemic-focussed outcomes (t = 3.01).

There was a statistically significant positive correlation between adopting direct approaches and expecting child-focussed outcomes (r_s = .316, 95% BCa CI[.152, .450], p = .001). There was a statistically significant strong positive correlation between adopting direct approaches and expecting systemic-focussed outcomes (r_s = .536, 95% BCa CI[.410, .645], $p < .001$). There was no significant correlation between adopting direct approaches and expecting adult-focussed outcomes (r_s = .219, p = .022).

The correlation between adopting direct approaches and expecting systemic-focussed outcomes was significantly stronger than the correlation between adopting direct approaches and expecting child-focussed outcomes (t = 3.42).

Approaches to casework and confidence in evidencing outcomes

There were no significant correlations between adopting indirect approaches and confidence in evidencing any of the three categories of outcome (child-focussed, r_s = .168, p = .081; adult-focussed, r_s = .205, p = .033; systemic-focussed, r_s = .155, p = .109).

There was a statistically significant positive correlation between adopting direct approaches and confidence in evidencing adult-focussed outcomes (r_s = .250, 95% BCa CI[.058, .424], p = .009). There was a statistically significant positive correlation between adopting direct approaches and confidence in evidencing systemic-focussed outcomes (r_s = .259, 95% BCa CI[.069, .433], p = .007). There was no significant correlation between adopting direct approaches and confidence in evidencing child-focussed outcomes (r_s = .231, p = .015), though this result came close to the significance threshold of $p < .01$.

Evaluation Methods and Factors Affecting the Evaluation of Casework

Evaluation Methods

In order to address the fourth research question for this phase, respondents were asked how they evaluate their work as an EP. The main themes from the responses to this question are presented in Table 16. In order to contextualise these findings, respondents were also asked who evaluates their work, other than themselves, and who they considered themselves to be accountable to. A summary of these responses is presented in Figure 23.

Factors Affecting Evaluation

In order to address the fifth research question for this phase, respondents were first asked if they ever felt unable to evaluate an aspect of their work. The 100 respondents who answered 'yes' to this question were then asked what factors affected their ability to evaluate their work. The main themes from the responses to this question are presented in Table 17.

Table 16

Reported evaluation methods

Theme	Details
EP-elicited feedback	Individual EP asking for feedback from parents/carers, families, CYP, or school staff during or after casework. Also included feedback from other involved agencies (e.g. Speech and Language, Virtual School). Mainly characterised as 'conversations', 'feedback forms/cards', or 'surveys' to collect qualitative data.
Satisfaction surveys	Specific form of feedback survey used as standard across the EPS following individual cases or pieces of work. Brief, often using scaling questions, and possible to anonymise.
Report usefulness ratings	Specific feedback on the usefulness of reports following casework or statutory involvement. Standard across the EPS or developed by individual EP.
Service questionnaire	Annual or termly feedback sent to schools on general satisfaction with the EP/EPS. Standard across the EPS.
Training surveys	Formal evaluation forms sent to attendees following training. Generally well established and standard across the EPS. Possible to anonymise.
In-meeting verbal feedback	Individual EP asking for feedback from meeting attendees (e.g. during or immediately after consultation). Used to check changes in understanding, agreement on outcomes/actions, shifts in attitude etc.
Informal or incidental review	Information about impact of EP involvement, academic progress, changes in behaviour, generally how a child is 'getting on'. Characterised as 'soft' contextualised data from passing conversations, comments, compliments, check-ins etc. rather than deliberately sought. Ongoing rather than discrete.
Case review meetings	Formally planned and discrete meetings to review progress based on agreed outcomes and actions from a single case/CYP. Generally implemented as part of a consultation or casework model.
Quantitative pre-post methods	Pre- and post-data collection of relevant measures. Can include needs-specific scales or adaptive methods such as TME or GAS. Related to jointly agreed outcomes and actions.
Planning meetings	Annual planning meetings where a review the previous year's involvement can take place. Sometimes more frequent than annual. Generally not an explicit review of specific outcomes/actions.
Annual Reviews	Formal annual reviews of progress against and individual CYP's EHCP outcomes and suitability of provision. Generally requested by school or LA rather than EP-directed.
CYP progress	Measures relating to CYP progress including academic, social, emotional, attendance etc. Can include pre-post measures, qualitative feedback, or school-based data. Generally collected/reported by the school or parents rather than EP and based on agreed outcomes or targets following casework.
Quality of relationships	EP noticing aspects of relationships with schools/parents/CYP that facilitate work. Evidenced by trust, collaborative working, being receptive to challenge. Both long-term and in the moment (e.g. during a consultation meeting).
Buyback from schools	Schools buying and using EP time. Communicates that EP involvement is valued. Increases/decreases in hours.
Case studies	Longitudinal investigation of impact for an individual case. Focus on specific interventions or ways of working. Generally very occasional.
Involved in plan-do-review cycle	EP involvement in school's plan-do-review cycle or as part of a consultation or casework model. At school's or EP's request. Focus on individual CYP.
Timeliness	LA-monitored EHCNA advice timeliness, percentage within 6-week statutory deadline. EPS-monitored response time to referrals.
Report QA and moderation	In-house EPS formal report moderation. Statutory and non-statutory. Sampling and checking against agreed quality standards by senior leaders, line managers, neighbouring services, peers, other services. Generally done on a regular cycle.
Supervision / line management	Regular in-house EPS supervision and line management conversations focussed on self-reflection and self-evaluation.

Figure 23

Summary of respondents' views on who evaluates their work and who they are accountable to
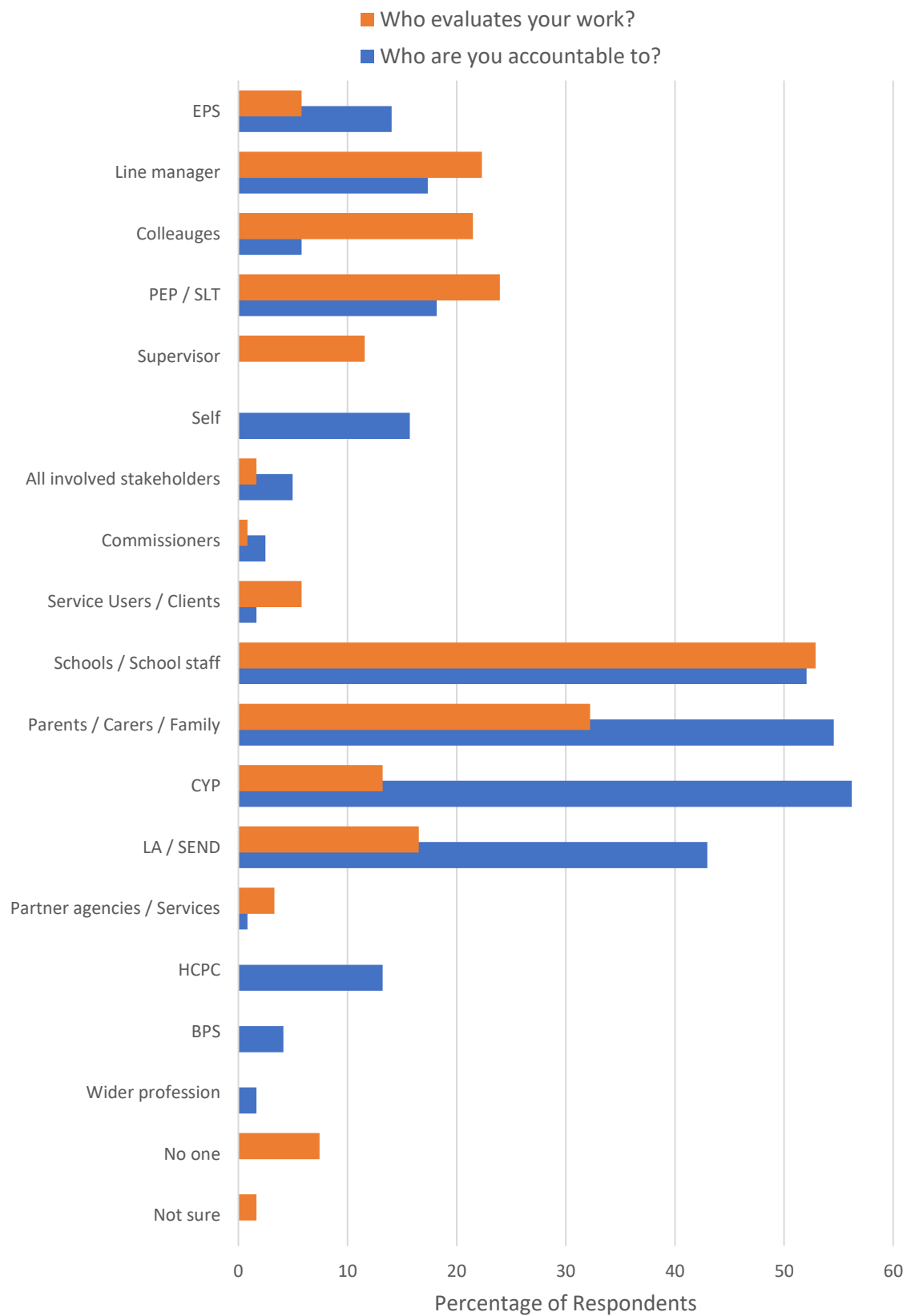
Table 17

Reported factors affecting evaluation

Theme	Details
Time and workload	Limited time to evaluate due to volume of work, particularly statutory assessments. Lack of allocated time for evaluation frequently linked to service priorities and school priorities. Time commitment of 'chasing down' evaluations. Time to reflect on own practice. Time to engage in ongoing pieces of work where long-term impact could be evaluated.
Service priorities and systems	Culture of EPS or LA not promoting evaluation. Lack of understanding from managers about the benefits of evaluating work leading to limited or no formal evaluation procedures in place. Other types of work taking priority (EHCNA, tribunal). Other commitments taking priority (team meetings, supervision, line management).
Ineffective or misguided methods	EPs evaluated based on time delivered rather than quality of work. Measuring what is easy to measure rather than what is valued by schools/parents. Feedback forms don't capture appropriate data. Lack of qualitative methods, or lack of value placed on qualitative or non-concrete data. Lack of focus on changes in adults. Lack of focus on changes in thinking. Lack of focus on long-term outcomes. Feedback not sought from right people - who is the 'client'?
Accessibility of methods	No formal systems for gaining feedback from adults or CYP with significant communication or learning difficulties. Feedback forms present a literacy barrier to many families.
Difficult to capture	Difficult to quantify aspects of work, trying to 'measure the unmeasurable'. Changes in attitude, beliefs, relationships, or understanding hard to measure, particularly when those involved may not be consciously aware of these changes. 'Unseen' or 'invisible' psychological input cannot be evaluated by those involved and may have less impact if made explicit. Preventative work difficult to evaluate. Diffuse changes such as school culture difficult to characterise or monitor.
Isolating / tracing impact	Indirect impact relies on others to implement actions. Difficult to unpick or isolate contribution. Feels inappropriate to 'take credit' for change. Often many contributors to a single case.
Knowing when to evaluate, timescales	Lack of clear 'end' to involvement. Not knowing when to evaluate or what impact might be evident at what point in the future.
One-off involvement	Lack of ongoing involvement makes evaluating impact difficult.
Own skills or knowledge	Lack of practise. Not knowing how or where to start. Not knowing how to evaluate effectively or in a way that others would understand.
Own motivation	Fear of negative feedback. Competing priorities for work.
Traded services, commissioning	Time as a finite resource that schools have to pay for. Schools as 'customers' means they decide what work is done. Linked to school motivation and priorities. Feels inappropriate to ask schools to pay for EPs to evaluate their own impact.
School motivation and priorities	Schools wanting EP reports to access additional resources rather than for expertise or recommendations. Schools not wanting to pay or release staff for a review. Schools too busy to provide feedback when requested. Schools 'moving on' to next most pressing concern immediately after EP involvement.
Parent motivation	Parents not responding to requests for feedback.
Differences in expectations	Schools or parents not getting the outcomes they might have hoped for. Schools having already decided on a course of action despite EP input suggesting or encouraging otherwise. School policy or culture at odds with EP recommendations.
Clarity around EP role	Parents and CYP not able to differentiate between EPs and other professionals, making it hard to evaluate impact of involvement. Ambiguity in requests for EP involvement, no clear outcome in mind and so difficult to agree on impact.
Reluctance to be critical, anonymity issues	People only giving positive feedback. Uncomfortable sharing negative feedback due to lack of anonymity. Wanting to be kind or to maintain relationships.

Phase Two Discussion

In this section I will discuss the above findings in the context of existing research and literature in order to answer the research questions for this phase.

Evidencing the Impact of Casework Approaches

RQ1: What approaches to casework do EPs report to use and how confident are they in evidencing their impact?

Overall, indirect approaches to casework were reported to be used relatively more frequently than direct approaches. This is perhaps unsurprising given the continued move towards consultation as a model for service delivery (Eddleston & Atkinson, 2018; Leadbetter, 2000). The most frequently used indirect approaches were "establishing rapport with adults" and "use of active listening during meetings", both key discursive strategies used in consultation (Nolan & Moreland, 2014). Other approaches cited as being 'almost always' used were related to joint problem solving, such as "helping adults consider the wider context of a problem", "exploring adults' perception of a problem", and "jointly agreeing actions with adults".

The frequency of direct approaches was not as low as one might have expected given the prevalence of indirect consultation approaches within the profession. Over 80% of respondents reported to use direct approaches either 'sometimes' or more frequently. The most frequent direct approaches, besides the somewhat loosely defined "information gathering", were "exploring a child's perception of a problem" and "eliciting and promoting a child's voice". These appear to highlight the importance of placing the child and the centre of EP work and the skills EPs have in ensuring that their voice is heard and understood, something also seen in Woods and Farrell's (2006) investigation into EP assessment practices. The fourth most frequently used direct approach, "observation of a child in lesson", represents a form of direct work which is often conceptualised as not fitting within a 'pure' consultation model (discussed in Woods & Farrell, 2006). Contrary to this view, these responses suggest that direct work is frequently used alongside more indirect consultative approaches, something also seen in Phase One of this study and highlighted by Kratochwill and Pittman (2002) as a 'continuum' of interventions rather than the potentially unhelpful 'either/or' approach to service delivery.

The least frequently used direct approach, and the only approach to have a median rating of 'rarely' used, was "full psychometric cognitive assessment" which again highlights the conceptualisation of the EP role as 'consultant' rather than 'assessor' (Evans & Wright, 1987; Leadbetter, 2000). The partial use of psychometric cognitive assessments, however, was more frequent and on-par across respondents with other assessment techniques such as playground observations and reviewing classwork. Comparing these results to Woods and Farrell's (2006) investigation into common EP assessment methods suggests that there may have been an increase in the popularity of cognitive assessments within the profession over the last 15 years. This would be consistent with the pressures felt by EPs from schools while working within traded services (Lee & Woods, 2017).

Respondents' confidence in their ability to evidence impact was higher for indirect approaches than it was for direct approaches, though confidence in both was generally high with fewer than 15% reporting lower than 'moderately confident' for either category. This is somewhat surprising given the frequent citing of indirect approaches being difficult to evidence (Eddleston & Atkinson, 2018). Indeed, this very phenomenon was reported by respondents within this study (see Factors Affecting Evaluation section below). There was very little to suggest higher confidence in being able to evidence any one approach, indirect or direct, as the majority of ratings across participants were statistically similar. This could be interpreted as respondents having a general sense of the positive impact of their work rather than any specific evaluative methods which aligned with an approach or set of approaches, particularly as no approach had the highest median ranking of 'extremely confident'. This notion of 'feeling' or 'thinking' rather than evidencing impact has been highlighted by Lowther (2013) as an example of 'internal' evaluation tools that should ideally be complimented by 'external' corroborating evidence.

Evidencing Casework Outcomes

RQ2: What outcomes of casework do EPs report to expect and how confident are they in evidencing them?

Adult-focussed outcomes were reported to be expected the most frequently, with over 55% of respondents reporting them as either 'often' or 'almost always' outcomes of their work, followed by systemic-focussed and then child-focussed outcomes. This is

consistent with the higher reported frequency of indirect, consultative approaches to casework discussed above. This hierarchy mirrors the order of changes outlined in much of the literature on consultation, where changes in the child are mediated by changes in the adults and systems around them (Turner et al., 2010; Wagner, 2000). The most frequently expected adult-focussed outcomes related to increased empathy with a child and a change in their framing of the problem. These represent shifts in adults' thinking and affect common across consultation literature and highlighted by Lowther (2013) as an outcome EPs value highly in their practice and by Cameron (2006) as one of the distinctive contributions EPs can make.

The most frequently expected systemic-focussed outcomes were establishing a shared understanding of the child, use of specific interventions in the school, and a change in relationship between school and home. All three of these could be seen as relating to joint problem solving, where shared understanding and collaboration are facilitated by consultee relationships and lead to shared agreed outcomes.

The most frequently expected child-focussed outcome was a "change in a child's relationships or interactions with school staff", which arguably relies on the adult-focussed and systemic-focussed outcomes mentioned above and again reflects the 'chain of impact' present in consultative work (Turner et al., 2010). Two other child-focussed outcomes, a change in behaviour and a change in engagement with learning, were also rated highly and represent more concrete, potentially more measurable outcomes (Cherry, 1998; Turner et al., 2010). Indeed, these two outcomes were ranked amongst the highest in terms of confidence in ability to evidence them along with the child's attainment, though the differences between rankings was small.

The only outcome to have a median evidencing impact ranking of anything other than 'moderately confident' across the three categories was the systemic-focussed "change in school culture", with a median ranking of 'not very confident'. The similarity of responses to these questions suggests either that respondents were reasonably confident in evidencing almost all outcomes of their work or, perhaps more likely, that 'moderately confident' represents a central tendency response bias for this scale (Thomas, 2017). Given that the distribution of responses for other questions did not follow this pattern, it may be that these items presented respondents with a level of specificity which did not match their experiences of evaluating their work.

Relationships Between Casework Approaches, Casework Outcomes, and Evidencing Casework Outcomes

RQ3: What is the relationship between EP approaches to casework, expected outcomes, and confidence in evidencing outcomes?

Correlations run between approaches to casework and expected outcomes showed that respondents who adopted a more indirect approach expected more adult-focussed outcomes than child-focussed or systemic focussed ones. This is consistent with the broad goals of indirect consultation work, though the significantly lower expectation of systemic outcomes is somewhat at odds with this given consultation's purported focus on systemic change (Leadbetter, 2000; Nolan & Moreland, 2014; Wagner, 1995, 2008). Interestingly, respondents who adopted a more direct approach expected more systemic-focussed outcomes than child-focussed outcomes, and significantly more so than those who adopted an indirect approach. It may be that there were some particularly strong associations between various direct approach items and systemic outcome items (e.g. "eliciting and promoting a child's voice" and "having a shared understanding of a child's interests and aspirations"), though similarly strong associations were present between indirect approach items and systemic outcome items (e.g. "mediating relationships or tensions" and "change in the relationship or interactions between school and home"). It is also possible, as seen above, that evidencing systemic outcomes was viewed as more difficult regardless of approach because of the multitude of possible variables associated with it (AEP/DECP/NAPEP, 2009).

The relatively weak correlations between both approaches and child-focussed outcomes indicates that confidence was generally lower in evidencing outcomes for children. This finding suggests that the historic focus on feedback from teachers rather than children (O'Farrell & Kinsella, 2018) and the difficulties associated with isolating the impact of EP involvement on outcomes for children (Turner et al., 2010) are likely still pertinent issues in evaluating EP involvement. Indeed, views to this effect were expressed by respondents, as will be discussed in the following sections.

Correlations run between approaches to casework and confidence in evidencing outcomes showed that respondents who adopted a more direct approach were more

confident in evidencing both adult-focussed and systemic-focussed outcomes. While the correlation with child-focussed outcomes was not significant at the level chosen for these tests ($p < .01$), it was far stronger than any of the correlations with adopting an indirect approach. There was no significant correlation between adopting an indirect approach and confidence in evidencing any of the categories of outcome.

These results indicate that confidence in evidencing outcomes while working indirectly is relatively low when compared to working directly. Given that indirect approaches were reported to be used more frequently than direct approaches, this suggests that respondents viewed the largest proportion of their work as the least able to evidence.

Evaluation Methods

RQ4: What methods of evaluation do EPs report to use?

The wide range of reported evaluation methods seen in Table 16 suggests that the lack of agreement within the profession on how to evaluate different aspects of EP work, as highlighted by Dunsmuir et al. (2009), has persisted. These findings also likely reflect the difficulties associated with reaching profession-wide consensus on any approaches due to the variations amongst involved stakeholders and need for EP work to be flexible, adaptive, and responsive.

The most cited method of evaluation was the individual EP asking for feedback from different stakeholders. This took a range of forms, but generally all responses indicated collecting qualitative or quantitative data on how those involved with the casework felt about the work shortly after it had been completed. This is best characterised as a type of evaluation that focuses on others' experiences or perceptions of the EP and their work rather than observable change over time, the limitations of which are highlighted by Dunsmuir et al. (2009) and by respondents in this study, as will be discussed in the next section.

Methods that can identify change over time came in several forms including planning meetings, specific case reviews, and annual reviews for EHCPs. Specific case reviews generally formed part of a casework or consultation model for practice where they were agreed at the start EP involvement (e.g. Wagner, 2008). These focussed primarily on quantitative pre- and post-measures of progress against agreed outcomes and included specific methods such as TME (Dunsmuir et al., 2009).

Report timeliness, predominantly with statutory work, and response time to referrals were also mentioned. As noted by Dunsmuir et al. (2009), such methods can be thought of as having a focus on 'outputs' rather than 'outcomes' and have been shown to provide little in the way of useful information for service development or about real world changes (Sharp et al., 2000). Within-EPS methods of evaluation included report moderation, supervision, and line management. These methods were largely concerned with ensuring the quality of output and facilitating self-reflection, though they rely on other sources of information to inform them (Lowther, 2013). Within Friedman's (2009) conceptualisation of performance accountability, report timeliness and report quality can be thought of as 'effort' indicators that require other 'effect' indicators (i.e. who is better off and by how much?) in order to be meaningful for evaluation purposes.

Respondents' views on who evaluates their work and who they are accountable to reveal several interesting disparities (see Figure 23). The only stakeholder to have a comparable number of responses in each category was schools and school staff. Both parents/carers and children were considered by the majority of respondents as people who they felt accountable to, but just over 30% reported that parents evaluated their work and less than 15% reported that children did. Conversely, the EPS PEP or SLT, line managers, colleagues, and supervisors were all more frequently reported as evaluating work than as someone the respondents were accountable to. Being evaluated more frequently by those who EPs are not accountable to and less frequently by those that they are has implications for how well actual impact is being measured (Friedman, 2009).

Factors Affecting Evaluation

RQ5: What factors, if any, do EPs report as preventing them from evaluating their work?

The most consistently cited factors which prevented or limited respondents from evaluating their work was time and workload. Responses related mainly to EPS or LA priorities, particularly for statutory work, and how respondents were unable to find the time to 'chase down' feedback. This is an interesting finding given the relatively high prevalence of pre-arranged case reviews reported in the previous section, which would presumably not require chasing and would fit within the EPS' time allocation model. Lack of time was also reported as impacting respondents' capacity to reflect on their work,

an important aspect of evaluation when complemented by other methods (Dunsmuir et al., 2009; Lowther, 2013).

Another common theme amongst responses was related to the limited scope of some involvement, particularly where their role was seen as doing a 'one-off' assessment. Many respondents acknowledged that immediate feedback could not capture the kind of long-term impact that they hoped would result from their work. This was largely attributed to schools' priorities, particularly in the context of traded services. Schools were seen as often prioritising the 'next child to be seen' rather than a review of previous involvement.

The suitability of methods employed by services was also questioned. Where respondents saw their most valuable impact as being difficult to measure, many reported their EPSs using generic satisfaction surveys, scales, or time delivered to quantify their performance. This was characterised as 'measuring what is easy to measure', a sentiment expressed by Cherry (1998) and evidently still a concern over two decades later. The 'invisible' nature of some psychological input was raised as an additional barrier to fully evaluating EP involvement. One respondent wrote:

> I am hardly likely to point out in a meeting that change happened because of how I might have questioned something or mused on something to move things on for example. That makes evaluating our impact at some levels quite frustratingly hard to do! And yet, I think it is where we have quite a lot of impact. I think 'harder' measures like TME simply don't capture this. (Survey Respondent 043)

While the conceptualisation of TME as a 'harder' measure reveals a potential misunderstanding of how it is intended to be used (see Dunsmuir et al, 2009), this sentiment echoes an issue also raised in Lowther's (2013) study where participants expressed difficulties with characterising or quantifying changes in views or perception. The use of measures such as the Strengths and Difficulties Questionnaire (SDQ) was seen as a far from ideal solution to this difficulty, but "the best we've got" (participant in Lowther, 2013, p. 249).

Chapter 6 - Conclusions

In this chapter I will present a synthesis of findings from Phase One and Phase Two and discuss these in the context of existing literature and implications for evaluating consultation-based educational psychology practice. I will also discuss the limitations of this research, make recommendations for future areas of study, and provide some brief concluding comments.

As stated in the introduction, the rationale for this research was to investigate several significant factors which the literature suggests impact the effective evaluation of consultation-based EP practice. Phase One had the dual research aims of exploring modern EP consultation practices in England and formulating a contemporary concept definition of consultation. These aims were designed to address the need for clarity on the intentions, actions, and outcomes of consultation in the context of current EP practice. Phase Two had the research aim of exploring EPs' views and attitudes towards evaluating consultation-based casework. This aim was designed to further investigate the characteristics of consultation identified in Phase One on a wider scale, to identify current evaluation methods, and to explore issues surrounding the evaluation of indirect consultation-based work.

Synthesis and Discussion of Phase One and Phase Two Findings

In this section I will present three key themes that I have drawn out from the synthesis of Phase One and Phase Two findings. I will consider these in the context of existing literature relevant to each theme.

Immediate vs. Long-term Impact

Findings from both phases highlighted a greater focus on immediate outcomes than longer-term outcomes. In Phase One, the majority of outcomes that participants spoke about related to in-meeting adult-focussed changes such as shifts in thinking or affect and increased collaboration. Post-meeting changes were almost exclusively the natural extensions of these, with increased consultee empowerment, knowledge, and capacity the most prominent. Considering that this type of change is generally regarded as the highly difficult to evidence, both in previous studies (e.g. Lowther, 2013) and by respondents in this research, it seems reasonable to suggest that these are largely assumed rather than routinely evidenced long-term outcomes of consultation. Indeed,

findings from Phase Two highlighted that respondents' most-used methods of evaluation corresponded with measuring impact either immediately or at most a few weeks after involvement.

There are several potential explanations for this apparent lack of focus on evidencing long-term impact. First, the influence of EP input becomes more difficult to identify as time goes on due to the cumulative influence of other factors (Eddleston & Atkinson, 2018; Turner et al., 2010). This is particularly true of outcomes for children following consultation, where the consultee is the 'agent of change' (Wagner, 1995). EPs across the two phases discussed this issue as a barrier to evaluating their work, though one would hope that a lack of attribution to the EP would not preclude the monitoring of outcomes over time.

Second, immediate feedback from stakeholders is both easier to collect (Cherry, 1998) and more likely to be positive (Dunsmuir et al., 2009) than long-term outcomes. Over half of the Phase Two respondents reported that time and workload were barriers to evaluating their work, likely making quick, low resource approaches a more realistic option. Several respondents also expressed a fear of negative feedback and a belief that others were less inclined to be critical in person or through non-anonymised methods.

Finally, respondents reported that much of their work was focussed on one-off involvement with little opportunity for follow-up. Many attributed this to an increase in traded services and having to align their practice with school priorities. The issue of disparities between what schools and EPs value is not new (Ashton & Roberts, 2006; Dowling & Leibowitz, 1994; MacKay & Boyle, 1994), though it certainly has more pronounced implications when schools are directly commissioning work from EPs (Lee & Woods, 2017). This raises several interesting questions about the purpose of evaluating EP work and who should be responsible for funding it.

With consultation, one of the implications of this focus on immediate outcomes is that only in-meeting changes and attitudes towards the approaches used can be evaluated. While evaluating short-term impact is not without merit, as will be discussed later in this chapter, neither the long-term intended benefits for adults nor the associated agreed actions for children can be evaluated without monitoring over time. As highlighted previously, the concerns shared by Gravois (2012) about the sustainability of education

services that cannot evidence positive outcomes children are highly pertinent. It is important to note that the use of pre-post measures for child-focussed outcomes (e.g. TME; Dunsmuir et al., 2009) and formal review meetings were reported across the two phases of this study. However, they were less central to practice and less frequently used than more immediate methods.

Indirect Work, 'Invisible' Psychology, and the Expert Role

The indirect approaches to casework identified in Phase One and reported to be used most frequently in Phase Two all related to some form of intended change within consultees. Whilst these changes should be viewed as intermediate goals that contribute towards the ultimate goal of outcomes for children (Wagner, 1995), the focus placed on them across both phases was considerably higher than any child-focussed outcome. The finding that adopting an indirect approach seems to relate to being less confident with evaluating outcomes than when adopting a more direct approach highlights an interesting tension between how EPs are working and what they feel able to evidence. This is exemplified by a response given by an EP in Phase Two, where they highlighted that the most important aspects of their role were the most difficult to evaluate because "it's all meant to be 'invisible' and undetectable to others" (Survey Respondent 092).

This notion of 'invisible' psychology is somewhat at odds with the characteristic of consultation being a transparent process identified as part of the concept definition in Phase One and evident in the literature (Kennedy et al., 2008; Kerslake & Roller, 2000; Wagner, 2008). However, considering the types of change EPs expect to see in consultees, particularly those relating to beliefs or attitudes, there is perhaps a sense in which consultees are having psychology done *to* them rather than *with* them. Cameron (2006) identified the following as a distinctive contribution that EPs make:

> In particular, psychologists often find themselves introducing the possibility of change to children, teachers and parents who, themselves, may see no need for such change and, while this presents a tough professional challenge, strategies have been developed to help a 'reluctant' client to move from a pre-contemplation to a contemplation of change stance. (p. 294)

The ways in which 'invisible' psychology can be used to help 'reluctant' consultees was evident in how participants in Phase One consistently highlighted that changes in consultee thinking, affect, and understanding facilitated reaching 'agreed actions' and

'shared understanding' (see Figure 17). This raises an interesting question about what happens when reaching such shared agreement is not possible, especially considering the time constraints that both EPs and school staff are under. While this was not directly addressed in any part of this study, the contrasting constructs of 'facilitator' and 'expert' were held by many of the Phase One participants, with several directly drawing the comparison between 'agreed actions' and 'recommendations' as an example of this dichotomy.

From the findings across both phases, beliefs about the importance of not being the expert in consultation seem to emerge from two distinct perspectives. The first of these is a view that consultees have more contextualised insight and knowledge of the child and are best placed to know what is possible within a setting. This is where the distinction between 'being an expert' and 'having expertise' (Wagner, 2008) provides a helpful rationale for how EPs can provide guidance without dictating solutions. The second of these is the view that positioning the EP as an expert reenforces a power dynamic that is not conducive to collaboration or openness from consultees. From early conceptualisations of consultation (e.g. Bergan, 1977), equal power status between consultant and consultee has been seen as a key feature. To this end, asserting that the EP is not an expert appears to also be a rhetorical device either for consultees or for EPs themselves. That fact that these two important and valid motivations are often conflated within the script of 'we are not experts' (e.g. Kerslake & Roller, 2000) or through the deliberate use of mitigating or deferential language (e.g. Nolan & Moreland, 2014) risks lending an air of insincerity or superficiality to the sentiment.

The lack of transparency common amongst these three aspects of consultation has implications for how and by whom it can be evaluated. There does not appear to be a convincing argument for why consultees should not know that one of the goals of consultation is for them to change in some way, that the EP will try to help them on this journey by using their psychological skills, that their skills and knowledge of the child and setting are vital for planning appropriate action, and that because of this their contributions are as valuable as the EP's. This could go some way to addressing how difficult it appears to be to evidence or characterise the adult-focussed outcomes of consultation, though it would have to be done sensitively and with consideration for personal differences and circumstances.

Methods for Evaluating Consultation

In the context of the themes presented above, the concept definition of consultation formulated in Phase One (Figure 18) can be considered alongside the evaluation methods described in Phase Two (Table 16) to explore how different aspects of consultation may be evaluated. Friedman (2009), as will be discussed further in the next section, highlights the importance of assessing the quality of both approaches used (effort) and outcomes (effect) when evaluating any service or activity. With this in mind, I have organised the characteristics of consultation identified in Phase One along these dimensions and presented them with potential evaluation methods in Table 18.

I have included evaluation methods from Table 16 that could reasonably be captured and communicated in some form. Some of these, however, would rely on the aforementioned transparency with consultees about the outcomes related to a change in them. I have not included supervision or line-management as evaluation methods because they could reasonably be applied to all aspects. Following guidance from Turner et al. (2010) on triangulating different sources and Lowther (2013) on 'checking out' internal methods with external methods, I have included evaluation methods which allow all involved individuals to contribute. There are several approaches where this has not been possible.

Neither the aspects of consultation nor the evaluation methods shown in Table 18 should be considered exhaustive nor should the table as a whole be considered prescriptive. There is a strong overlap between the reported evaluation methods and those described in the literature (e.g. Dunsmuir et al., 2009; Lowther, 2013; Turner et al., 2010; Wagner, 2008). A discussion on how to integrate existing methods and the findings of this study is presented in the next section.

In the case of self-reflection, while Phase Two respondents did not specify any particular method of recording or evidencing this aspect of evaluation, Turner et al. (2010) provides a simple framework for doing so alongside other forms of evidence.

Table 18

Summary of consultation characteristics and associated potential evaluation methods

Aspect of Consultation	Potential Evaluation Method	Evaluator
Approaches		
Use of questioning and curiosity rather than giving solutions	Self-reflection	EP
Making the process transparent	Self-reflection	EP
	In-meeting verbal feedback	Consultee
	Satisfaction surveys	
Reframing the problem	Self-reflection	EP
	In-meeting verbal feedback	Consultee
	Quantitative pre-post methods (attitude)	Consultee
Preparing consultees before the meeting	Self-reflection	EP
	In-meeting verbal feedback	Consultee
	Satisfaction surveys	Consultee
Considering different perspectives and interpretations	Self-reflection	EP
	In-meeting verbal feedback	Consultee
Accounting for a consultee's readiness to change	Self-reflection	EP
Accounting for a consultee's readiness to reflect	Self-reflection	EP
Accounting for a consultee's existing knowledge or skills	Self-reflection	EP
Creating an even balance of power	Self-reflection	EP
	Quality of relationships	EP
Being supportive and non-judgemental	Self-reflection	EP
	Quality of relationships	EP
	In-meeting verbal feedback	Consultee
Helping consultees feel safe to share	Self-reflection	EP
	Quality of relationships	EP
	In-meeting verbal feedback	Consultee
Creating trust	Self-reflection	EP
	Quality of relationships	EP
	In-meeting verbal feedback	Consultee
Establishing rapport	Self-reflection	EP
	Quality of relationships	EP
	In-meeting verbal feedback	Consultee
Collaboratively exploring concerns	Self-reflection	EP
	Quality of relationships	EP
	In-meeting verbal feedback	Consultee
Establishing a shared understanding	Self-reflection	EP
	In-meeting verbal feedback	Consultee
	Quantitative pre-post methods (understanding)	Consultee
Clarifying roles and expectations	Self-reflection	EP
	In-meeting verbal feedback	Consultee
Using a problem-solving framework	Self-reflection	EP
Sharing holistic and contextual information	Self-reflection	EP
	In-meeting verbal feedback	Consultee
Establishing shared, agreed actions	In-meeting verbal feedback	EP
	Case review meetings	Consultee / SLT / SENDCo
	Satisfaction surveys	Consultee

Table 18 (continued)

Identifying and defining the problem	Self-reflection	EP
	Quantitative pre-post methods (understanding)	Consultee
Establishing hopes for change	In-meeting verbal feedback	Consultee
	Satisfaction surveys	Consultee
Jointly exploring different perceptions of the problem	Self-reflection	EP
	In-meeting verbal feedback	Consultee
Using a solution-focussed approach	Self-reflection	EP

Outcomes

In-meeting

Consultee

Improved understanding of the problem	In-meeting verbal feedback	Consultee
	Quantitative pre-post methods (understanding)	Consultee
	Satisfaction surveys	Consultee / SLT / SENDCo
Increased ownership of the problem	In-meeting verbal feedback	Consultee
	Satisfaction surveys	Consultee / SLT / SENDCo
Change in affect	In-meeting verbal feedback	Consultee
	Quantitative pre-post methods (affect)	Consultee
Change in thinking	Self-reflection	EP
	In-meeting verbal feedback	Consultee
	Quantitative pre-post methods (thinking)	Consultee
Generating new ideas or solutions	Self-reflection	EP
	In-meeting verbal feedback	Consultee
	Case review meetings	Consultee / SLT / SENDCo
Improved confidence	In-meeting verbal feedback	Consultee
	Quantitative pre-post methods (confidence)	Consultee
	Case review meetings	Consultee / SLT / SENDCo
	Satisfaction surveys	Consultee / SLT / SENDCo
Feeling less helpless or stuck	In-meeting verbal feedback	Consultee
	Satisfaction surveys	Consultee

Systemic

Increased collaboration	Self-reflection	EP
	In-meeting verbal feedback	Consultee
	Case review meetings	Consultee / SLT / SENDCo
Improved shared understanding	Self-reflection	EP
	In-meeting verbal feedback	Consultee
	EP-elicited feedback	Consultee / SLT / SENDCo

Post-meeting

Consultee

Increased capacity and generalisable knowledge or skills	EP-elicited feedback	Consultee / SLT / SENDCo
	Case review meetings	Consultee / SLT / SENDCo
	Planning meetings	Consultee / SLT / SENDCo
Feeling empowered	EP-elicited feedback	Consultee
	Planning meetings	Consultee / SLT / SENDCo

Child or Young Person

Improvement in situation	EP-elicited feedback	Child / Parent / Staff
	CYP progress	Consultee / SLT / SENDCo
	Quantitative pre-post methods (agreed outcomes)	Child / Parent / Staff
Progress in specific areas	CYP progress	Consultee / SLT / SENDCo
	Quantitative pre-post methods (agreed outcomes)	Child / Parent / Staff

Limitations

The Phase One interviews may not have elicited certain characteristics of consultation that were present in the literature, meaning that they were not represented as central characteristics in the concept definition process (e.g. 'consultee expanding thinking beyond the initial concern'; Kennedy et al., 2009; Nolan and Moreland, 2014). This could have been due to the small sample size or due to some oversight in the interview process. It is impossible to tell if these characteristics were not included because they are not relevant to current EP practice and should therefore be noted by their exclusion in a contemporary definition, or if this is a limitation of the interview or interview process. The relatively small sample size and small number of literature sources used also limits the validity and generalisability of the formulated concept definition.

While the use of PCP during the Phase One interviews to 'delve beneath' espoused theory resulted in rich descriptions that likely went beyond what would have been possible with a more traditional interview methods, it did not provide the same depth of insight that the original planned multiple case-study design might have. My plans had to change due to the Covid-19 pandemic, and although the use of video conferencing software for these interviews afforded a range of opportunities that contributed value to this research, important aspects such as rapport building and non-verbal communication were somewhat limited (discussed in Lo Iacono et al., 2016). Another potentially valuable method that was part of the pre-Covid-19 plan included interviews with consultees and school SENDCos to explore their views on consultation.

The concept definition of consultation presented in Phase One has not been through many of the refinement processes recommended by Podsakoff et al. (2016) due to time limitations. Most notably, consulting with other EPs and academics within the field would help develop this definition further. As present, it should be considered a preliminary concept definition.

The Phase Two questionnaire was informed by an early draft version of the Phase One interpretive framework and findings rather than the final version due to time constraints. This led to some ambiguity around the coding of certain items, particularly 'systemic outcomes', and the inclusion of some characteristics which might have

otherwise been left out. The extent to which the impacted Phase Two findings, however, is likely small.

The Likert items used in the Phase Two questionnaire elicited responses that were statistically very similar and tightly distributed. It seems likely that the five-point scale used was not sensitive enough to detect the relatively small differences in attitude amongst a population of EPs.

Evaluation has been conceptualised in many ways, leading to a range of terms being used across the literature. For example, in this study I use the terms 'outcome' and 'impact' interchangeably while Turner et al. (2010) make a clear distinction between 'outcome' as what has actually happened (e.g. increase in child's attendance) and 'impact' as the psychological effect that the EP's input had (e.g. a reduction in negative self-thoughts). The potential for introducing confusion while contributing to a literature base within this field is acknowledged.

Implications for Educational Psychology Practice

A Framework for Evaluating Consultation

As proposed by Friedman (2009), accountability in any service requires the identification of performance measures. These performance measures can be thought of as belonging to one of four categories: quantity of effort (how much of the service was provided), quality of effort (how well was the service provided), quantity of effect (how many customers are better off), and quality of effect (what proportion of customers are better off and how). Friedman provides a visual representation of these measures, an adapted version of which is presented in Figure 24. While these categories are generally populated by service-level programs and population-scale outcomes, Friedman does state that it is possible to apply the same ideas to individual performance. As such, I believe it provides a useful framework for organising and operationalising the findings of this research.

Figure 24

Friedman's framework for Performance Measurement Categories

	Quantity	Quality
Effort	How much did we do? **LEAST** IMPORTANT **MORE** CONTROL	How well did we do it?
Effect	Is anyone better off?	
	How many?	How and by how much? **MOST** IMPORTANT **LEAST** CONTROL

Note. Adapted from *Tyring Hard Is Not Good Enough,* by Friedman, 2009, p. 69.

In the case of consultation, the model shown in Figure 24 allows for a helpful distinction to be made between approaches used (effort) and outcomes (effect), and highlights the importance of evaluating the quality of both. Friedman also notes that the least important aspects of accountability are the measures of how much is done, echoing the concern raised by Dunsmuir et al. (2009) about EPSs using service delivery output as an evaluation measure. The notion of control is also included in Friedman's model, where the most important measures are almost invariably the ones that services have the least control over. Again, the parallel with evaluating consultation is clear in the difficulties associated with evidencing indirect impact, particularly with children (Eddleston & Atkinson, 2018).

As the definition of consultation presented as part of the Phase One findings (Figure 18) demonstrates, consultation can include a wide range of approaches and potential outcomes that apply at different levels and to different individuals. To accommodate these dimensions, an adapted version of Figure 24 specific to individual consultation meetings is presented in Figure 25. Each of the questions withing the quadrants corresponds to different aspects of Table 18. The hope is that together these can provide a useful starting point for developing a robust framework for evaluating consultation.

Several potential benefits of this model exist. It does not stipulate what evaluation methods should be used, only what should be evaluated. As such, existing methods such as Dunsmuir et al.'s (2009) TME, Turner et al.'s (2010) Casework Evaluation Form, or elements of Wagner's (2008) Consultation Framework for Practice can be used within this model. It places a clear emphasis on evaluating immediate and long-term changes as well as both approaches and outcomes and there is no requirement for quantitative data. Additionally, the information contained within these categories could feed directly into an equivalent service-level model. This should be considered a very early prototype and would need to be assessed for suitability, trialled, and revised through use.

Figure 25

Proposed framework for Consultation Performance Measurement

	Quantity / Type	Quality
Effort	**What did we do and how much?** What approaches were used? How much were different approaches used? Who were the targets for change?	**How well did we do it?** How well were specific approaches used? What in-meeting changes occurred?
Effect	**Is anyone better off?** **Who and how many?** How many of the targets for change are better off?	**Who, how, and by how much?** How well were agreed outcomes met? What post-meeting changes occurred?

Directions for Future Study

Several interesting directions for future study emerge from both the findings and the limitations of this research:

- A broader exploration of EP views on consultation using the same methods as in Phase One with a larger number of EPs. This could provide further insight or a more comprehensive view of the characteristics of consultation. This could be extended to include tutors on the professional doctorate training courses to provide views from the perspective of teaching of consultation.

- Use of case studies centred around consultation meetings to further develop the concept definition of consultation presented here. This would afford the opportunity to properly characterise both the aspects of consultation meetings and the evaluation of them.

- A pilot study for the Consultation Performance Measurement model presented in Figure 25 to assess its suitability for practical use.

- An investigation into how school conceptualise consultation or indirect EP work within the context of traded services and with a particular focus on evaluation.

Concluding Comments

With this research, I have aimed to provide a unique contribution to the knowledge base around the evaluation of consultation-based EP work. By interviewing EPs using PCP methods I have provided some insight on the beliefs that drive the use of consultation, and by combining these findings with key literature sources I have formulated a concept definition of consultation meetings. While this definition is far from comprehensive, I hope it stands as evidence that attempting to clarify aspects of EP practice so that those outside of the profession may better understand what we do is a worthwhile endeavour.

Through surveying EPs across the country, I have highlighted some key aspects of current EP practice. Indirect and consultative approaches to casework are more frequently used that direct approaches, but evidencing outcomes while working indirectly appears to be more challenging. Long-term outcomes for children are secondary to immediate outcomes for adults during consultation, in part because of the time commitment needed to properly follow up cases. Outcomes for adults are also difficult to evidence, largely because EPs do not feel confident in how to capture changes in cognition or affect. This is particularly true when the adults may not recognise the change themselves or the fact that it occurred as a result of EP involvement.

Through synthesising key findings from the two phases of this research, I have presented a range of potential methods for evaluating different aspects of consultation. Acknowledging that both the process and the outcomes of consultation meetings should be evaluated in order to demonstrate accountability, I have concluded this thesis by recommending the use of an adapted version of Friedman's (2009) Performance Measurement model.

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Index of Appendices

Appendix I: Phase One Participant Information and Consent Forms

Participant Information Sheet

Title of project: Evaluation approaches in consultation-based educational psychology: how educational psychologists evaluate outcomes for children while working indirectly.

Researcher name and role: Tom Archer, Trainee Educational Psychologist at the University of Exeter.

You are invited to take part in my doctoral research project on the evaluation of consultation-based educational psychologist (EP) involvement. This is the first of two phases and will explore how EPs and training providers conceptualise 'consultation'.

Please take time to consider this information sheet carefully. The interview you will be invited to participate in will take approximately one hour and will be conducted remotely using Microsoft Teams. Please feel free to get in touch if you have any questions; my contact details can be found below.

This research is a response to an increasing accountability in the profession partly bought about by the trading of services, and the difficulties associated with providing evidence of measurable impact on outcomes for children while working indirectly. I feel it is important for educational psychologists to retain ownership over what they do and the basis upon which their work is evaluated.

Consultation in the UK, and indeed internationally, has changed over time and likely will continue to do so. Practised across numerous professions and contexts, the term 'consultation' encompasses broad range of conceptual and procedural characteristics. In order for the outcomes of consultation to be defined and evaluated, the boundaries of its characteristics within UK EP practice must first be defined.

What would taking part involve?

This phase of the study will involve participating in an interview conducted via video conferencing software. It will take approximately one hour. The interview will include several direct questions and a structured conversation about your views on consultation and, more broadly, EP casework. I will be using Personal Construct Psychology (PCP) techniques to elicit constructs around the intentions, procedures, and outcomes of consultation. You will also be asked to provide information on your current role, experience, additional responsibilities, training provider, and employer.

The data collected will be analysed using a mixture of qualitative and quantitative methods. Any identifiable data will be held securely on an encrypted device in accordance with GDPR and will not be shared with any other person.

What are the possible benefits of taking part?

Taking part in this phase of the study is an opportunity to contribute to a national conversation about accountability and the evolving nature of EP work. The interview also offers an opportunity to reflect on your own practice, and share your thoughts and experiences with the wider EP community.

What are the possible disadvantages and risks of taking part?

Beyond a small time commitment, there are no disadvantages or risks associated with participating in this phase of the research. However, if you are concerned by any of the material discussed in the interview then you can contact either of my supervisors or the Exeter University Research Ethics and Governance Manager (see contact details below).

What will happen if I don't want to carry on with the study?

In order to take part in this study you will be required to complete the consent form below. If you decide that you no longer wish to take part in the study, you may withdraw your consent at any point up until analysis is finalised; this will be in January 2021. If you choose to withdraw you will not have to provide an explanation and there will be no negative consequences for you. Your data will be destroyed and not included in the analysis.

How will my information be kept confidential?

Your interview audio will be recorded and stored on a password-protected secure device for transcription. This recording will then be transcribed and pseudonymised for analysis. Your identity will remain confidential and you will not be identifiable in the final thesis nor any publications, reports, or presentations that result from this research. Pseudonymised data may be reviewed by my research supervisors prior to analysis.

If you have any queries about the University of Exeter's processing of your personal data that cannot be resolved by me, further information can be obtained from the University's Data Protection Officer by emailing dataprotection@exeteter.ac.uk.

Contact details

If you have any questions please contact me, Tom Archer, at taa213@exeter.ac.uk. This research has been reviewed by the College of Social Science and International Studies Research Ethics Committee at the University of Exeter. If you have any concerns about any aspect of this research that I cannot resolve you can contact my supervisors, Brahm Norwich at b.norwich@exeter.ac.uk and Margie Tunbridge at m.tunbridge@exeter.ac.uk, or the Research Ethics and Governance Manager, Gail Seymour at g.m.seymour@exeter.ac.uk.

Participant Consent Form

1. I confirm that I have read the information sheet for the above project. I have had the opportunity to consider the information, ask questions, and have had these answered satisfactorily. ☑

2. I understand that my participation is voluntary and that I am free to withdraw up until the point that the data is analysed, which will be approximately six weeks after I have given my interview. I understand that I am able to withdraw without explanation. ☑

3. I understand and give permission for anonymised data to be looked at by the researcher's supervisors, Brahm Norwich and Margie Tunbridge. I understand that the researcher's supervisors will not have access to my personal data, such as my full name or contact details. ☑

4. I understand that taking part may involve my anonymised data being used for the purposes of academic and/or professional publication and/or presentation. ☑

5. I agree to take part in the above project. ☑

X _____

 Research Participant

This form can be digitally signed by double-clicking the line above, or physically signed and scanned.

Please return signed forms to: taa213@exeter.ac.uk. I will then be in touch to arrange a suitable interview time.

Thank you for your interest in this research.

Appendix II: Phase One Final Interview Schedule

Interview Schedule - EPs

Introduction
Thank you, I really appreciate you agreeing to take part in this.
The interview should take about 45 minutes. Before that, I'll give you a bit of background about the study and ask a few demographic questions.
Just to remind you, that I will be recording the audio from this interview. I'll let you know when I start to record. This recording and any identifiable data will be kept on an encrypted device and will be anonymised prior to analysis.
I'd also like to remind you that you can choose to withdraw your participation at any point during the interview, or after the interview up until I start analysis which will be in January next year and your data will be deleted.
Does that sound ok?
This research started out as an interest in how the profession has changed with the increase in traded services, particularly in who EPs were accountable to. This led me to think about the range of work I had seen labelled as 'consultation', and how EPs might go about evidencing their impact while working in this way. The first step towards this is to define what is and isn't consultation.
This is what I'm hoping you can help me with today - exploring the characteristics of modern educational psychology consultation, what makes it distinct from other EP work. Right, I'm going to start recording now if that's ok.

Demographic Questions		
Before we start, just a few questions about you.	Current role	
	Current employer	
	Additional roles or responsibilities	
	Years as EP	
	Training provider - university	

Direct Questions - 10 mins		
These questions are quite direct and broad, about your general experience of consultation as a practitioner	Who would typically be involved in consultation?	
	What kind of things would you do during consultation?	
	What changes would you expect as a result of consultation?	
	How would you know if changes had occurred?	
	What kind of situation would you use consultation in?	
	What kind of situation would you not use consultation in?	
	What aspects of work would you consider to not be consultation?	

PCP Interview - 30 mins
For these questions I'm going to be asking about specific examples of your work as an EP. I'm going to ask you to think about one example when you have used consultation and one example where you have not used consultation **where the focus was an individual child**.
I'm going to be filling in a grid of characteristics during this part of the interview that we can work on together. You should be able to see this on the screen now.
You'll notice that there is also a 'contrasts' column. This is for any concepts or ideas that have meaningful opposites - ones that could help better define any important characteristics. Similar to personal construct psychology, I'm hoping to dig slightly under the surface for the meaning behind some of the things we talk about.

Consultation		
Root Prompt: So, first. Think of a time where you have used consultation successfully. **Where the focus was an individual child. (Focus)**	**Procedural**	
	Who were you working with? **(Form)**	
	What actions did you take?	
	What would an observer see?	
	Conceptual	
	What were your goals? **(Function)**	
	What was guiding your thinking?	
	Relational	
	What happened between you?	
	What was the relationship like?	
	Contrasts	
	Looking at the table, any contrasts?	

Importance

Superordinate constructs
Why was that important to you?
What is important about that?

Behaviour

Subordinate constructs
How can you tell that it is...?
What would that look like?

Non-consultation work		
Root Prompt: You answered a question earlier about situations where you would not use consultation. Think of a time when this was successful. **Again, where the focus was an individual child. (Focus)**	**Procedural**	
	Who were you working with? **(Form)**	
	What actions did you take?	
	What would an observer see?	
	Conceptual	
	What were your goals? **(Function)**	
	What was guiding your thinking?	
	Relational	
	What happened between you?	
	What was the relationship like?	
	Contrasts	
	Looking at the table, any contrasts?	

Implies

Another Construct
What else can you tell me about that?
Why would that be?

Contrast

Contrasting poles of constructs
What would it look like if this wasn't the case?
How would you describe a situation that's not like that?

(handwritten top) 25.11.20   57.06

PCP Interview - 30 mins

For these questions I'm going to be asking about specific examples of your work as an EP. I'm going to ask you to think about one example when you have used consultation and one example where you have not used consultation. *one individual child* *(handwritten)*

I'm going to be filling in a grid of characteristics during this part of the interview that we can work on together. You should be able to see this on the screen now.

You'll notice that there is also a 'contrasts' column. This is for any concepts or ideas that have meaningful opposites - ones that could help better define any important characteristics. Similar to personal construct psychology, I'm hoping to dig slightly under the surface for the meaning behind some of the things we talk about.

Consultation	
Root Prompt: So, first. Think of a time where you have used consultation successfully. **Where the focus was an individual child. (Focus)**	Procedural
	Who were you working with? **(Form)**
	What actions did you take?
	What would an observer see?
	Conceptual
	What were your goals? **(Function)**
	What was guiding your thinking?
	Relational
	What happened between you?
	What was the relationship like?
	any contrasts (handwritten)

Not Consultation	
Root Prompt: You answered a question earlier about situations where you would not use consultation. Think of a time when this was successful. **Where the focus was an individual child. (Focus)**	Procedural
	Who were you working with? **(Form)**
	What would an observer see?
	What actions did you take?
	Conceptual
	What were your goals? **(Function)**
	What was guiding your thinking?
	Relational
	What happened between you?
	What was the relationship like?

Importance
Superordinate constructs
Why was that important to you?
What is important about that?

Behaviour
Associated constructs
How can you tell that it is...?
What would that look like?

Implies
Another Construct
What else can you tell me about that?
Why would that be?

Contrast
Contrasting poles of constructs
What would it look like if this wasn't the case?
How would you describe a situation that's not like that?

Interview Schedule - EPs   *Pilot 2 (handwritten)*   25.11.20   57.06

Introduction

Thank you, I really appreciate you agreeing to take part in this.

The interview should take about 45 minutes. Before that, I'll give you a bit of background about the study and ask a few demographic questions.

Just to remind you, that I will be recording the audio from this interview. I'll let you know when I start to record. This recording and any identifiable data will be kept on an encrypted device and will be anonymised prior to analysis.

I'd also like to remind you that you can choose to withdraw your participation at any point during the interview, or after the interview up until I start analysis which will be in January next year and your data will be deleted.

Does that sound ok?

This research started out as an interest in how the profession has changed with the increase in traded services, particularly in who EPs were accountable to. This led me to think about the range of work I had seen labelled as 'consultation', and how EPs might go about evidencing their impact while working in this way. The first step towards this is to define what is and isn't consultation.

This is what I'm hoping you can help me with today - exploring the characteristics of modern educational psychology consultation.

Right, I'm going to start recording now if that's ok.

Demographic Questions

Before we start, just a few questions about you and your current role	Current role	
	Current employer	
	Additional roles or responsibilities	
	Years as EP	
	Training provider - university	

Direct Questions - 10 mins

These questions are about your general experience of consultation as a practitioner.	Who would typically be involved in consultation?	
	What kind of things would you do during consultation?	
	What changes would you expect as a result of consultation?	
	How would you know if changes had occurred?	
	What kind of situation would you use consultation in?	
	What kind of situation would you not use consultation in?	

(handwritten bottom) Just a few initial questions about... broad and direct   [direct and quite broad] → what impact do you think they are + c...

	What was the relationship like?	Professional Relaxed Not creating an attachment Fleeting work Safe, playful Mindful of questions	Importance **Superordinate constructs** Why was that important to you? What is important about that? Behaviour **Associated constructs** How can you tell that it is...? What would that look like? Implies **Another Construct** What else can you tell me about that? Why would that be? Contrast **Contrasting poles of constructs** How would you describe a situation not like that?

Relational

	What happened between you?	Engaged + motivated to work playfulness curiosity PCP less important to build trust in relationship not being for same vulnerability short, contained not aiming for changing the child at the time	Importance **Superordinate constructs** Why was that important to you? What is important about that? Behaviour **Associated constructs** How can you tell that it is...? What would that look like? Implies **Another Construct** What else can you tell me about that? Why would that be? Contrast **Contrasting poles of constructs** How would you describe a situation not like that?

	What was guiding your thinking?	Format of report S+N, CoP criteria	Importance — **Superordinate constructs** — Why was that important to you? / What is important about that? Behaviour — **Associated constructs** — How can you tell that it is…? / What would that look like? Implies — **Another Construct** — What else can you tell me about that? / Why would that be? Contrast — **Contrasting poles of constructs** — How would you describe a situation not like that?

Conceptual

	What were your goals?	Better understanding of childs views profile strength + Needs Shape the view up Speak from a place of knowing the child ↑ capture everything	Importance — **Superordinate constructs** — Why was that important to you? / What is important about that? Behaviour — **Associated constructs** — How can you tell that it is…? / What would that look like? Implies — **Another Construct** — What else can you tell me about that? / Why would that be? Contrast — **Contrasting poles of constructs** — How would you describe a situation not like that?

What actions did you take?	Liste to what theyre saying. Record keeping. more important. than C Giving instructions	**Importance** _Superordinate constructs_ Why was that important to you? What is important about that? **Behaviour** _Associated constructs_ How can you tell that it is...? What would that look like? **Implies** _Another Construct_ What else can you tell me about that? Why would that be? **Contrast** _Contrasting poles of constructs_ How would you describe a situation not like that?

What would an observer see?	Very obvious whos who More action, during play	**Importance** _Superordinate constructs_ Why was that important to you? What is important about that? **Behaviour** _Associated constructs_ How can you tell that it is...? What would that look like? **Implies** _Another Construct_ What else can you tell me about that? Why would that be? **Contrast** _Contrasting poles of constructs_ How would you describe a situation not like that?

Not Consultation	Root Question	Exploratory Questions
Root Prompt:	Procedural	
You answered a question about situations where you would not use consultation earlier. Can you think of a time when this was successful? **Where the focus was an individual child.**	Who were you working with?	*(handwritten notes, see below)*

Handwritten notes (first panel):

Senco, teacher, parent ↑
They provided snapshot
They tool into start
the child

Statutory work
They went working with them
child
  ↓ observation
  direct work
  ←[gathering views] ↑
     scaling
  DA CATM
  EL work

Part of assessment that gets lost

Right side boxes:
Importance
Superordinate constructs
Why was that important to you?
What is important about that?

Behaviour
Associated constructs
How can you tell that it is...?
What would that look like?

Implies
Another Construct
What else can you tell me about that?
Why would that be?

Contrast
Contrasting poles of constructs
How would you describe a situation not like that?

	What was the relationship like?	*(handwritten notes, see below)*

Handwritten notes (second panel):

Mutual understanding
eventually
trust respect ↑ remove the
           worry or fear
           ↑
   safe to be vulnerable

Right side boxes:
Importance
Superordinate constructs
Why was that important to you?
What is important about that?

Behaviour
Associated constructs
How can you tell that it is...?
What would that look like?

Implies
Another Construct
What else can you tell me about that?
Why would that be?

Contrast
Contrasting poles of constructs
How would you describe a situation not like that?

Relational		
What happened between you?	journey [attuned interaction] safe space non-verbal communication ↑ trusting environment respectful safe guided by their context Thinking on your feet can't plan for it	**Importance** *Superordinate constructs* Why was that important to you? What is important about that? **Behaviour** *Associated constructs* How can you tell that it is...? What would that look like? **Implies** *Another Construct* What else can you tell me about that? Why would that be? **Contrast** *Contrasting poles of constructs* How would you describe a situation not like that?

| **What was guiding your thinking?** | vaguer & gentler
explore problem
what's been tried
assumptions
[no feeling is bad]
person has to go on their own journey
no one size-fits all, [contextually grounded]
instinct – what they need
Honko
psychodynamic | **Importance**
Superordinate constructs
Why was that important to you?
What is important about that?

Behaviour
Associated constructs
How can you tell that it is...?
What would that look like?

Implies
Another Construct
What else can you tell me about that?
Why would that be?

Contrast
Contrasting poles of constructs
How would you describe a situation not like that? |

Conceptual	
What were your goals?	

Teacher wellbeing

[Acknowledge that they have a] contribution

Issue at messy problem

get them to a place where they can acknowledge

cut through the bullshit

& [are ready to change]

Importance	
Superordinate constructs Why was that important to you? What is important about that?	↑
Behaviour	
Associated constructs How can you tell that it is...? What would that look like?	↓
Implies	
Another Construct What else can you tell me about that? Why would that be?	←
Contrast	
Contrasting poles of constructs How would you describe a situation not like that?	→

What actions did you take?	

Note taking ↑ 1. keep a record
ROI, summary
agreed actions

2. worthwhile thoughts

Counsellor involved in notetaking process?

④ [highlighting their thoughts]

difficult ④ [opening can of worms]

Importance	
Superordinate constructs Why was that important to you? What is important about that?	↑
Behaviour	
Associated constructs How can you tell that it is...? What would that look like?	↓
Implies	
Another Construct What else can you tell me about that? Why would that be?	←
Contrast	
Contrasting poles of constructs How would you describe a situation not like that?	→

	What would an observer see?	
eat he later out		

open qus, gentle challenge
Sharing thoughts/hypotheses.
Thinking out loud
← trying to understand, be empathy
body language
Talking through consequences
⦿ [Highlighting choice] – options for change
Not providing options

↓ consultee too exploring further → further response
        elaborating

Importance	Superordinate constructs	
	Why was that important to you?	↕
	What is important about that?	
Behaviour	Associated constructs	
	How can you tell that it is...?	↕
	What would that look like?	
Implies	Another Construct	
	What else can you tell me about that?	←
	Why would that be?	
Contrast	Contrasting poles of constructs	
	How would you describe a situation not like that?	→

Pilot 1   22.11.20

Consultation	Root Question	Exploratory Questions
Root Prompt::	Procedural	
Think of a time where you have used consultation successfully. **Where the focus was an individual child.**	Who were you working with?	

class teacher ← they hold
        { (1) problem holder
        { (2) potential for change.
↑ working through difficult feelings
emotional impact
→ specby interaction
different responsibility
        for change
2 individuals – can't tell who is who
        3 [peers, same level]

Importance	Superordinate constructs	
	Why was that important to you?	↕
	What is important about that?	
Behaviour	Associated constructs	
	How can you tell that it is...?	↕
	What would that look like?	
Implies	Another Construct	
	What else can you tell me about that?	←
	Why would that be?	
Contrast	Contrasting poles of constructs	
	How would you describe a situation not like that?	→

Direct Questions - 10 mins		
These questions are about your general experience of consultation as a practitioner. *These might seem a bit blunt*	Who would typically be involved in consultation?	
	What kind of things would you do during consultation?	
	What changes would you expect as a result of consultation?	
	How would you know if changes had occurred?	
	What kind of situation would you use consultation in?	*Shifts in thinking*
	What kind of situation would you not use consultation in?	*No need for change or no difficult feelings*

PCP Interview - 30 mins		
For these questions I'm going to be asking about specific examples of your work as an EP. I'm going to ask you to think about one example when you have used consultation and one example where you have not used consultation.		
Consultation		
Root Prompt: So, first. Think of a time where you have used consultation successfully. **Where the focus was an individual child. (Focus)**	Procedural	
	Who were you working with? **(Form)**	
	What would an observer see?	
	What actions did you take?	
	Conceptual	
	What were your goals? **(Function)**	
	What was guiding your thinking?	
	Relational	
	What happened between you?	
	What was the relationship like?	
Not Consultation		
Root Prompt: You answered a question earlier about situations	Procedural	
	Who were you working with? **(Form)**	
	What would an observer see?	
	What actions did you take?	

Interview Schedule - EPs

This is phase one of a larger study looking at how Consultation is used and evaluated in contemporary UK EP practice.

This phase deals with how EPs define 'consultation'. The hope is that a practice-based working definition may help inform any approaches to how to evaluate it.

Introduction
Thank you, I really appreciate you agreeing to take part in this. The interview should take about 45 minutes. Before that, I'll give you a bit of background about the study and ask a few demographic questions. Just to remind you, that I will be recording the audio from this interview. I'll let you know when I start to record. I'd like to also remind you that you can choose to withdraw your participation at any point during the interview, or up until I start analysis after the interview, which will be in January next year. You data will be ~~destroyed~~. *deleted* Does that sound ok? This research started out as an interest in how the profession had changed with the increase in traded services, particularly in who EPs were accountable to. This led me to think about the range of work I had seen labelled as 'consultation', and how EPs might go about evidencing their impact while working in this way. There is a fear that in the current economic climate, that any service that cannot be effectively communicated or evaluated may be subject to (removal) - particularly if those in charge of evaluating and deciding the direction of a service are not psychologists. It is therefore incumbent upon psychologists to clearly communicate (the boundaries of consultation) so that it can then be subject to valid and meaningful evaluation. This is what I'm hoping you can help me with today. *The first step in this is defining what UK EP consultation is* Right, I'm going to start recording now if that's ok.

Demographic Questions		
Before we start, just a few questions about you and your current role	Current role	
	Current employer	
	Additional roles or responsibilities	
	Years as EP	
	Training provider - university	*years graduated*

Interview Schedule - EPs

This is phase one of a larger study looking at how Consultation is used and evaluated in contemporary UK EP practice.

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Introduction
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Just to remind you, that I will be recording the audio from this interview. I'll let you know when I start to record. I'd like to also remind you that you can choose to withdraw your participation at any point during the interview, or up until I start analysis after the interview, which will be in January next year. You data will be destroyed.
Does that sound ok?
This research started out as an interest in how the profession had changed with the increase in traded services, particularly in who EPs were accountable to. This led me to think about the range of work I had seen labelled as 'consultation', and how EPs might go about evidencing their impact while working in this way.
There is a fear that in the current economic climate, that any service that cannot be effectively communicated or evaluated may be subject to (removal) - particularly if those in charge of evaluating and deciding the direction of a service are not psychologists. It is therefore incumbent upon psychologists to clearly communicate (the boundaries of consultation) so that it can then be subject to valid and meaningful evaluation.
This is what I'm hoping you can help me with today.
Right, I'm going to start recording now if that's ok.

Demographic Questions		
Before we start, just a few questions about you and your current role	Current role	
	Current employer	
	Additional roles or responsibilities	
	Years as EP	
	Training provider - university	

Reflection Questions - 10 mins		
After working through grid	Looking at this grid, are there any thoughts that you would like to share?	only you'd like to Lilian
	Do you use any particular models of consultation?	
	How well does what's written on this grid match with any of these models?	
	Is there anything missing? Contrasting points that would be useful to include?	

Interview Schedule -

Demographic Questions

What university?

Describe the content you deliver

What service?

Reflection questions

Do you use any particular models of consultation?

Additional questions

Is there a difference between what you see practiced?

Characteristics of Consultation

Characteristic	Contrast
Characteristic A	Contrast A
Characteristic B	Contrast B
Characteristic C	Contrast C
…	…

Characteristics of Non-consultation Casework

Characteristic	Contrast
Characteristic A	Contrast A
Characteristic B	Contrast B
Characteristic C	Contrast C
…	…

Characteristics of Consultation - EP1

Characteristic	Contrast
Adults, sometimes young people	
Problem owner	Expert model
Hopes for change	
Clarify expectations	Just accepting a referral
Change in thinking	
Shared agreed actions - TME	
Brief record, brief update (4 months)	
Individual child focus or systemic issues	
SENCo, HoY, mentor (school staff)	
Focus on school practice	
Knowledge in the room	
Consultee perception of problem	
EP direction, owning and exploring consultee feelings	
Exploring meaning behind focus behaviour	
Safety to explore and name difficult thoughts/feeling	
Building empathy	
Exception finding	
What the problems are and why, greater understanding	
Reframing, giving consultee the language	
Validation and reassurance	'shaming' - pointing out what hasn't been done 'Telling off'
Overlap with supervision	
Go in with an open mind, think in the space with the staff	providing the school with numbers
Building capacity, wider than individual child, efficiency, value	seeing a child only once
Consultee willingness to reflect	
Owning and sitting with difficulty	EP taking the problem away from them
Empowered staff	power-seeking staff
Managing pressure from others - expectations from EP involvement (e.g. labels)	
'further advice' description to parents	
Time to build 'understanding/reputation', trust in EP, safe pair of hands	
Would it have been anything different if I had seen the child?	

Characteristic	Contrast
Exploratory questions	telling, giving 'solutions'
Underlying principles of 'interventions'	'off the peg'
'seven eyed' supervision model	
Power (traded work etc.)	
Tiring, but enjoyable	
good vibe, feeling a buzz, alive, feeling valued	

Characteristics of Non-consultation Work - EP1

Characteristic	Contrast
Not brokered the work	
Statutory assessment	
Information gathering	
Less reflection	
Less richness of information	
Different purpose	
Done 'to' the child	
Staff not as curious, not thinking	
Gatekeeper role	
Representing pupil views/voice	
Meeting the child where they are	
'we want you to see X children'	
Different agenda	
Time pressure deadline	
Task-directed	
Clear goal	
Working with the child	
The problem has been defined	What is the problem?
Staff expect information gathering	
Feel like an expert	Equality amongst EP/staff
School organise the process	
'go and do this'	Understanding of why

Appendix VI: Phase One Literature Sources

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Grid 1

SOT	FOC	1	2	3	4	5	6	Bergan & Tombari, 1976	Bozic & Carter, 2002	Caplan, 1995	Gravois, 2012	Kennedy et al., 2008	Kennedy et al., 2009	Kerslake & Roller, 2000	Kratochwill & Pittman, 2002	Larney, 2003	Leadbetter, 2006	Nolan & Moreland, 2014	Wagner, 1995, 2008	Overall Characteristic	Alt / new	Times mentioned
Relational	Interactions - consultant - consultee										x				x					General realtionship		2
			x			x												x		Freedom of expression / ideas		3
			x	x																Curiosity		2
					x						x	x	x		x			x		Professionally collaborative	Supportive, non-judgemental	7
			x			x	x								x					Establishing rapport		5
															x					Aknowledge teacher contribution / time comitment		1
																		x		Wamth		1
										x								x		Tactful challenge		2
	Dynamics - consultant - consultee	x	x	x			x									x		x		Trust and safety		6
			x	x		x	x	x						x	x	x	x		Power dynamics and hierarchy	Coordinate power status	9
			x														x		Openness		2
			x																Shared positionality		1
			x	x		x											x		Body language / position in the room		4
						x												x		Empathy	Feeling listened to / heard	2

Grid 2

SOT	FOC	1	2	3	4	5	6	Bergan & Tombari, 1976	Bozic & Carter, 2002	Caplan, 1995	Gravois, 2012	Kennedy et al., 2008	Kennedy et al., 2009	Kerslake & Roller, 2000	Kratochwill & Pittman, 2002	Larney, 2003	Leadbetter, 2006	Nolan & Moreland, 2014	Wagner, 1995, 2008	Overall Characteristic	Alt / new	Times mentioned
	Recording																			General		0
			x		x													x	x	Brief summary / record of actions	Not detailed notes	4
			x																x	Updating record		2
				x																Shaping meaning		1
					x		x													Consent		2
							x													Accurately represeting views		1
	Evaluation											x	x			x				General		3
			x			x							x					x	x	Review actions / impact		5
			x		x	x										x	x			Immediate feedback	Qualitative data	5
			x			x														Informal / incidental review		2
		x			x	x	x						x			x				Formal evaluation tools	Quantitative data	6
				x															x	Hypothesis testing		2
													x						x	Consultant self-reflection		2
	Administration / accessibility		x														x	x	x	Defined time slot	Protected time	4
																			x	Time for staff to prepare beforehand		
			x										x							Langiage barrier, interpreter	Accessible dialogue	2

SOT	FOC	1	2	3	4	5	6	Bergan & Tombari, 1976	Bozic & Carter, 2002	Caplan, 1995	Gravois, 2012	Kennedy et al., 2008	Kennedy et al., 2009	Kerslake & Roller, 2000	Kratochwill & Pittman, 2002	Larney, 2003	Leadbetter, 2006	Nolan & Moreland, 2014	Wagner, 1995, 2008	Overall Characteristic	Alt / new	Times mentioned
	Problem solving		x					x	x		x	x		x	x	x			x	General	Use of a framework	10
		x		x			x					x		x	x	x	x	x	x	Clarifying role / expectations		10
			x	x	x	x	x			x	x	x	x	x	x		x	x	x	Collaboratively explore concerns	Active consultee role	14
			x	x	x	x	x	x	x	x		x	x				x	x	Establish shared understanding		12
			x		x			x										x	Starting point / scaling	Current situation / what has been tried	4
					x	x				x								x	Exploring positives	Exception finding	4
					x	x		x			x	x	x		x	x	x	x	Hollistic, contextual informaiton	Impacting factors	10
					x	x				x							x		Noticing differences across / within accounts	Noticing inconsitencies in consultee percpetion	4
		x			x	x								x			x		Different, unique points of view and expertise		5
							x	x		x		x							Factual information - family structure, attendance etc.		4
		x	x		x	x		x										x	Hopes for change		6
		x								x		x	x	x			x	x	Exploring percpetion of problem		7
		x						x	x		x	x		x	x			x	Defining the problem	Problem identification	8
		x	x		x	x		x	x		x				x		x	x	Shared agreed actions		10
		x			x	x					x				x			x	Solution-focussed		6
																		x		Function of concerning behaviours	
											x								Managing reluctance	1
													x						Pre-negotiating relationship / power dynamic	1
							x		x		x						x		Addressing unhelpful beliefs	Challenigng views	4

SOT	FOC	1	2	3	4	5	6	Bergan & Tombari, 1976	Bozic & Carter, 2002	Caplan, 1995	Gravois, 2012	Kennedy et al., 2008	Kennedy et al., 2009	Kerslake & Roller, 2000	Kratochwill & Pittman, 2002	Larney, 2003	Leadbetter, 2006	Nolan & Moreland, 2014	Wagner, 1995, 2008	Overall Characteristic	Alt / new	Times mentioned
	Consultant actions	x		x																Validating / exploring emotions		2
		x		x									x	x				x	x	Reframing the problem		6
		x		x		x			x	x		x		x			x	x		Exploring and clarifying, not giving 'early solutions'	Questioning, wondering	9
		x		x	x			x				x								Validating percpetion / views / actions		5
			x	x		x	x											x		Not rushing	Giving time / space to facilitate thinking	5
			x	x						x		x	x					x		Listening to others' interpretations	Considering different perspectives	6
			x				x	x				x								Modelling / prompting		4
			x	x		x	x											x		Including / listening to everyone involved	Addressing power imbalances / unheard voices	5
			x															x		Mediating relationships		2
			x											x						Not taking everying at face value	Sorting out evidence from hearsay	2
			x			x						x			x			x	x	Preparation / transparency of process		6
				x	x	x	x	x	x	x	x	x				x	x			Indirect		11
					x													x	x	Collaborative hypothesising		3
					x	x	x			x				x	x				x	Direct work - to inform or as a result	Assessment / interview	7
						x													x	Observation		2
						x														Pre-research		1
								x						x			x				Summarising	4
								x		x		x	x						x		Offer psychological interpretations / share reasoning	5
										x											Understand consultee perception and ways of communicating	1
									x			x						x			Maintain pace and focus / refocusing	3
												x									Using semi-structured interview questions	1
												x			x						Understand organisational functioning / culture	2
												x						x			Active/deep listening	2

Table 1

SOT	FOC	1	2	3	4	5	6	Bergan & Tombari, 1976	Bozic & Carter, 2002 - group	Caplan, 1995, others	Gravois, 2012	Kennedy et al., 2008	Kennedy et al., 2009	Kerslake & Roller, 2000	Kratochwill & Pittman, 2002	Larney, 2003	Leadbetter, 2006	Nolan & Moreland, 2014	Wagner, 1995, 2008	Overall Characteristic	Alt / new	Times mentioned
Procedural	Consultation form	x	x	x			x								x				x	With CYP	CYP as agent of change / involved in the process	6
		x	x	x	x	x	x	x	x		x	x	x	x	x	x	x	x	x	Classroom teacher		17
		x	x	x	x	x	x									x	x	x	x	Other school staff		10
			x			x	x												x	Multi-agency		4
		x	x	x	x	x	x									x	x	x		Parents / carers / family		9
			x	x		x														SENCo / Head - those with power and ability to make systemic change		3
			x		x		x													Close relationship / knowledge of CYP		3
				x		x					x					x			x	Concern holder	help-seeker	5
									x	x										Group		2
										x										Teams		1

Table 2

SOT	FOC	1	2	3	4	5	6	Bergan & Tombari, 1976	Bozic & Carter, 2002	Caplan, 1995	Gravois, 2012	Kennedy et al., 2008	Kennedy et al., 2009	Kerslake & Roller, 2000	Kratochwill & Pittman, 2002	Larney, 2003	Leadbetter, 2006	Nolan & Moreland, 2014	Wagner, 1995, 2008	Overall Characteristic	Alt / new	Times mentioned
	Post-meeting change	x			x	x		x	x	x	x				x	x			x	Consultee capacity, knowledge, and skills	Generalisable learning / skills	10
		x	x		x			x						x			x			Consultee empowered / inspired to act		6
			x								x									Change over time		2
			x																	Cross-agency understanding		1
					x															Signposting / access to further support		1
					x	x									x	x	x	x		Change in CYP situation	Outcomes for CYP	6
								x	x						x		x	x	x	Critical thinking / problem solving skills		8
			x	x																		
																		x		Increased organisational functioning		1
								x										x		Long-term collaboration skills		2
		x	x	x							x									Change in relationship with child		4

SOT	FOC	1	2	3	4	5	6	Bergan & Tombari, 1976	Bozic & Carter, 2002	Caplan, 1995	Gravois, 2012	Kennedy et al., 2008	Kennedy et al., 2009	Kerslake & Roller, 2000	Kratochwill & Pittman, 2002	Larney, 2003	Leadbetter, 2006	Nolan & Moreland, 2014	Wagner, 1995, 2008	Overall Characteristic	Alt / new	Times mentioned
Outcomes	In-meeting change	x	x			x	x	x	x					x				x	x	Change in consultee thinking and emotions	Feeling less stressed / overwhelmed	9
		x	x		x	x		x	x			x	x			x		x	x	Consultee understanding complexity / deeper understanding of issue	Lessen areas of misunderstanding	11
		x			x	x								x	x	x	x	x		Ownership of problem / actions	Becoming agent of change	8
			x																	Shared values, focus		1
			x																	Shared planning - should these be information sharing / problem solving?		1
			x	x	x	x		x	x									x	x	New ideas	Generating their own solutions - within the context of their organisaiton	8
				x					x			x				x				Realistic view of what's possible / responsibility		4
			x	x	x			x	x									x		Consultee confidence	Feeling more skillful	6
					x				x			x				x		x		Expanding thinking beyond initial concern		5
					x			x				x				x				Shift in perspective	Increase in systemic thinking	4
		x	x		x		x	x						x	x	x	x	x	x	Collaboration / shared perspectives	Collaborative problem solving	11

Second table:

SOT	FOC	1	2	3	4	5	6	Bergan & Tombari, 1976	Bozic & Carter, 2002	Caplan, 1995	Gravois, 2012	Kennedy et al., 2008	Kennedy et al., 2009	Kerslake & Roller, 2000	Kratochwill & Pittman, 2002	Larney, 2003	Leadbetter, 2006	Nolan & Moreland, 2014	Wagner, 1995, 2008	Overall Characteristic	Alt / new	Times mentioned
External factors	Expectations	x																		Managing pressure from expectations		1
		x																		Traded work - 'customer' power dynamic		1
	Perception of EP / EP role	x				x														Trust in the EP		2
					x										x					Valuing the process		2
	Service delivery		x						x										x	x	Contrast to referral models		4
	Consultee factors	x	x	x	x	x		x				x				x				Readiness to change / reflect	Willingness to implement plan / self-efficacy	8
			x																	Relationship with CYP		1
			x			x			x						x	x				Existing knowledge / skills		5
					x													x		Consultee comfort with process / power / fear		2
					x									x		x				Familiarity with process		3
			x													x				Consultee role / power to affect change		2

SOT	FOC	1	2	3	4	5	6	Bergan & Tombari, 1976	Bozic & Carter, 2002	Caplan, 1995	Gravois, 2012	Kennedy et al., 2008	Kennedy et al., 2009	Kerslake & Roller, 2000	Kratochwill & Pittman, 2002	Larney, 2003	Leadbetter, 2006	Nolan & Moreland, 2014	Wagner, 1995, 2008	Overall Characteristic	Alt / new	Times mentioned
	Consultant goals (function)				x	x	x			x			x						x	Helping consultee / system become 'unstuck'	Addressing Hopelessness	6
							x													Not overpromising / overselling psychology		1
											x				x	x				Prevention	Link to capacity	3
											x				x	x				Correction / remediation		3
											x							x		Intervnetion	Early intervention	2
													x								Child advocacy	1
									x	x	x				x		x	x			Specific psychological theory / knolwedge base informing practice		6
													x						x		Ensuring evidence-based advice		2
														x							Joint responsibility for success / failure		1
																	x	x			Not pathologising CYP needs / not within-child		2
												x									Understanding multicultiral factors		1

SOT	FOC	1	2	3	4	5	6	Bergan & Tombari, 1976	Bozic & Carter, 2002 - group	Caplan, 1995, others	Gravois, 2012	Kennedy et al., 2008	Kennedy et al., 2009	Kerslake & Roller, 2000	Kratochwill & Pittman, 2002	Larney, 2003	Leadbetter, 2006	Nolan & Moreland, 2014	Wagner, 1995, 2008	Overall Characteristic	Alt / new	Times mentioned
	Consultant beliefs / philosophy	x		x	x	x	x		x			x		x		x		x		Consultee as 'expert' / recognising consultee skills and power		10
		x																		Questioning value of seeing child		1
		x			x	x		x	x						x	x		x	Problem ownership	Responsibility rests with consultee	8
		x	x						x									x	Overlap with supervision	Overlap with theraputic relationship	4
			x	x										x		x			Representation / inclusivity	Anit-discrimination	4
				x	x				x			x		x		x	x	x	x	Value of EP as facilitator rather than expert - unique contribution	Not giving solutions or advice	9
				x		x													Flexibility		2
				x		x													Use of consultsation models		2
				x														x	Knowing when to use consultation		2
				x	x				x			x			x	x			Voluntary	But not always possible	6
				x					x						x	x		x	Confidentiality	Within reason	5
			x	x															Consultation as a 'way of being'		2
					x	x	x											x	Applicable to all situaitons	Application beyond meetings	4
					x		x												Importance of adult - child relationship / attachment		2
					x	x	x												Importance of multiple perspectives - constuctivist approach		3
					x									x		x	x	x	Ecosystemic, interactionist problem analysis		5
							x											x	Not one-off		2
									x	x						x	x				Consultee right to reject suggestions - somewhere else? Depends on power	4
							x										x		Being alongside		2

SOT	FOC	1	2	3	4	5	6	Bergan & Tombari, 1976	Bozic & Carter, 2002	Caplan, 1995	Gravois, 2012	Kennedy et al., 2008	Kennedy et al., 2009	Kerslake & Roller, 2000	Kratochwill & Pittman, 2002	Larney, 2003	Leadbetter, 2006	Nolan & Moreland, 2014	Wagner, 1995, 2008	Overall Characteristic	Alt / new	Times mentioned
Conceptual	Consultation focus	x	x	x					x	x	x	x	x	x	x	x	x	x	x	Systemic issues		14
		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Consultant		18
		x						x		x	x	x	x	x	x	x		x	x	Individual Child		11
					x														x	Change over time		2
									x											Task oriented - what does this mean?		1
									x								x	x		Primarily work-related needs		3

SOT	FOC	1	2	3	4	5	6	Bergan & Tombari, 1976	Bozic & Carter, 2002 - group	Caplan, 1995, others, as summar	Gravois, 2012	Kennedy et al., 2008	Kennedy et al., 2009	Kerslake & Roller, 2000	Kratochwill & Pittman, 2002	Larney, 2003	Leadbetter, 2006	Nolan & Moreland, 2014	Wagner, 1995, 2008	Overall Characteristic	Alt / new	Times mentioned
	Interactions - consultee - consultee		x					x										x		Facilitating dialogue	Consultee collaboration	3
																		x			Power-seeking adults	1
	Dynamics - consultee - consultee		x		x													x		Parent relationship with school / tension		3
								x													Productive group atmosphere	1

UNIVERSITY OF
EXETER

Evaluation in educational psychology: how educational psychologists in the UK evaluate the impact of their work

Researcher name and role: Tom Archer, Trainee Educational Psychologist at the University of Exeter

You are being invited to take part in my doctoral research project on the evaluation of educational psychologist (EP) involvement. This is the second of two phases and will explore EPs' approaches to work and experiences of evaluating their involvement.

Please take time to consider this information sheet carefully and feel free to get in touch if you have any questions. My contact details can be found below.

This research is a response to shifts in who services are accountable to, partly bought about by an increase in trading, and the difficulties associated with providing evidence of measurable impact on outcomes for children and young people. I feel it is important for educational psychologists to retain ownership over what they do and the basis upon which the efficacy of their work is judged. However, this continued autonomy may require the intentions and outcomes of EP work to be better understood by a broader range of stakeholders.

What would taking part involve?

This phase of the study will involve completing an online questionnaire which should take no longer than 15 minutes. You will be asked questions about how you approach casework, how you evaluate your involvement, and what factors influence these approaches. You will also be asked to provide information on your current role, experience, employment location, and training provider.

The data collected will be analysed using a mixture of qualitative and quantitative analysis.

PLEASE NOTE: This research is intended to investigate typical working practices. As much as is possible, please try to answer the questions without considering the impact of Covid-19.

What are the possible benefits of taking part?

Taking part in this phase of the study is an opportunity to contribute to a national professional conversation about accountability and the evolving nature of EP work.

What are the possible disadvantages and risks of taking part?

Beyond a small time commitment, there are no disadvantages or risks associated with participating in this phase of the research. However, if you are concerned by any of the material discussed in the survey then you can contact either myself, my supervisors, or the Exeter University Research Ethics and Governance Manager (contact details below).

Ethics

This research is being conducted in accordance with the University of Exeter Graduate School of Education ethical guidelines and has been reviewed by the College of Social Science and International Studies Research Ethics Committee.

In order to take part in this study you will be required to confirm your consent below. Your participation is entirely voluntary and you may stop at any point before you submit your responses for any reason.

PLEASE NOTE: All data is anonymised online, hence you may not withdraw after submitting your responses because your data will not be identifiable.

Your anonymised data will be stored initially on the password-protected survey website and then downloaded to a secure encrypted device for analysis. Your identity will remain confidential and you will not be identifiable through the raw data nor in the final thesis or any publications, reports, or presentations that result from this research. Anonymised data may be reviewed by my research supervisors prior to analysis.

If you have any queries about the University of Exeter's processing of your personal data that cannot be resolved by me, further information can be obtained from the University's Data Protection Officer by emailing dataprotection@exeteter.ac.uk.

Contact details

If you have any questions please contact me, Tom Archer, at taa213@exeter.ac.uk. If you have any concerns about any aspect of this research that I cannot resolve you can contact my supervisors, Professor Brahm Norwich at b.norwich@exeter.ac.uk and Margie Tunbridge at m.tunbridge@exeter.ac.uk, or the Research Ethics and Governance Manager, Gail Seymour at g.m.seymour@exeter.ac.uk.

Thank you for your interest in this research.

Appendix IX: Phase Two Final Questionnaire

Page 2: Demographic and Professional Background Information

2. **What is your current role? (e.g. main grade EP, Senior EP)**

3. **For how many years have you been working as an EP?**

4. **From which training provider did you receive your HCPC-approved qualification?**

5. **Which of the following best describes your employer?**

5.a. If you selected Other, please specify:

6. **Which of the following best describes your employer's service delivery model?**

6.a. If you selected Other, please specify:

7. **Which region/country of the UK do you currently work in?**

Page 3: Section One: Approaches to Educational Psychology Casework

8. **How often do you use the following approaches in your work as an Educational Psychologist?**

	Almost Never	Rarely	Sometimes	Often	Almost Always
Promoting underrepresented views	○	○	○	○	○
Exploring a child's perception of a problem	○	○	○	○	○
Accurately representing the views of others	○	○	○	○	○
Jointly exploring problem dimensions	○	○	○	○	○
Validating and reassuring adults	○	○	○	○	○
Helping adults consider the wider context of a problem	○	○	○	○	○
Establishing rapport with adults	○	○	○	○	○
Reviewing a child's classwork	○	○	○	○	○
Standardised attainment test (e.g. WIAT-III)	○	○	○	○	○
Providing solutions to problems	○	○	○	○	○
Summarising adults' thoughts and feelings	○	○	○	○	○
Jointly agreeing actions with a child	○	○	○	○	○
Observation of a child on the playground	○	○	○	○	○
Jointly agreeing expected outcomes	○	○	○	○	○
Clarifying who the 'problem owner' is	○	○	○	○	○
Full psychometric cognitive assessment (e.g. WISC-V)	○	○	○	○	○
Partial psychometric cognitive assessment (e.g. subtests from WISC-V)	○	○	○	○	○
Exploring adults' perception of a problem	○	○	○	○	○
Use of active Listening	○	○	○	○	○
Clarifying others' expectations of your involvement	○	○	○	○	○
Exploring the feelings of adults	○	○	○	○	○
Reframing problems	○	○	○	○	○
Clinical or published questionnaire (e.g. Resiliency Scales)	○	○	○	○	○
Establishing trust with adults	○	○	○	○	○
Promoting a child's voice	○	○	○	○	○
Mediating relationships or tensions	○	○	○	○	○
Promoting the knowledge and expertise of others	○	○	○	○	○
Observation of a child in lesson	○	○	○	○	○
Giving adults 'permission' to try new things	○	○	○	○	○
Dynamic assessment (e.g. CATM)	○	○	○	○	○
Establishing a shared understanding or narrative	○	○	○	○	○
Subverting or challenging power dynamics	○	○	○	○	○
Finding exceptions to problems	○	○	○	○	○
Jointly agreeing actions with adults	○	○	○	○	○
Naming difficult thoughts or feelings	○	○	○	○	○
Information gathering	○	○	○	○	○

Page 4: Section Two: Evaluating the Impact of Casework Approaches

9. **How confident are you in your ability to provide evidence of the impact of the following approaches?**

	Not at all Confident	Not Very Confident	Moderately Confident	Very Confident	Extremely Confident	I do not consider this to be an aspect of my work
Standardised attainment test (e.g. WIAT-III)	○	○	○	○	○	○
Jointly agreeing actions with adults	○	○	○	○	○	○
Validating and reassuring adults	○	○	○	○	○	○
Full psychometric cognitive assessment (e.g. WISC-V)	○	○	○	○	○	○
Partial psychometric cognitive assessment (e.g. subtests from WISC-V)	○	○	○	○	○	○
Promoting the knowledge and expertise of others	○	○	○	○	○	○
Summarising adults' thoughts and feelings	○	○	○	○	○	○
Information gathering	○	○	○	○	○	○
Finding exceptions to problems	○	○	○	○	○	○
Exploring the feelings of adults	○	○	○	○	○	○
Jointly exploring problem dimensions	○	○	○	○	○	○
Providing solutions to problems	○	○	○	○	○	○
Use of active listening	○	○	○	○	○	○
Subverting or challenging power dynamics	○	○	○	○	○	○
Promoting underrepresented views	○	○	○	○	○	○
Clarifying who the 'problem owner' is	○	○	○	○	○	○
Exploring a child's perception of a problem	○	○	○	○	○	○
Exploring adults' perception of a problem	○	○	○	○	○	○
Naming difficult thoughts or feelings	○	○	○	○	○	○
Establishing rapport with adults	○	○	○	○	○	○
Establishing trust with adults	○	○	○	○	○	○
Jointly agreeing expected outcomes	○	○	○	○	○	○
Promoting a child's voice	○	○	○	○	○	○
Clinical or published questionnaire (e.g. Resiliency Scales)	○	○	○	○	○	○
Jointly agreeing actions with a child	○	○	○	○	○	○
Establishing a shared understanding or narrative	○	○	○	○	○	○
Accurately representing the views of others	○	○	○	○	○	○
Reframing problems	○	○	○	○	○	○
Observation of a child in lesson	○	○	○	○	○	○
Dynamic assessment (e.g. CATM)	○	○	○	○	○	○
Clarifying others' expectations of your involvement	○	○	○	○	○	○
Helping adults consider the wider context of a problem	○	○	○	○	○	○
Giving adults 'permission' to try new things	○	○	○	○	○	○
Reviewing a child's classwork	○	○	○	○	○	○
Mediating relationships or tensions	○	○	○	○	○	○
Observation of a child on the playground	○	○	○	○	○	○

Page 5: Section Three: Outcomes of Educational Psychology Casework

10. **How often do you consider the following to be outcomes of your work?**

	Almost Never	Rarely	Sometimes	Often	Almost Always
Change in the relationship or interactions between school and home	○	○	○	○	○
Change in a child's behaviour	○	○	○	○	○
Change in a child's relationships or interactions with school staff	○	○	○	○	○
Change in adults' empathy with a child	○	○	○	○	○
Having standardised data to understand a child's ability or functioning	○	○	○	○	○
Change in adults' framing of the problem	○	○	○	○	○
Having a shared understanding of a child's interests and aspirations	○	○	○	○	○
Change in a child's relationships or interactions at home	○	○	○	○	○
Change in adults' resilience	○	○	○	○	○
Change in school culture	○	○	○	○	○
Having a shared understanding of a child's needs	○	○	○	○	○
Change in adults' understanding of the wider context of a child's school and home life	○	○	○	○	○
Change in a child's engagement with learning	○	○	○	○	○
Change in adults' understanding of specific interventions	○	○	○	○	○
Change in stability of a child's school placement	○	○	○	○	○
Change in a child's mental health or wellbeing	○	○	○	○	○
Change in adults' attitudes towards a child	○	○	○	○	○
Change in a child's relationships or interactions with peers	○	○	○	○	○
Access to specific provision or services	○	○	○	○	○
Use of specific strategies at home	○	○	○	○	○
Change in adults' capacity for meeting a child's needs	○	○	○	○	○
Change in how empowered adults feel	○	○	○	○	○
Change in school policy	○	○	○	○	○
Change in a child's sense of ownership over the problem	○	○	○	○	○
Change in adults' understanding of a child's needs	○	○	○	○	○
Change in a child's attainment	○	○	○	○	○
Change in adults' beliefs about a child	○	○	○	○	○
Change in adults' knowledge of psychological theory	○	○	○	○	○
Change in a child's attendance	○	○	○	○	○
Change in adults' sense of ownership over the problem	○	○	○	○	○
Use of specific interventions at school	○	○	○	○	○
Change in approach at home	○	○	○	○	○
Change in adults' sense of ownership over their thoughts and feelings	○	○	○	○	○
Change in a child's sense of ownership over their thoughts and feelings	○	○	○	○	○
Change in adults' ability to generalise solutions to wider contexts	○	○	○	○	○
Change in how empowered a child feels	○	○	○	○	○

Page 6: Section Four: Evaluating the Outcomes of Educational Psychology Casework

11. **How confident are you in your ability to provide evidence of the following outcomes?**

	Not at all Confident	Not Very Confident	Moderately Confident	Very Confident	Extremely Confident	I do not consider this to be an outcome of my work
Change in adults' empathy with a child	○	○	○	○	○	○
Change in stability of a child's school placement	○	○	○	○	○	○
Change in adults' beliefs about a child	○	○	○	○	○	○
Change in school culture	○	○	○	○	○	○
Change in a child's mental health or wellbeing	○	○	○	○	○	○
Change in a child's attainment	○	○	○	○	○	○
Change in a child's relationships or interactions with peers	○	○	○	○	○	○
Change in approach at home	○	○	○	○	○	○
Change in adults' understanding of specific interventions	○	○	○	○	○	○
Use of specific interventions at school	○	○	○	○	○	○
Change in a child's attendance	○	○	○	○	○	○
Change in a child's behaviour	○	○	○	○	○	○
Change in adults' attitudes towards a child	○	○	○	○	○	○
Change in adults' sense of ownership over their thoughts and feelings	○	○	○	○	○	○
Having a shared understanding of a child's needs	○	○	○	○	○	○
Use of specific strategies at home	○	○	○	○	○	○
Change in how empowered adults feel	○	○	○	○	○	○
Change in a child's sense of ownership over the problem	○	○	○	○	○	○
Change in a child's relationships or interactions with school staff	○	○	○	○	○	○
Change in a child's engagement with learning	○	○	○	○	○	○
Having a shared understanding of a child's interests and aspirations	○	○	○	○	○	○
Change in adults' framing of the problem	○	○	○	○	○	○
Change in adults' understanding of the wider context of a child's school and home life	○	○	○	○	○	○
Change in adults' understanding of a child's needs	○	○	○	○	○	○
Change in how empowered a child feels	○	○	○	○	○	○
Change in adults' knowledge of psychological theory	○	○	○	○	○	○
Change in the relationship or interactions between school and home	○	○	○	○	○	○
Change in adults' resilience	○	○	○	○	○	○
Change in adults' capacity for meeting a child's needs	○	○	○	○	○	○
Change in school policy	○	○	○	○	○	○
Change in adults' sense of ownership over the problem	○	○	○	○	○	○
Change in a child's sense of ownership over their thoughts and feelings	○	○	○	○	○	○
Change in a child's relationships or interactions at home	○	○	○	○	○	○
Having standardised data to understand a child's ability or functioning	○	○	○	○	○	○
Access to specific provision or services	○	○	○	○	○	○
Change in adults' ability to generalise solutions to wider contexts	○	○	○	○	○	○

Page 7: Section Five: Evaluation Methods

12. **How do you evaluate your work as an Educational Psychologist?** Be as brief or as in-depth as you like.

13. **Who evaluates your work, other than yourself?**

14. **Who do you consider yourself to be accountable to?**

15. **Do you ever feel unable to evaluate an aspect of your work despite wanting to?**

○ Yes
○ No

15.a. **If yes, what factors prevent you from doing so?**

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Appendix X: Phase Two Pilot Feedback

Survey to change:

S1,2,3,4

Grid is a bit overwhelming - split it up across pages?

S1

Joint agreement of expected outcomes → Jointly agreeing expected outcomes

Active listening → Using active listening

Writing reports → remove?

Information gathering → expand?

S2

How confident are you in your ability to evaluate the impact of the following approaches?

Not sure if the question makes sense for all options (e.g. observation of a child on the playground)

Evaluate the value? Evaluate the efficacy? Evaluate the usefulness?

Providing access to additional funding / resources → Providing access to additional funding or resources

S3

How often do you consider the following to be outcomes of your work?

→

How often are the following intended outcomes of your work?

S5 - font size is a bit intrusive after looking at that grid for so long

Final page

Feel free to close this window

Q4 From which training provider did you receive your HCPC-approved qualification? (Masters or Doctorate)

Reword, people are putting "Doctorate"

Q2 & 4 - change on 21.03.21 at 11:17am

How confident are you in your ability to <mark>provide evidence</mark> of the impact of the following approaches?

How confident are you in your ability to provide evidence of the following outcomes?

Clarifying that this is pre-Covid

Some of the options are a bit abstract (e.g. "clarifying expectations") without further context. Clarify?

clarifying expectations about your work → Clarifying others' expectations of your involvement

"ownership over thoughts/feelings" a bit vague.

Q1&2

Establishing rapport → Establishing rapport with adults

Appendix XI: Phase Two Coded Survey Items

Question No.	Question Text		
Q8	How often do you use the following approaches in your work as an Educational Psychologist?		
Q8_1_a	Promoting underrepresented views		
Q8_2_a	Exploring a child's perception of a problem	23	Indirect
Q8_3_a	Accurately representing the views of others	13	Direct
Q8_4_a	Jointly exploring problem dimensions		
Q8_5_a	Validating and reassuring adults		
Q8_6_a	Helping adults consider the wider context of a problem		
Q8_7_a	Establishing rapport with adults		
Q8_8_a	Reviewing a child's classwork		
Q8_9_a	Standardised attainment test (e.g. WIAT-III)		
Q8_10_a	Providing solutions to problems		
Q8_11_a	Summarising adults' thoughts and feelings		
Q8_12_a	Jointly agreeing actions with a child		
Q8_13_a	Observation of a child on the playground		
Q8_14_a	Jointly agreeing expected outcomes		
Q8_15_a	Clarifying who the 'problem owner' is		
Q8_16_a	Full psychometric cognitive assessment (e.g. WISC-V)		
Q8_17_a	Partial psychometric cognitive assessment (e.g. subtests from WISC-V)		
Q8_18_a	Exploring adults' perception of a problem		
Q8_19_a	Use of active listening		
Q8_20_a	Clarifying others' expectations of your involvement		
Q8_21_a	Exploring the feelings of adults		
Q8_22_a	Reframing problems		
Q8_23_a	Clinical or published questionnaire (e.g. Resiliency Scales)		
Q8_24_a	Establishing trust with adults		
Q8_25_a	Eliciting and promoting a child's voice		
Q8_26_a	Mediating relationships or tensions		
Q8_27_a	Promoting the knowledge and expertise of others		
Q8_28_a	Observation of a child in lesson		
Q8_29_a	Giving adults 'permission' to try new things		
Q8_30_a	Dynamic assessment (e.g. CATM)		
Q8_31_a	Establishing a shared understanding or narrative		
Q8_32_a	Subverting or challenging power dynamics		
Q8_33_a	Finding exceptions to problems		
Q8_34_a	Jointly agreeing actions with adults		
Q8_35_a	Naming difficult thoughts or feelings		
Q8_36_a	Information gathering		

Question No.	Question Text			
Q9	How confident are you in your ability to provide evidence of the impact of the following approaches?			
Q9_1_a	Standardised attainment test (e.g. WIAT-III)			
Q9_2_a	Jointly agreeing actions with adults			
Q9_3_a	Validating and reassuring adults		23	Indirect
Q9_4_a	Full psychometric cognitive assessment (e.g. WISC-V)		13	Direct
Q9_5_a	Partial psychometric cognitive assessment (e.g. subtests from WISC-V)			
Q9_6_a	Promoting the knowledge and expertise of others			
Q9_7_a	Summarising adults' thoughts and feelings			
Q9_8_a	Information gathering			
Q9_9_a	Finding exceptions to problems			
Q9_10_a	Exploring the feelings of adults			
Q9_11_a	Jointly exploring problem dimensions			
Q9_12_a	Providing solutions to problems			
Q9_13_a	Use of active listening			
Q9_14_a	Subverting or challenging power dynamics			
Q9_15_a	Promoting underrepresented views			
Q9_16_a	Clarifying who the 'problem owner' is			
Q9_17_a	Exploring a child's perception of a problem			
Q9_18_a	Exploring adults' perception of a problem			
Q9_19_a	Naming difficult thoughts or feelings			
Q9_20_a	Establishing rapport with adults			
Q9_21_a	Establishing trust with adults			
Q9_22_a	Jointly agreeing expected outcomes			
Q9_23_a	Eliciting and promoting a child's voice			
Q9_24_a	Clinical or published questionnaire (e.g. Resiliency Scales)			
Q9_25_a	Jointly agreeing actions with a child			
Q9_26_a	Establishing a shared understanding or narrative			
Q9_27_a	Accurately representing the views of others			
Q9_28_a	Reframing problems			
Q9_29_a	Observation of a child in lesson			
Q9_30_a	Dynamic assessment (e.g. CATM)			
Q9_31_a	Clarifying others' expectations of your involvement			
Q9_32_a	Helping adults consider the wider context of a problem			
Q9_33_a	Giving adults 'permission' to try new things			
Q9_34_a	Reviewing a child's classwork			
Q9_35_a	Mediating relationships or tensions			
Q9_36_a	Observation of a child on the playground			

Question No.	Question Text			
Q10	How often do you consider the following to be outcomes of your work?		11	Child-focussed
Q10_1_a	Change in the relationship or interactions between school and home		16	Adult-focussed
Q10_2_a	Change in a child's behaviour		9	Systemic-focussed
Q10_3_a	Change in a child's relationships or interactions with school staff			
Q10_4_a	Change in adults' empathy with a child			
Q10_5_a	Having standardised data to understand a child's ability or functioning			
Q10_6_a	Change in adults' framing of the problem			
Q10_7_a	Having a shared understanding of a child's interests and aspirations			
Q10_8_a	Change in a child's relationships or interactions at home			
Q10_9_a	Change in adults' resilience			
Q10_10_a	Change in school culture			
Q10_11_a	Having a shared understanding of a child's needs			
Q10_12_a	Change in adults' understanding of the wider context of a child's school and home life			
Q10_13_a	Change in a child's engagement with learning			
Q10_14_a	Change in adults' understanding of specific interventions			
Q10_15_a	Change in stability of a child's school placement			
Q10_16_a	Change in a child's mental health or wellbeing			
Q10_17_a	Change in adults' attitudes towards a child			
Q10_18_a	Change in a child's relationships or interactions with peers			
Q10_19_a	Access to specific provision or services			
Q10_20_a	Use of specific strategies at home			
Q10_21_a	Change in adults' capacity for meeting a child's needs			
Q10_22_a	Change in how empowered adults feel			
Q10_23_a	Change in school policy			
Q10_24_a	Change in a child's sense of ownership over the problem			
Q10_25_a	Change in adults' understanding of a child's needs			
Q10_26_a	Change in a child's attainment			
Q10_27_a	Change in adults' beliefs about a child			
Q10_28_a	Change in adults' knowledge of psychological theory			
Q10_29_a	Change in a child's attendance			
Q10_30_a	Change in adults' sense of ownership over the problem			
Q10_31_a	Use of specific interventions at school			
Q10_32_a	Change in approach at home			
Q10_33_a	Change in adults' sense of ownership over their thoughts and feelings			
Q10_34_a	Change in a child's sense of ownership over their thoughts and feelings			
Q10_35_a	Change in adults' ability to generalise solutions to wider contexts			
Q10_36_a	Change in how empowered a child feels			

Question No.	Question Text			
Q11	How confident are you in your ability to provide evidence of the following outcomes?		11	Child-focussed
Q11_1_a	Change in adults' empathy with a child		16	Adult-focussed
Q11_2_a	Change in stability of a child's school placement		9	Systemic-focussed
Q11_3_a	Change in adults' beliefs about a child			
Q11_4_a	Change in school culture			
Q11_5_a	Change in a child's mental health or wellbeing			
Q11_6_a	Change in a child's attainment			
Q11_7_a	Change in a child's relationships or interactions with peers			
Q11_8_a	Change in approach at home			
Q11_9_a	Change in adults' understanding of specific interventions			
Q11_10_a	Use of specific interventions at school			
Q11_11_a	Change in a child's attendance			
Q11_12_a	Change in a child's behaviour			
Q11_13_a	Change in adults' attitudes towards a child			
Q11_14_a	Change in adults' sense of ownership over their thoughts and feelings			
Q11_15_a	Having a shared understanding of a child's needs			
Q11_16_a	Use of specific strategies at home			
Q11_17_a	Change in how empowered adults feel			
Q11_18_a	Change in a child's sense of ownership over the problem			
Q11_19_a	Change in a child's relationships or interactions with school staff			
Q11_20_a	Change in a child's engagement with learning			
Q11_21_a	Having a shared understanding of a child's interests and aspirations			
Q11_22_a	Change in adults' framing of the problem			
Q11_23_a	Change in adults' understanding of the wider context of a child's school and home life			
Q11_24_a	Change in adults' understanding of a child's needs			
Q11_25_a	Change in how empowered a child feels			
Q11_26_a	Change in adults' knowledge of psychological theory			
Q11_27_a	Change in the relationship or interactions between school and home			
Q11_28_a	Change in adults' resilience			
Q11_29_a	Change in adults' capacity for meeting a child's needs			
Q11_30_a	Change in school policy			
Q11_31_a	Change in adults' sense of ownership over the problem			
Q11_32_a	Change in a child's sense of ownership over their thoughts and feelings			
Q11_33_a	Change in a child's relationships or interactions at home			
Q11_34_a	Having standardised data to understand a child's ability or functioning			
Q11_35_a	Access to specific provision or services			
Q11_36_a	Change in adults' ability to generalise solutions to wider contexts			

Appendix XII: Phase Two Combined Approach Tables

Indirect approaches	Frequency of approach			Confidence in ability to evidence impact of approac		
	Median	Range	IQR	Median	Range	IQR
Establishing rapport with adults	5	2	0	4	3	1
Use of active listening during meetings	5	3	0	3	4	2
Accurately representing the views of others	5	1	1	4	3	2
Validating and reassuring adults	5	2	1	4	3	1
Helping adults consider the wider context of a problem	5	2	1	4	3	1
Summarising adults' thoughts and feelings	5	2	1	4	3	1
Exploring adults' perception of a problem	5	2	1	4	3	1
Clarifying others' expectations of your involvement	5	2	1	4	3	1
Establishing trust with adults	5	2	1	4	3	1
Jointly agreeing actions with adults	5	2	1	4	3	1
Jointly exploring problem dimensions	5	3	1	4	3	1
Promoting the knowledge and expertise of others	4	3	0	4	4	1
Exploring the feelings of adults	4	2	1	4	3	1
Promoting underrepresented views	4	3	1	4	4	1
Jointly agreeing expected outcomes	4	3	1	4	3	2
Reframing problems	4	3	1	4	3	1
Mediating relationships or tensions	4	3	1	4	3	1
Giving adults 'permission' to try new things	4	3	1	4	3	1
Establishing a shared understanding or narrative	4	3	1	4	3	1
Finding exceptions to problems	4	3	1	4	3	1
Naming difficult thoughts or feelings	4	3	1	4	3	1
Clarifying who the 'problem owner' is	4	4	1	3	4	2
Subverting or challenging power dynamics	3	4	1	3	4	2

Direct approaches	Frequency of approach			Confidence in ability to evidence impact of approac		
	Median	Range	IQR	Median	Range	IQR
Information gathering	5	2	0	4	3	1
Exploring a child's perception of a problem	5	2	1	4	3	1
Eliciting and promoting a child's voice	5	2	1	4	3	2
Observation of a child in lesson	4	3	1	4	3	1
Reviewing a child's classwork	3	4	1	3	4	2
Standardised attainment test	3	4	1	3	4	1
Jointly agreeing actions with a child	3	4	1	4	3	1
Observation of a child on the playground	3	4	1	4	3	1
Partial psychometric cognitive assessment	3	4	1	3	4	1
Clinical or published questionnaire	3	4	1	3	3	1
Providing solutions to problems	3	3	2	3	3	1
Dynamic assessment	3	4	2	3	4	1
Full psychometric cognitive assessment	2	4	2	3	4	1

Appendix XIII: Phase Two Combined Outcome Tables

Child-focussed outcomes	Frequency of outcome			Confidence in ability to evidence outcome		
	Median	Range	IQR	Median	Range	IQR
Change in a child's behaviour	4	3	1	3	3	1
Change in a child's relationships or interactions with school staff	4	2	1	3	3	1
Change in a child's engagement with learning	4	3	1	3	3	1
Change in a child's attendance	3	4	0	3	3	1
Change in a child's sense of ownership over their thoughts and feelings	3	4	0	3	3	1
Change in a child's mental health or wellbeing	3	3	1	3	3	1
Change in a child's relationships or interactions with peers	3	3	1	3	3	1
Change in a child's sense of ownership over the problem	3	3	1	3	3	1
Change in a child's attainment	3	3	1	3	3	1
Change in a child's relationships or interactions at home	3	4	1	3	3	1
Change in how empowered a child feels	3	4	1	3	3	1

Adult-focussed outcomes	Frequency of outcome			Confidence in ability to evidence outcome		
	Median	Range	IQR	Median	Range	IQR
Change in adults' empathy with a child	4	2	0	3	4	1
Change in adults' framing of the problem	4	3	0	3	4	1
Change in adults' understanding of specific interventions	4	3	1	3	4	1
Change in adults' attitudes towards a child	4	3	1	3	4	1
Change in adults' understanding of a child's needs	4	3	1	3	4	1
Change in adults' knowledge of psychological theory	4	3	1	3	4	0
Change in adults' capacity for meeting a child's needs	4	4	1	3	4	0
Change in how empowered adults feel	4	4	1			
Change in adults' beliefs about a child	4	4	1	3	4	0
Change in adults' understanding of the wider context of a child's school and home life	4	4	2	3	4	1
Use of specific strategies at home	3	4	0	3	4	1
Change in approach at home	3	4	0	3	4	1
Change in adults' sense of ownership over the problem	3	3	1	3	4	1
Change in adults' resilience	3	4	1	3	4	1
Change in adults' sense of ownership over their thoughts and feelings	3	4	1	3	4	1
Change in adults' ability to generalise solutions to wider contexts	3	4	1	3	4	1

Continuous work with the patch of school, yearly or twice a year planning meetings, working with a wider team, home and school during Annual Review.
730219-730210-75276517

No I don't 730219-730210-75278653

We spend so little time with children and the teachers and parents that are evaluating our work needs to be realistic and dependent on our role. Identifying their special educational needs and appropriate provision is the bulk of our work. Careful assessment is needed to accurately achieve both and usually we only have enough time to do this. Creating change and helping children to be successful is an aspect of our job which we have little time to do. We are almost the architects where we provide the plans for a new house but never have time to visit the site to help the builders and check their progress.
730219-730210-75277776

We value aids the quality of our reports by sampling them against agreed quality standards. These are based on professional standards provided by our professional bodies. We also ask parents at the end of the statutory assessment to rate the value/usefulness of our reports
Understanding and making influence is a challenging task. I consider myself to be an advocate of change who shows empathy and diplomacy in achieving it. i consider my work to be of good standard and use of psychology but often highly dependant on the context in which I work. Academisation has certainly had an impact upon the extent to which change can be influenced and made.
730219-730210-75278788

Targeted, monitoring and evaluation scales
Online surveys for training
VIG work has specific evaluation forms using TME
Quality Assurance
730219-730210-75279618

Service wide feedback from stakeholders - separate mechanisms for CYP, parents and practitioners
Qualitative information during casework - e.g. asking teachers how useful something was
Reviewing casework - going back and unpicking what's working well etc.
Occasional case studies to evaluate the impact of specific interventions or ways of working.
730219-730210-75278872

- Scales - e.g. TME
- Consultation review meetings following casework (around 6 weeks later)
- including short term targets in casework reports which are reviewed with SENCo during review/planning meetings
- feedback forms following training sessions
730219-730210-75281228

For individual casework and person centred planning I set targets/outcome and review these. However, this is not for every piece of work and depends on whether the school is happy to commission a review as part of the casework.
For interventions / projects we evaluate impact by taking pre and post measures. What these specifically are depend on the project e.g. literacy would involve pre & post basic skills/ reading age/ spelling age and staff questionnaires.
730219-730210-75281081

1 / 15

1A

I tend to use process evaluation to evaluate my work, for example, during planning meetings or check ins with key adults around a child. For example, I might hold a consultation, and then book in a date to review and look at the outcomes that were constructed and see if the child is making progress towards these outcomes. I think evaluation of my work is difficult as there are so many contributors to the work.
730219-730210-75281803

Regular reviews with stakeholders to determine whether outcomes have been achieved
Informal feedback from service users
Evaluation forms when facilitating courses
730219-730210-75281970

Consultation reviews allow for individual casework to be evaluated.
Evaluation takes place at schools and parents being provided with the opportunity to supply anonymous feedback once I've worked with them.
Training is usually followed by an evaluation questionnaire.
730219-730210-75282827

Training is usually followed by an evaluation questionnaire.
Quality standards once per year means that statutory work is evaluated by the senior leadership team within the EPS. The EP is asked to submit one report out of a selection of three.
We evaluated the impact of our work through planning meetings, and/or through TME in our reports/consultation records. This usually has a mixed response, and can depend on the EP's time to go through things with staff.
730219-730210-75282113

Currently we have very few measures. We ask schools to complete a paper evaluation following 'surgeries' (light touch consultations with school staff) - this touches on how staff feel they were supported, whether the EP helped to develop clear formulations, whether they suggested useful strategies and resources, etc.
We are also looking at the progress young people raised at surgery make, although this is currently something new and will need tweaking.
We look at some data too, in terms of our response times to referrals and EHCNAs.
730219-730210-75283219

I have seen many changes over the years since I qualified in 1979/1980 with the move from the emphasis on Child Guidance partnership work to the SEND in which we are involved almost exclusively with the SEN process and not the mental health of children and their families. I think it is a sad thing and has had a detrimental effect on the profession in terms of retention and satisfaction with the work we do. I believe that there should be a radical change to Child Psychologists (remember our Clinical Psychologist colleagues do a rotation approach to training and might have 6 months in a training placement with children and families). I would like to see the split to be Child and Adult Psychologists and not Education and Clinical. I fell we have been siloed into the SEND process and that many other psychological interventions, training and work with families is seen to be the province of our clinical colleagues through CAMHS. I still enjoy the role and want to see children and young people given the best opportunities we can give them to succeed.
730219-730210-75282453

In-Session feedback - how was this meeting?
Review of agreed outcomes
review of cases in planning meetings - outcomes, progress, support in
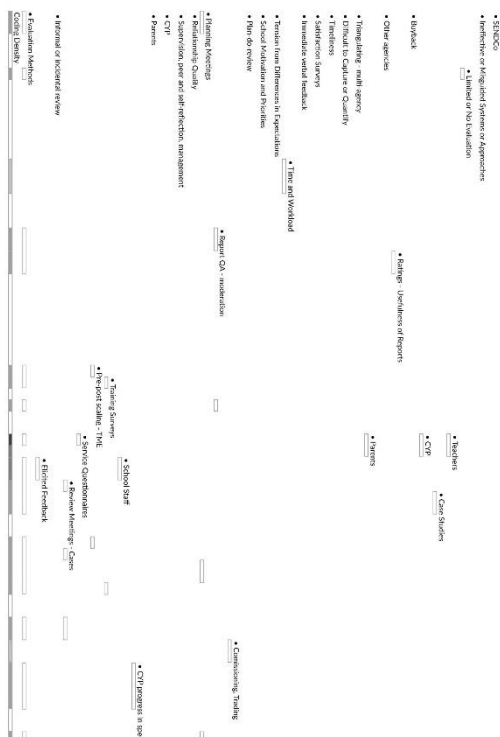
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2A
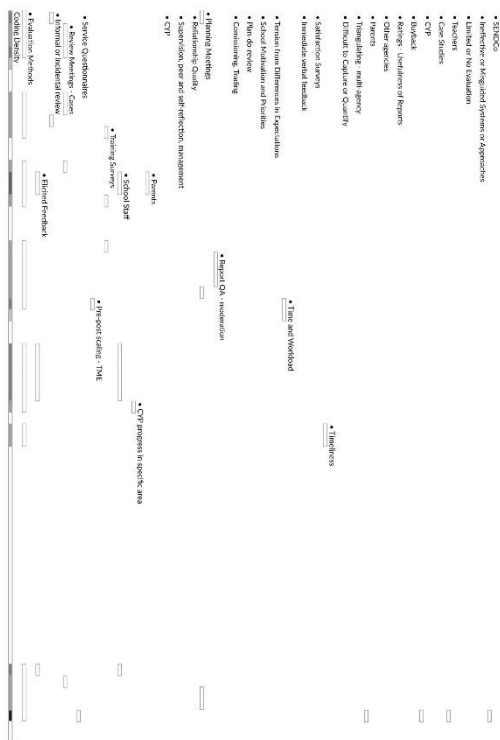
- school who are buying in traded time often don't purchase enough time for a review as they don't value it as much as the initial assessment and consultation; sometimes schools bring us in at a stage where they have already made up their mind about what should happen (so that child has been excluded or moved onto another setting or similar, by the time the review should be happening). I do also think that we have impact that is very difficult to measure - it would be potentially detrimental to our work to ask questions after a consultation like "Do you feel like you have more ownership over this problem?" as we are often working below the 'surface level' of a discussion/consultation. We might feel that this is what is needed by school staff and work on this, without making it explicit.
730219-730210-75975648

Informally - through frequent discussion with school staff and parents where possible, reviewing the situation/issues/interventions and changes noted.
Formally - questionnaires go to schools on an annual basis from the service. Parents are invited to give feedback following EP involvement
730219-730210-75989700

Occasionally using TME type processes
Asking staff to complete evaluation questionnaire (post drop in surgeries)
Consultation review process
Post training evaluation
Verbal feedback in informal settings i.e. chatting with SENCo/Head/Pastoral Lead
Reflection in supervision
730219-730210-75996964

Joint Action Planning (joint consultation) meetings are held with schools for each piece of casework, with a follow-up meeting to measure progress. Scaling is used at the time of referral and in the follow-up meeting to assess the school's confidence around meeting the CYP's needs.
Formal feedback from any training delivered.
Feedback from SENCos in planning meetings, as well as informal, ongoing feedback (ensuring they are happy with my support).
730219-730210-76001815

- Separate child and young person-friendly evaluation forms for pupils in KS1, 2 and 3
- Parent/carer evaluation forms
- School staff evaluation forms
- Staff training evaluation forms
- Service training evaluation forms
- Annual school evaluation forms for all EP services provided (statutory, core and traded)
- New work with pupil and parent/carer participation officers who will organise focus groups
- Annual 'You Said We Did' report
730219-730210-76119435

Case sampling
Quality assurance of advices
Salmon line scaling
730219-730210-76193804

Review meetings - review specific strategies and targets agreed - number and frequency dependent on the situation - with key adults and CYP
TME
Repeat measures if thought to be helpful - could be completed by school or EP
IEP outcomes
Annual planning and review meetings with schools (termly for schools with
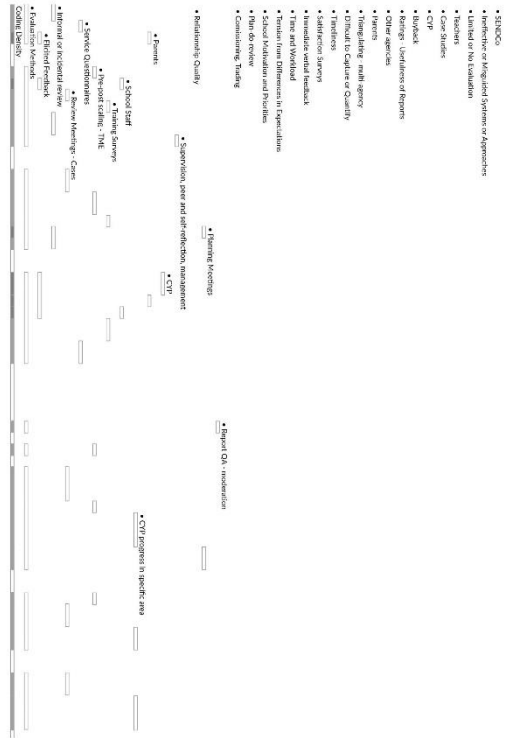
verbal feedback from schools, parents and pupils
formal evaluations of training or at the end of the school year summative evaluation of our service
If I do a consultation and help a school with recommendations and then never hear about that pupil again, I consider it to be a success.
730219-730210-75855699

I see this as an ongoing iterative process dependent upon the context of the work. It is virtually impossible to measure in any traditional sense.
I have tried for my own sanity to develop a robust set of positive outcomes which hinge upon relationships I have with schools, staff, children and parents. I seek feedback regularly through conversation. E.g. - is it ok if I ask you about?? would it be helpful if we talked a bit more about?? has this been a helpful conversation? would you like to meet again? how should we feedback? how will we know if this has been helpful etc etc
i try to acknowledge the urge to please / not to offend etc and try t ensure that those I work with feel clear in their right to say if something needs to change. I try to send out written records which represent views accurately seeking feedback verbally or by email on those. Training wise we use a service template with scaling scores and comments - im not keen on this as it doesnt consider longer term impacts
730219-730210-75859495

Sometimes set target outcomes at initial meeting with opportunity to review these:
Use service 1-10 rating as part of one-off consultations which we take part in across the team
730219-730210-75871744

Questionnaires
Through planning meetings
Feedback
730219-730210-75878041

Use of pre and post questionnaires for training to help evaluate staff prior knowledge and knowledge after training. I would include questions like ' what is one take away message / strategy that you are going to use in your work?'. In review meetings, I would look back at the outcomes set 8 weeks prior and identify where progress was made and whether any new outcomes need to be set. The more specific the outcomes, the easier it is to identify progress. I would also evaluate my work informally during joint problem solving meetings, for example asking staff afterwards 'was that helpful?' just to get a quick sense of what they though of the meeting. I also try to have a review meeting with the SENCo at the end of the year, and sometimes also half way through the year for schools that have a lot of traded time. When writing reports I also like to ask staff which part of the report did they find most helpful and which part do they usually read. This helps me to prioritise certain parts of the report and write less for other sections.
730219-730210-75911736

When doing consultations, we ask for one target to be evaluated by school with a baseline and "expected" level of progress on a scale of 1 to 10. The service gathers this data. We ask for evaluations of training. We do quality assurance of EHC reports and consultation records.
730219-730210-75965874

Regular reflections daily and weekly. Supervision 730219-730210-75975681

With difficulty! For some things like training, it is easy to evaluate knowledge before/after the training with an evaluation form. With plan-do-review work around a specific child, the review would be the main instrument for evaluating my work, but there are often difficulties with this
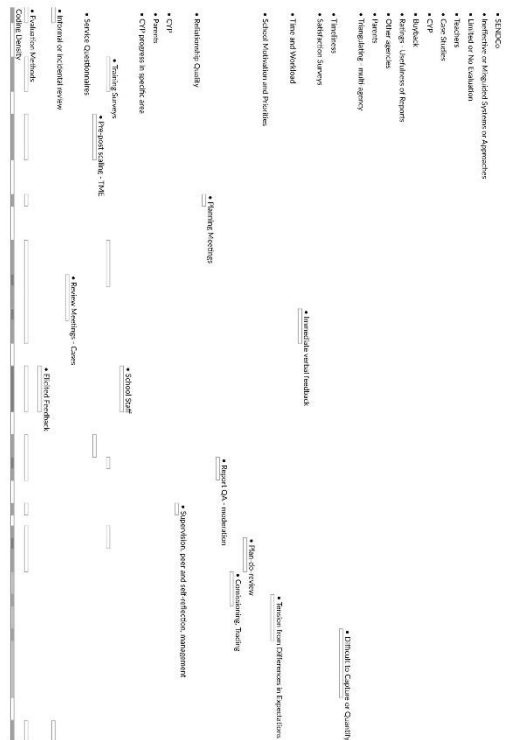
Through EHCNAs; the final plan which often contains much of the advice provided in the EP report. In a way I find this reassuring as I feel the provision I've suggested is comprehensive and the outcomes have been jointly agreed with parents and schools staff (sometimes with other professionals) and most (if not all of) my advice forms part of the child's plan.
Comments/compliments sent after work has been completed. Consultation evaluation forms which are requested from schools but not always filled out, using qualitative comments and TME. Sometimes an annual survey is sent out to schools.
730219-730210-75839425

- Speaking to staff, parents and children/young people
- Link to anonymous online questionnaire for parents when reports are sent out by admin
- Annual evaluation for schools of EP service
- Evaluation using questionnaire when training
730219-730210-75841025

Anecdotally through conversations with schools i.e. if a child's behaviour in school has improved.
Through day-to-day work using a plan-do-review approach i.e. where possible I encourage schools to involve me in the review process where we discuss progress in relation to outcomes that were set through my involvement.
On a wider level, we send evaluation forms to parents/carers and to schools. We have a child/yp evaluation form which is also used when we have had direct involvement.
730219-730210-75842528

evaluation forms 730219-730210-75842213

review meetings
evaluations of training
how I feel about a school/person
complaints
how I get on with a person/parent/child
talking to people
730219-730210-75842390

through consultation with school staff and parents
through 'consultation outcome reviews' (the COR gives quantitative and qualitative data linked to the desired outcomes of a piece of casework) - these are completed with the school.
annual service feedback from schools.
training session feedback.
we occasionally sample parents for separate feedback.
(we do not formally sample the views/feedback of young people)
730219-730210-75843826

Via school staff survey and feedback from parents
via TME data pre- and post- consultation
via other feedback (email, qualitative comments etc)
730219-730210-75853170

Link on all written feedback to provide evaluation.
Pre and post feedback on all school based input - eg training.
EP consultations reviewed regarding targets fir CYP and also staff confidence levels to meet needs.
730219-730210-75853429

Diagram labels (11A):
- SENCo
- Ineffective or Misguided Systems or Approaches
- Limited or No Evaluation
- Teachers
- Case Studies
- CYP
- Buyback
- Ratings - Usefulness of Reports
- Other agencies
- Parents
- Triangulating- multi agency
- Difficult to Capture or Quantify
- Timeliness
- Satisfaction Surveys
- Immediate verbal feedback
- Time and Workload
- Tension from Differences in Expectations
- School Motivation and Priorities
- Commissioning, Trading
- Report QA - reallocation
- Planning Meetings
- Supervision, peer and self-reflection, management
- CYP progress in specific area
- School Staff
- Training Surveys
- Service Questionnaires
- Evaluation Methods
- Informal or incidental review
- Coding Density
- Plan-do-review
- CYP
- Flicited Feedback
- Review Meetings- Carers
- Relationship Quality
- Parents
- Pre-post scaling - TME

I prefer to work collaboratively with school staff and parents/carers wherever possible, which sometimes depends on where schools are in terms of the approach they are used to (school allocations can change from year to year) and what their expectations of EP involvement are. I tend to encourage school staff and parents to reflect together on key strengths and areas of need/difficulty, triangulating this with children's views/findings re any individual work, using psychological knowledge to facilitate a shared sense of understanding, whilst supporting staff and parents to identify small steps outcomes that can be reviewed across the year. The difficulties are however, that schools determine how they utilise the time that they have bought through their service level agreement, and hence their priorities. I therefore continue to encourage dialogue around the importance of the plan/do/review process and encourage schools to arrange review dates at the end of initial consultation meetings. Sometimes however, review across the year may involve passing discussions (each term) with SENCos re a small number of children I hold in mind. I sometimes find it difficult to keep on top of review conversations/paperwork due to statutory work; I try to write consultation records and keep them brief, although I sometimes write a consultation record that summarises a process of plan/do/review that has taken place over a period of a few months.
We are encouraged to have regular planning meetings/phone calls with each SENCo (termly), and to complete end of year evaluations with them to reflect on our involvement across the year; this can often be a helpful reflective exercise, and sometimes schools will comment that there were issues linked to how they have managed time etc that have impacted on their expectations around work that has/hasn't been completed.
I also think it is important to keep in mind when evaluating your work as a psychologist, that the values you hold may conflict with the underlying views/values/agendas held by others in relation to their expectations re your involvement. This is particularly pertinent in relation to themes of inclusion and traded services, or highly emotive areas such as literacy difficulties. In this sense I think it is important to keep in mind the constructed nature of reality, alongside a process of continual selfreflection, which I feel underpins my collaborative approach. Therefore there is also a sense in which I have a private sense of reflection around my work, which may link to whether I feel my approach has been consistent with my values and beliefs, sometimes prompting me to question my values/beliefs/approach.
Pre and post measures, reviews, feedback from other parties 730219-730210-75694356
Via regular discussion about individual casework and systemic work in schools; e.g. at termly planning meetings.
Via following up on outcomes of statutory work and statutory reviews.
Seeking the views of parents and colleagues in SEND operations.
Seeking the views of parents / carers.
Not often enough from CYP!
Via supervision and performance conversations.
730219-730210-75708632

I try to book in review meetings several weeks after holding an action planning/joint problem solving meeting with school staff and parents where possible (also involving the child if felt appropriate). However, school staff don't always see holding a review as an important part of the involvement process and are usually reluctant to release staff or to use traded time for this purpose. I find review meetings are more greatly valued by parents as perceive that it will hold the school accountable for putting support/actions in place, though it rarely works in this way.
Sometimes, I'll carry out pre and post questionnaires or gather the child's views about the things they want to change and then ask them how these things have changed after involvement but this is dependent on the review meeting happening.

Diagram labels (10A):
- SENCo
- Ineffective or Misguided Systems or Approaches
- Limited or No Evaluation
- Teachers
- Case Studies
- CYP
- Buyback
- Ratings - Usefulness of Reports
- Other agencies
- Parents
- Triangulating- multi agency
- Difficult to Capture or Quantify
- Timeliness
- Satisfaction Surveys
- Immediate verbal feedback
- Time and Workload
- Tension from Differences in Expectations
- School Motivation and Priorities
- Commissioning, Trading
- Report QA - reallocation
- Planning Meetings
- Supervision, peer and self-reflection, management
- Relationship Quality
- CYP progress in specific area
- School Staff
- Training Surveys
- Service Questionnaires
- Evaluation Methods
- Informal or incidental review
- Coding Density
- Plan-do-review
- CYP
- Parents
- Elicited Feedback
- Review Meetings- Carers
- Pre-post scaling - TME

things to take away from today?"
Asking questions such as "which strategies do you intend to take forward?"
to establish impact of consultation on intended actions.
I see the contribution of outcomes within psychological advice and
provision, to contribute to EHCPs as a broader form of evaluation, as if they
are implementing your advice and reviewing the outcomes it is giving
information about if that has met needs, but it wouldn't be directly fed
back to us unless there was future involvement.
Questionnaires following training.
Questionnaire sent automatically to parents following completion of
statutory advice.
Reflection in line management and supervision is a form of evaluation in a
more self-reflective and qualitative way.
Informal discussions with colleagues/other professionals.
All EHCP reports peer reviewed.
Peer supervision & discussion with colleagues.
730219-730210-75571553

Goal Based Outcome evaluations around specific pieces of work.
Feedback from settings at the end of an academic year.
Conversations and informal feedback from parents and schools.
General data from the LA re attainment, exclusions etc
730219-730210-75575789

Quality Assurance - peer review of work and LM reading of advice.
Buy-in from school if they buy more time in year on year they are please
with your service to them and the CYP.
Training feedback
Surveys to SENDCo/Heads/ Families and CYP
730219-730210-75597498

During review consultation, there is an opportunity to discuss what impact
my prior involvement has had on the change process.
730219-730210-75611838

Although I have only been an EP for nearly three years I have had several
years as a teacher and SENCo across the age range including two specialist
settings.
730219-730210-75629683

Mostly informal conversation and through regular planning meetings with
schools. We also send out evaluation forms after pieces of work however
this is not always straight forward, for example directly after an
assessment no impact or change is seen and evaluations tend not to be
followed up. It feels really difficult to get more meaningful evaluations
without having to create a new evaluation form for each piece of work.
730219-730210-75644429

Depends, sometimes I use questionnaires, verbal feedback, my own views,
review pieces of work with schools/CYP. etc.
730219-730210-75647473

Using TMEs
Reflections and discussions with problem-owner (qualitative data)
Outcomes
730219-730210-75655370

Feedback from schools, parents and young people
Use of TME
Regular review meetings for individual children and whole school concerns
Supervision
Reflection
Feedback from colleagues

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issue, the language used, the energy to determine if progress has been
made during that meeting. I always check-in at the end of every meeting
or interaction and ask 'how helpful was that?' and judge how they respond
and the words they use and energy to determine if they have found it
helpful or whether to continue and try exploring another issue. I sometimes
name if I think they are not finding it useful to try uncover what the barrier
is or what I am missing.
730219-730210-75502592

Questionnaires to service users
Feedback sheets for children after assessments
Evaluation for training events
Supervision
Report audits in the team
730219-730210-75505698

outcome measures, pre and post intervention/ assessment measures.
review meetings.
730219-730210-75502329

Request feedback about specific pieces of work 730219-730210-75507158

Qualitative:
informally with schools / pupils parents
more formally with schools and parents via questionnaires
Quantitative:
data such as number of assessment on time
730219-730210-75508799

Set outcomes with partners and review this at an appropriate time 730219-730210-75510983

A mixture of formal and informal methods. Formally, we conduct
consultation reviews 6-8 weeks following initial consultations/involvement.
Informally, conversational feedback from staff/parents/students following
interactions.
730219-730210-75527105

Training evaluations
Seek verbal feedback at the end of consultations
Use of Target, Monitor, Evaluation approaches for casework
730219-730210-75542166

Through the strength of the relationships I establish and the trust within
them that allows me to express challenge and criticism positively and
effectively. I look for all sorts of cues to determine whether I might have
been involved in making a difference for a child. I listen for changes of
attitude, adults feeling empowered/ trusting enough to take actions based
on our conversations, adults and children saying that they feel more
positive, are making progress, feel safer etc. I discuss specific data that
may have been collected to determine effectiveness of interventions e.g.
behavioural data, curriculum based assessments etc. I also collect
qualitative feedback (as part of service policy) from participants in the joint
process of support. Most importantly, I talk to people and ask whether they
feel they have a way forward and that they have some confidence that it
will make a difference. I feel strongly that I want people to leave an
interaction with me feeling positive, however hard the conversation might
have been, and understood and with something they feel that they might
do differently.
730219-730210-75564480

Use of TME within consultations.
Seeking verbal feedback at the end of consultations "do you feel you have

730219-730210-75422585

Feedback from schools and parents 730219-730210-75426802

Case reviews, questionnaire scores, conversations with schools and parents, school formalised feedback
730219-730210-75445112

Qualitative feedback from service users (school staff, parents/carers, children and young people) and from other agencies that we work with in multi-agency working.
730219-730210-75447452

I use TME for specific casework and Microsoft forms to elicit questionnaire data following training.
730219-730210-75452232

Peer supervision is used to evaluate work. 730219-730210-75459386

We ask for parental and young people feedback each time we complete reports. We also ask for feedback from school once a year. These are done through online questionnaires, paper questionnaires and sorting activities.
730219-730210-75459597

Feedback from parents, carers and school staff
Outcomes set and monitored/evaluated on exit
Nationally recognised system of before and after measures used and evaluated with clients (child and family/school.)
Training feedback (before and after numbers) and written.
730219-730210-75472566

I believe my strength is based upon the relationships I form with adults. I am able to move perspectives and empower adults to make changes. I work predominantly on systems that exist in schools that are perpetuating dysfunction.
730219-730210-75491199

We try to have agreed outcomes at the start of a piece of work around an individual young person. These are usually negotiated with the SENCo. We also have input in the outcomes identified in the child's SEN Support Plan. We send questionnaires to schools at the end of the academic year to get feedback around what they value about the EPS. The LA also looks at the service's contribution to the more strategic plan and whether we get out Advices in on time!
730219-730210-75493335

Target Monitoring and Evaluation for casework
feedback forms from parents, children
informal feedback at the end of meetings
annual report from settings/young people/families/team for work that I complete in social care team
730219-730210-75500499

I always do anonymous training evaluations. I do set TME targets but most of the time these are tokenistic and don't capture the impact of my work. Sometimes I do rating scales before/after a drop-in consultation to determine if they have felt less stuck with the problem they brought. On therapeutic work I may do pre-post resiliency scales or Spence but I don't feel like these are sensitive to the changes in thinking. Other times I use attendance data if I believe a YP is avoiding school due to enjoyment/relationships with adults/attachment/needs etc. My personal most important way is in every interaction/consultation I look for changes in body language, tone of voice, the way they talk about a problem or
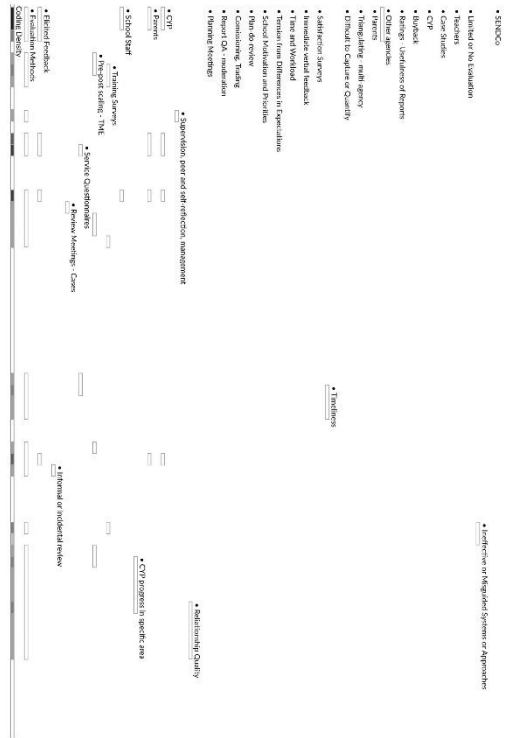
730219-730210-75286911

discussion with parents
formal evaluation at service level - questionnaire sent out centrally following each report
formal evaluation of training courses delivered to parents
peer support sessions
peer support for reports.
Senior EP evaluation of reports
Review meeting to evaluate joint outcomes the following term
Termly school surveys
730219-730210-75387186

Bringing about positive change for a child. Typically this involves work byproxy: that's is, helping adults help them.
730219-730210-75399507

Mainly through discussion with those involved - adults and children/young people. I am not into collecting hard data as I am not convinced that this is robust and can give false impressions. My view is that my role is to help people feel better about a situation and feel empowered to do something about it. To help them see things differently and be able to behave differently as a result...not always easy to measure but people are able to report on how they feel.
730219-730210-75417142

I use evidence based practice (eg solution focused models, therapeutic models of delivery and active listening) to support schools reframe children's needs. I really value ensuring that the pupil view is heard and sought even when this can be difficult. I enjoy work that requires me to formulate children's difficulties and support adults to think about alternative ways of viewing the problems. I use social constructionist ideas of psychology to help me to formulate problems which places importance on the systems surrounding the child, as opposed to seeing the child as the problem holder. I regularly seek feedback from schools formally (through service surveys) and encourage professionals and parents to comment on reports that I have written. I use end of term planning meetings to help schools to evaluate how they have used their EP time over the year. I ask a range of schools, particularly any that are new to me to give feedback via the 360 feedback forms so that I can enhance my practice. I also have trainee EPs and new colleagues shadow me and seek feedback from them.
730219-730210-75418110

Write impact case studies every half term.
Peer supervision and peer group supervision.
Supervision with line manager.
Questionnaires sent to service users usually annually.
Moderation Audits of or reports
730219-730210-75418131

Service feedback from parents
Service feedback from schools
Supervision (individual and peer) - as a way to help me reflect on my practice and review
Informal verbal feedback from schools
730219-730210-75420659

Scaling with children and adults
Reviewing child's current situation with parents and school staff
Questionnaires
Appraisal with line manager
Qualitative feedback from schools (e.g. email sent to admin or senior team)

730219-730210-75306440

mainly statutory work at the moment with complex casework 730219-730210-75296509
Informally through seeking feedback on casework - usually from the adults that I have worked with. More formally for casework through the EPS evaluation questions that get sent out to all parent/carers and school staff following assessment - this involves just a few short yes/no or scaling questions.
If I deliver any kind of training I will also make sure to produce a meaningful evaluation form for attendees.
730219-730210-75311213

Group supervision and individual supervison 730219-730210-75312797

Probably not as much as I should. It can be hard to evaluate work as once a problem is solved people are less motivated to complete evaluations that the service sends out. There is also the challenge that schools are parents may not get the outcomes they hope for, I tend to evaluate my effectiveness through more qualitative aspects of work such as relationships with schools and the trust of staff to approach for a whole range of issues. I am aware of colleagues who set 'exit' criteria and boundaries around their work. In terms of LA evaluation criteria tend to focus on response times and if deadlines were met.
EPS questionnaires sent to all schools on a regular basis.
Through assess-plan-do-review process which involves reviewing of previous outcomes/ strategies/ implications for provision.
Through 'impact reviews' completed for the Virtual Schools. (Impact information is triangulated with Virtual School teaching and learning coordinators who work directly with the CYP to implement strategies/ programmes of work).
Liaison with other professionals, social workers, Behaviour Support Service and school staff both informally and in planning/ review meetings.
Initial and review consultations with parents.
730219-730210-75310411

through periodic formal reviews by stakeholders - surveys etc
via changes made by staff to support for children following EP input
through tracking of progress made by children over time - academic and social/emotional - analysis of school tracking data
use of pre/post data eg in area of challenging behaviour
prevention of exclusion
via informal feedback from staff/families/young people
730219-730210-75312907

Via supervision meetings and reviews six monthly 730219-730210-75315631

-I ask for school staff/parents to complete evaluation forms after training sessions.
-I also reflect on service delivery with SENCo's/ Head Teachers during planning meetings.
-During covid I have been emailing reports/meeting minutes directly to parents and will explicitly ask parents if they would like me to make any amendments. I have had much more feedback from parents since adopting this approach and I think emailing parents directly can make us more accessible.
- Evaluating the longer term impact of practice is difficult due to caseload pressures and often it not possible to have a review meeting. Generally schools will only get in touch about a child again if there are concerns.
730219-730210-75321829

We often use an OME approach. We agree on 2-3 outcomes, scale where we are at the moment, scale where we want to be and at a review we discuss whether we have reached it, why/why not.

Diagram 5A labels:
- SENCo
- Ineffective or Misguided Systems or Approaches
- Limited or No Evaluation
- Teachers
- Case Studies
- CYP
- Buyback
- Ratings - Usefulness of Reports
- Other agencies
- Parents
- Difficult to Capture or Quality
- Satisfaction Surveys
- Immediate verbal feedback
- Commissioning, Trading
- Report QA - moderation
- Supervision, peer and self reflection, management
- School Motivation and Priorities
- Tension from Differences in Expectations
- Relationship Quality
- Plan-do-review
- Timeliness
- Triangulating, multi agency
- CYP progress in specific area
- Informal or incidental review
- Review Meetings - Cases
- Planning Meetings
- Parents
- Elicited Feedback
- Time and Workload
- Pre-post scaling - TME
- Evaluation Methods
- Coding Density
- Service Questionnaires
- School Staff
- Training Surveys

Follow up meetings and reviews- assess, plan, do, review in schools for example
ARs for EHC plans
Pre and post testing for interventions
feedback survey from schools and for training, intervention etc.
730219-730210-75297188

Through regular supervision and My Plan reviews. 730219-730210-75299610

I feel I have always done a good job, as I always make sure my work is outcomes based and solution focused. IN other words, through partnership work with schools and parents. we see a difference through joint planning of outcomes and interventions, It doesn't matter if it case work or project work.
730219-730210-75299832

Planning meetings
CYP recording outcomes feedback sheets - child level and adult level feedback on impact
Setting surveys
Parent/carer surveys
Statutory advice deadlines
Developing improved CYP evaluation
Quality standards exercise with neighbouring service
APDR processes
Feedback on training delivered
Parent helpline surveys
Through supervision and reflection. 730219-730210-75297607

Quality Assurances and feedback. Although often do not get feedback 730219-730210-75298606

Through reviewing in consultation- what has worked from the previous agreed actions and what needs further thought.
730219-730210-75304434

We are a collaborative team and share our work a lot. I also check the usefulness of my reports out with both parents and teachers - and make alterations based on their feedback.
730219-730210-75304170

Feedback cards sent to parents/carers after any intervention
In consultation work, baseline understanding and confidence measures taken and progress reviewed against these in future review meetings.
Peer review of psych advices
730219-730210-75304881

Goal-based outcomes
Scaling questions
Establish hopes at the start of a piece of work and review at the end to establish if they have been met/changed
730219-730210-75299197

Comparison against baseline measures (be those standardised or informal).
Discussions in school - including with the child/young person.
I do a lot of work in a secondary PRU so the work of the entire team is evaluated through improvements in the young person's ability to cope with the SEMH demands of education, successful returns to mainstream school/other suitable placements.
Rating scales for therapeutic work - mostly focusing on whether or not the young person feels they are getting something useful from the sessions.
Engagement - the PRU kids vote with their feet, if sessions are not useful to them, they will not show up.

Diagram 4A labels:
- SENCo
- Ineffective or Misguided Systems or Approaches
- Limited or No Evaluation
- Teachers
- Case Studies
- CYP
- Buyback
- Other agencies
- Parents
- Triangulating, multi agency
- Difficult to Capture or Quality
- Satisfaction Surveys
- Immediate verbal feedback
- Time and Workload
- Tension from Differences in Expectations
- School Motivation and Priorities
- Plan-do-review
- Commissioning, Trading
- Relationship Quality
- Supervision, peer and self reflection, management
- CYP progress in specific area
- CYP
- Parents
- Service Questionnaires
- Report QA - moderation
- Timeliness
- Informal or incidental review
- Elicited Feedback
- Planning Meetings
- Review Meetings - Cases
- Pre-post scaling - TME
- Ratings - Usefulness of Reports
- Evaluation Methods
- Coding Density
- School Staff
- Training Surveys

school
end of year questionnaires for sencos, students, teacher and parents
730219-730210-75284473

Through the plan-do-review cycle 730219-730210-75286758

Conversations in Review meetings in school
Evaluation tools e.g. Target monitoring evaluation (TME) Goal based outcomes (GBO)
Baseline and review assessments.
Panning meetings - changes in thinking, policy, practice etc.
Service evaluation forms
730219-730210-75279227

Feedback from SENCOs usually. Informal updates from SENCo or school staff about how a child has been getting on. Through service evaluation completed every year. At planning and review meetings. Through the relationship I have with school and the value they place on my work and my input. By SENCos/schools asking for additional time/advice/support. Feedback from parents from the RSA feedback process.
730219-730210-75288875

Parents are sent questionnaire with each report/letter.
Schools are asked to complete an evaluation each year.
Line manager collaboratively evaluates two statutory advices per year.
730219-730210-75289623

Review meetings with all involved
Evaluations
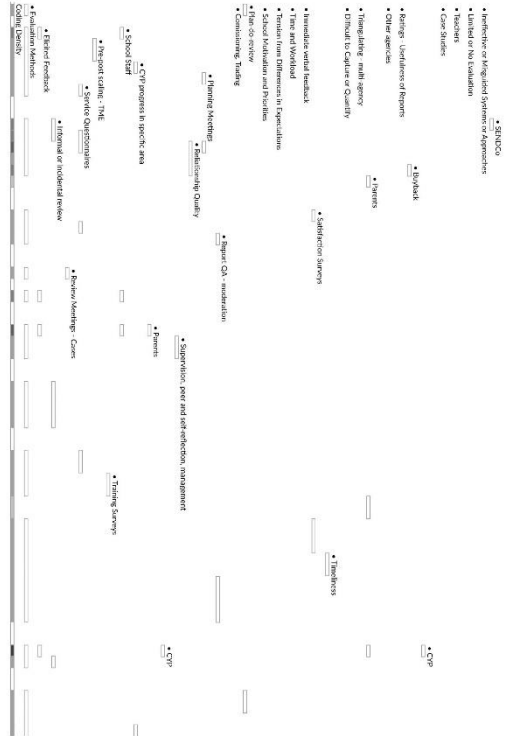Verbal feedback
730219-730210-75291161

feedback from parents/schools
peer/manager advice discussions
peer supervision
730219-730210-75291420

I don't do it in a formal way. I have review meetings for key cases but this is more of a direction of travel and a problem solving to keep things moving in the right direction and I'm not sure it would be called an 'evaluation' of my work.
730219-730210-75291454

Biennial surveys to schools/settings and parents/carers regarding service delivery (we alternate them each year) .
All training is evaluated - we have a target of 80% of all responses rating the course as good or better.
We have a survey monkey for callers to our weekly EPS Helpline - this is open to all parents and carers.
Recently the SEN Department has started sending a survey after EHCNA - 'How well did we do?' - and one of the questions refers to the quality of the EP advice.
% of advices submitted within the 6 week statutory timescale - as PEP I am hoping for 95%.
We have a multiagency team who QA the EHCPs and the EP advice is woven through the EHCP.
EP advices are read as part of the EHC Panel papers - the PEP sits on the panel and relays any comments to the relevant EP
730219-730210-75283724

Through the use of feedback from young people. Parent questionnaires.
Continued conversation with schools and settings
730219-730210-75291336

Diagram 3A labels:
- Coding Density
- Evaluation Methods
- Flicker Feedback
- School Staff
- Pre-post scaling - TME
- CYP progress in specific area
- Planning Meetings
- Relationship Quality
- Informal or incidental review
- Service Questionnaires
- Parents
- Satisfaction Surveys
- Report QA - moderation
- Review Meetings - Carers
- Parents
- Supervision, peer and self-reflection, management
- Training Surveys
- Timeliness
- CYP
- SENCo
- Ineffective or Misguided Systems or Approaches
- Limited or No Evaluation
- Teachers
- Case Studies
- Ratings - Usefulness of Reports
- Other agencies
- Triangulating - multi agency
- Difficult to Capture or Quality
- Immediate verbal feedback
- Time and Workload
- Tension from Differences in Expectations
- School Motivation and Priorities
- Plan-do-review
- Commissioning, Trading
- Buyback
- Parents

high level of need)
730219-730210-76213161

Use of Target Monitoring and Evaluation (TME)
Scheduled review meetings with key adults and CYP (where appropriate) to gather anecdotal information
Pre and post assessment measures, where appropriate either by school staff or myself
730219-730210-76229908

In regard to individual work, I always build in a review meeting to evaluate the agreed outcomes/adjustments from the first piece of work.
I will sometimes use specific tools to help evaluate work - for example, using the Boxall profile/Spence Anxiety Scale prior to delivering support to a small group of CYP.
730219-730210-76295690

We use TME as a service but I prefer to use more informal approaches such as qualitative feedback from staff and more importantly the 'problem holder'.
I review previous work each term in school and evaluate based on how staff are feeling about the pupils I have worked with and how they talk about them. Often the qualitative, less 'measurable' evaluations are far more helpful.
730219-730210-76296429

We use Target Monitoring and Evaluation as a service which is one method.
I seek feedback from those I work with.
I review the work undertaken which also gives a sense of the use.
If using consultation, part of the model I use embeds evaluation within the conversation so constantly checking out - so evaluation at a different level (are we understanding each other etc etc).
I seek feedback from children and young people with whom I work through conversation (not necessarily a form, though at this stage).
We have service wide annual evaluations with schools.
I run a therapeutic group and parents complete evaluation after each sessions.
All training is evaluated using feedback form.
730219-730210-76296043

private reflection or in supervision. Comments informal from parents and schools. Through Quality Assurance on EHC advice. Different evaluation tools that service has used over time. Agreeing outcomes with family/school/YP.
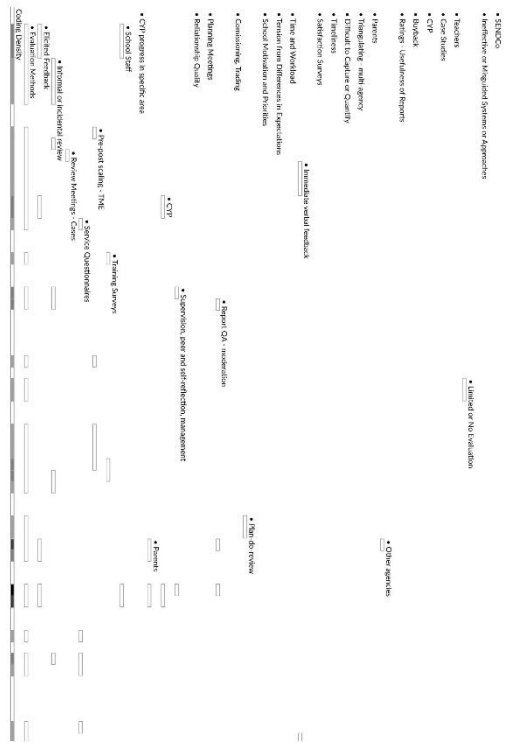730219-730210-76296201

TME 730219-730210-76300287

Little evaluation in current service- a link but I don't receive the feedback as I used to in previous service.
730219-730210-76352239

Review with school in subsequent consultation session focused on specific outcomes jointly agreed with child, parent and school. Use of scaling at start (eg. confidence, concern level) and after agreed time to implement agreed actions. I seek feedback on all training and supervision sessions through use of Microsoft Forms and seek informal feedback from colleagues and schools.
730219-730210-76400354

Case work: Pre-dominantly qualitative data collected at the end of a Plan Do Review Consultation model
Stat report writing: Peer moderation. SEN Panel feedback. Parental

Diagram 14A labels:
- Coding Density
- Evaluation Methods
- Flicker Feedback
- Informal or incidental review
- School Staff
- Pre-post scaling - TME
- Review Meetings - Carers
- CYP progress in specific area
- Service Questionnaires
- Planning Meetings
- Relationship Quality
- Immediate verbal feedback
- Training Surveys
- Report QA - moderation
- Supervision, peer and self-reflection, management
- Time and Workload
- Tension from Differences in Expectations
- School Motivation and Priorities
- Satisfaction Surveys
- Timeliness
- Triangulating - multi agency
- Difficult to Capture or Quality
- Parents
- Buyback
- CYP
- Case Studies
- Teachers
- Ratings - Usefulness of Reports
- SENCo
- Ineffective or Misguided Systems or Approaches
- Limited or No Evaluation
- Plan-do-review
- Other agencies
- CYP
- Parents

feedback
730219-730210-76963327

through supervision; reflection; quality assurance exercises. feedback from schools, parents and young people
730219-730210-77158450

online surveys 730219-730210-77160385

Discussion with schools, parents and child following involvement. LA seeks feedback from all on impact of involvement.
730219-730210-77162624

Regular reviews based on person accounts. 730219-730210-77166086

Feedback forms online
Ask for feedback at the end of consultations
730219-730210-77166547

- Coding Density
- Evaluation Methods
- Elicited Feedback
- Informal or incidental review
- Review Meetings - Cases
- Service Questionnaires
- Pre-post scaling - TME
- Training Surveys
- School Staff
- Parents
- CYP
- CYP progress in specific area
- Supervision, peer and self-reflection, management
- Relationship Quality
- Planning Meetings
- Report QA - maturation
- Consistency, Testing
- Plan do review
- School Motivation and Priorities
- Tension from Differences in Expectations
- Time and Workload
- Immediate verbal feedback
- Satisfaction Surveys
- Timeliness
- Difficult to Capture or Quantify
- Templating - multi agency
- Parents
- Other agencies
- Ratings - Usefulness of Reports
- BioMock
- CYP
- Core Studies
- Teachers
- Limited or No Evaluation
- Ineffective or Misguided Systems or Approaches
- SENCOs

15A

Appendix XV: Ethical Approval

GRADUATE SCHOOL OF EDUCATION

CERTIFICATE OF ETHICAL APPROVAL

Title of Project:
Evaluation approaches in consultation-based educational psychology: how schools and educational psychologists evaluate outcomes for children.

Researcher(s) name: Thomas Archer

Supervisor(s):   Brahm Norwich
Margie Tunbridge

This project has been approved for the period

From: 31/07/2020
To: 31/07/2021

Ethics Committee approval reference: D1920-204

Signature: Date: 03/07/2020

(Professor Justin Dillon, Professor of Science and Environmental Education, Ethics Officer)