



# Educational psychologists in Wales



# Educational psychologists in Wales

#### Audience

Education professionals and parents/carers.

#### Overview

This guidance provides information to education professionals and parents/carers on the role of educational psychologists and their contribution to education in Wales.

#### Action required

Educational professionals and parents/carers should consider this advice in relation to the expected support that children and young people can receive through educational psychologists.

#### **Further information**

Enquiries about this document should be directed to: Additional Learning Needs Branch Support for Learners Division The Education Directorate Welsh Government Cathays Park Cardiff CF10 3NQ e-mail: Additionallearningneedsbranch@wales.gsi.gov.uk

#### **Additional copies**

This document can be accessed from the Learning Wales website at gov.wales/learning

Mae'r ddogfen yma hefyd ar gael yn Gymraeg. This document is also available in Welsh.



# Contents

1.	Introduction Purpose of this document Overview Who do EPs work with? How do EPs work? What type of services can EPs offer? When do EPs become involved with individual CYP?	<b>2</b> 2 3 3 3 4
2.	Early years (0–5 years of age) When should the EP become involved with individual children? What do EPs do within the early years age range? Early years – individual casework Early years – group casework Early years – wider systems casework	<b>5</b> 5 6 7
3.	Primary age (5–11 years) What do EPs do within the primary age range? Primary age – individual casework Primary age – group casework Primary age – wider systems casework	<b>8</b> 8 9 10
4.	Secondary age (11–18 years) What do educational psychologists do within the secondary age range? Secondary age – individual casework Secondary age – group work Secondary age – wider systems casework	<b>11</b> 11 12 13 14
5.	Post–16 age range What do EPs do within the post-16 age range? Post-16 – individual casework Post-16 – group casework Post-16 – wider systems casework	<b>15</b> 15 16 17 18
6.	Local authority and community What do EPs do within the LA and the community? What do EPs do within the community?	<b>19</b> 19 20

#### Glossary

22

# 1. Introduction



# **Purpose of this document**

The purpose of this document is to inform parents/carers and professionals about the role of **educational psychologists (EPs)** and their contribution to education in Wales. The document has been written jointly between the **Association of Educational Psychologists (AEP)** and the **Welsh Government (WG)**. An explanation of terms and acronyms is provided in the glossary.

This first section provides a general introduction to the work of EPs. Examples of EP work with different age groups are expanded in the following sections of the document. The case studies have been anonymised for reasons of confidentiality.

# **Overview**

EPs work with **children and young people (CYP)** to support their development, well-being, resilience, learning and achievement. They are **person-centred** in their approach, working with others to help to achieve best possible outcomes for CYP. The focus of an EP's work is to support and develop the skills of others to identify need and promote inclusive approaches that can help.

The majority of EPs in Wales are employed by **local authorities (LAs)**, although some work in private practice. Every LA has an **educational psychology service (EPS)** but there are variations in service delivery to meet local needs. Parental/carer consent would normally be obtained prior to an EP working with a CYP. Sometimes young people can give consent for themselves, depending on their age and level of understanding.

EPs have:

- specialist graduate and postgraduate qualifications in applying psychology in education
- a knowledge of current Welsh education systems and practice
- a detailed understanding of child development and special educational needs (SEN)
- substantial experience supporting CYP
- experience in undertaking research in relation to CYP.

EPs receive:

- continuing professional development (CPD) to ensure that they remain at the forefront of practice
- regular professional supervision.

The **Health and Care Professions Council (HCPC)** regulates all EPs to ensure that they adhere to the highest professional standards.

# Who do EPs work with?

EPs work with CYP who have a wide range of needs with regard to their:

- learning
- language and communication
- sensory and physical impairments
- social and emotional development
- well-being
- behaviour
- mental health issues.

EPs are also involved with particular groups of CYP such as those who are in the care of the LA, those who have English as an additional language and those who are receiving support from **youth offending teams (YOTs)**.

# How do EPs work?

EPs work in a range of situations and settings where there are concerns about CYP. They use a range of approaches with individuals, groups, schools and wider systems such as LAs and the community. Working in partnership with parents, carers, families and others is important to ensure that a **holistic approach** is taken. EPs are child-centred, taking care to listen to and promote the voice of the CYP. EPs promote inclusive approaches in learning, teaching, parenting and nurturing CYP in order to support their development.

# What type of services can EPs offer?

EPs work with individuals, groups and organisations.

EPs use their psychological insight and understanding for:

# Specialist consultation, advice and assessment

- observations of CYP
- a wide range of **assessment** techniques for direct work with CYP to assess their strengths, difficulties, and their views
- suggesting intervention and support programmes when appropriate
- discussions aimed at working towards developing solutions that address concerns
- undertaking an essential role regarding the statutory processes of SEN, having regard to the *Special Educational Needs Code of Practice for Wales* (Welsh Government, 2004)
- chairing and/or participation in **multi-agency** meetings and forums, particularly around those CYP with the most complex needs

# Providing psychological interventions

• psychological interventions with individual or groups of CYP or families to support change

# Providing support for parents/carers

• different approaches such as parent workshops, parent support programmes, parent 'drop in' sessions, telephone consultations and meetings

# Providing professional development and training

• designing and delivering training on a range of topics for teachers and other professionals

# Supporting communities when there are critical incidents and sad events

• providing support when a sad event or a critical incident occurs, e.g. a sudden and unexpected death of a learner or member of staff, to help all those who are affected

# Carrying out research, evaluation and the development of policy and practice

• undertaking research that helps to develop and inform educational practice and that also leads or contributes to the development of LA policy and practice supporting CYP.

# When do EPs become involved with individual CYP?

The **Special Educational Needs Code of Practice for Wales** recommends that there is a **graduated response** to meeting the needs of CYP's SEN. The expectation is that for most CYPs their SEN will be met through appropriate practice in mainstream educational settings. It is recognised that some CYP will have higher levels of need leading to the involvement of specialist services. EPs are part of that graduated response and often become involved when parents/carers, professionals and others seek their advice.





# When should the EP become involved with individual children?

An EP may become involved following requests from a number of different sources, e.g. paediatricians, general practitioners (GPs), health visitors, pre-school/nursery/school staff and other professionals when a child's development, disability or medical needs indicate that they are likely to or may have SEN. Any request for EP involvement should have been discussed with the child's parent/carer beforehand.

EPs may work in a wide range of different settings that could include:

- the child's home
- early years settings (maintained and non-maintained), e.g. school-based nurseries, playgroups, private nurseries, schools, children's centres, clinics
- Flying Start settings.

# What do EPs do within the early years age range?

# Individual work

- Assessment of strengths and weaknesses to plan intervention programmes.
- Interventions such as play-based therapies.
- Supporting the transition from home to pre-school settings.
- Collaborating with other early years professionals.
- Supporting the transition from home or pre-school setting to school.

#### Group work

- Supporting parents/carers and providing information on a wide range of parenting programmes.
- Training group consultation for early years professionals.
- Working with groups of children using interventions suitable for young children.

#### Wider systems

- Supervision and management of other teams.
- Contribution to the development of early years policies.

# Early years – individual casework

# Background

Megan is four years old. She had been attending her local playgroup for six months. The playgroup staff noted that Megan was finding it difficult to settle. In particular, she was not talking to anyone (child or adult) while she was at playgroup. However, as Megan was reported to be a "chatty and lively" child at home it seemed she had no particular difficulties with her speech and language development. Her parents and the playgroup staff had tried everything that they could think of but didn't know what to do next.

## **EP** involvement

Megan had not uttered a single word in the playgroup setting and showed signs of **selective mutism**. The EP supported those involved with Megan, and Megan herself, in gradually bridging the gap between home and playgroup in order to encourage her to speak in all settings. Megan was videoed by her parents in different situations at home and the videos were shared with the playgroup staff. Initially one member of staff would watch the videos with Megan at playgroup and encourage her to talk about them. Gradually, Megan was then encouraged to share them with other adults and children.

## Outcomes

Within three months Megan was confidently interacting with everyone in the pre-school setting.

# Early years – group casework

# Background

The staff of a nursery school had concerns about the behaviour and development of some of the children. The parents had also expressed concerns. Incidents of worrying behaviour included:

- biting other children
- extreme temper tantrums
- licking walls.

The nursery staff asked the EP to provide help and advice on these difficulties.

#### **EP** involvement

The EP decided to use **solution circles**, which were first used in Canada to help groups of parents/carers or nursery staff to work together to solve problems. It was decided that this approach would be of benefit to both parents/carers and staff.

The EP set up and led a group, ensuring that everyone involved was able to participate. By sharing everyone's individual knowledge and experience, effective solutions were found.

## Outcomes

- Those involved with the situation felt empowered to move the situation on in a positive manner.
- By involving parents/carers and nursery staff, the same approaches could be used both at home and school which provided consistency for the children.
- The behaviour of the individual children improved.

# Early years – wider systems casework

# Background

The EPs within one particular service noted that many very young children were being referred to them because of concerns about their emotional well-being. The children were reported to have poor confidence, low self-esteem and struggled to cope with play and social situations.

## **EP** involvement

Based on the work pioneered by the ELSA Network it was decided to promote the use of ELSA within the LA. EPs trained key support staff across the LA on strategies to help young children learn to manage their emotions and on how to make and maintain relationships and friendships. These strategies were then shared with the managers and heads of early years settings. Training was then offered to **teaching assistants (TAs)** to use in their settings.

# Outcomes

Children's emotional well-being needs were addressed in their own early years settings by familiar staff, rather than the child being referred elsewhere. As a result the children's needs were addressed more quickly and the referrals to the EPs decreased.

The EPs also ran an ELSA training conference for staff from other services and LAs.

# 3. Primary age (5–11 years)

# What do EPs do within the primary age range?

Each primary school usually has an EP who regularly visits the school.

EPs work with primary-aged learners in:

- schools
- their homes, including foster and care homes
- out-of-county settings
- specialist provision
- **multi-agency hubs** a centre where a number of different professionals are based and can work closely together.

The work that EPs undertake includes the following.

- Consultation when issues are discussed in order to obtain more information and get a fuller picture to understand and address concerns.
- Assessment gathering detailed information about the CYP strengths and weaknesses. A number of techniques can be used including tests, person-centred tools and observations.
- Intervention programmes devised in order to help the CYP.
- Training to help teachers, support staff and others improve their practice.
- Research evaluating what has been happening to see how effective it has been.

# Primary age – individual casework

#### Background

The EPS received a referral for Aled, aged six, who had recently moved into the area and was attending his local primary school. The EP worked with Aled, his teachers and parents at **School Action Plus** level of the *Special Educational Needs Code of Practice for Wales*.

It was noted that Aled had difficulty with certain tasks and activities and was often reported to be clumsy.

The EP advised his parents to have Aled's hearing and vision checked.

#### **EP** involvement

It was found that Aled had a degenerative eye condition. The EP coordinated advice from health services and from an **advisory teacher for children with visual impairment (VI)** to develop a graduated response to meeting Aled's needs within school.

Over a period of time consultation meetings were held in the school between the EP, the class teacher, the **special educational needs coordinator (SENCo)**, the advisory teacher (VI) and the parents.

After six months, Aled's needs were becoming more intense because of the degenerative nature of his condition and it was felt that he needed access to long-term specialist resources to meet his needs in his mainstream school. The LA decided to carry out a statutory assessment of Aled's SEN.

The EP took a holistic view of Aled's medical condition and cognitive difficulties that were affecting his education. Gathering further information through direct assessment and information obtained from other colleagues, including those from health and social care, the EP prepared a psychological report as part of the statutory assessment process.

#### Outcomes

A **statement of SEN** was completed and Aled received additional specialist support. This allowed him to continue attending his mainstream primary school. The EP and other professionals regularly reviewed Aled's progress as required.

# Primary age – group casework

#### Background

The EP was asked by the teaching assistants (TAs) in a primary school to advise them on the best way to help learners who were having a lot of difficulty with reading and number work. These learners had problems with learning and remembering the basic information that they needed, for example:

- basic phonic patterns
- high-frequency words
- number bonds.

Difficulties in these areas meant that very slow progress was being made with reading and number work.

#### **EP** involvement

The school EP suggested that **precision teaching** might help with essential skills such as remembering initial phonic sounds and being able to read high-frequency words. Precision teaching could also help with learning basic number skills such as addition and subtraction. The EP provided training for the TAs who implemented the programme.

#### Outcomes

The training was found to be very successful. The precision teaching programmes put into place were found to be highly effective. These results were shared at the meeting of the **cluster school**, which consisted of the secondary school and its feeder local primary schools, as well as with other colleagues throughout the LA. Other schools requested the training, which the EPS provided.

# Primary age – wider systems casework

# Background

There were concerns within the LA that there were a small number of young learners showing problem behaviours associated with **attachment disorder**. Because of their traumatic early years experiences these learners had not been able to form emotional bonds with their carers. Problem behaviour included:

P

- a dislike of being shown physical affection
- a desire to remain in control and avoid feeling helpless
- disobedience, defiance, and argumentative behaviour
- anger expressed in tantrums
- difficulty showing genuine care for others
- not having a clear idea of right and wrong.

These learners were in different mainstream primary schools and each had a TA working with them.

#### **EP** involvement

The EPs in the LA decided to offer training on attachment disorder to the TAs who were working with these learners. The TAs taking part came from a number of schools within the LA.

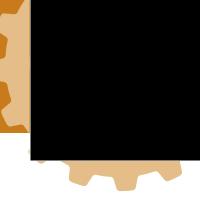
The principles of **attachment theory** were explained as a way of making sense of the behaviours that were seen in school, and to help plan ways to support the learners. It was also important that other staff in the schools understood the problems and would be able to support the TAs and the learners. Key members of school **leadership teams** were also invited to attend a practical training day on understanding and meeting the attachment needs of learners in schools.

In the second phase of the project, places were offered to TAs to take part in several group sessions to exchange ideas and offer support to each other. A **senior educational psychologist (SEP)** from the EPS led and facilitated these sessions.

#### **Outcomes**

At the end of the first year of the attachment project described above, EPs interviewed the TAs who had taken part in the project. The results of this research project led to changes in the training held in the second year. For example, EPs learned that TAs really valued the group supervision sessions for the emotional support these sessions provided. This research was written up by the team and submitted to an educational psychology journal.

# 4. Secondary age (11–18 years)



# What do educational psychologists do within the secondary age range?

Each secondary school usually has an EP who regularly visits the school.

The EP also works in:

- schools and colleges
- homes, including foster and care homes
- out-of-county settings
- specialist provision
- youth and community centres
- multi-agency hubs.

For many learners, their teenage years are among the most challenging. Some of the key issues that educational psychologists are regularly consulted on include:

- relationships
- peer pressure and bullying
- adolescence and puberty
- well-being and resilience
- substance misuse
- social media use and misuse
- sexual identity
- mental health concerns
- offending behaviour
- learning and achievement.

EPs regularly use:

- person-centred planning
- personal construct theory
- solution-focused intervention such as solution circles
- solution-focused brief therapy
- mindfulness
- critical incident work.

# Secondary age – individual casework

## Background

Gareth was well known to the EPS and was first seen when he was in Year 7. Concerns raised were his poor attendance, his verbally and physically aggressive behaviour and drug taking. Gareth also had difficulties in expressing his emotions in an appropriate way.

Gareth's behaviour had led to periods of suspension from school, as well as a modified timetable and some time spent in the isolation room. Gareth was known to the police and to the YOT.

## **EP** involvement

EP involvement included consultation with school staff, classroom observation as well as discussion with Gareth and with his parents. As a result of this involvement, a better understanding of Gareth's needs was obtained. The EP recognised that Gareth had certain strengths that could be built on to improve his behaviour. Gareth could do well academically but progress was slow because of his challenging behaviour. Gareth was a talented athlete and sportsman and his attendance had been better in Year 10. It was agreed that Gareth needed an **individual behaviour plan (IBP)** with targets set in consultation with Gareth and that a risk assessment was required.

Gareth was provided with an IBP that focused on building on his strengths. He was also able to have a modified curriculum and opportunities to develop his sporting abilities with the support of the Youth Engagement Officer. Referrals were made for **pupil referral unit (PRU) outreach** support and also to the **primary mental health team (PMHT)**. There was close liaison between all services involved with Gareth and his parents, in order that there could be consistent approaches to managing his behaviour in home and school settings.

#### **Outcomes**

Gareth's behaviour gradually improved with the support that he was being offered and incidents of disruptive behaviour decreased. His parents reported that at home there was also an improvement in his behaviour.

# Secondary age – group work

# Background

A group of Year 7 learners were causing concern because their extremely poor literacy skills made it difficult for them to access the curriculum. This resulted in low self-esteem and also behaviour problems that were causing disruption within the classroom. It was also noted that some of the Year 11 learners had difficulties with social relationships and also had issues with low self-esteem.

It was decided to address the issue of the poor literacy skills in Year 7 by involving the learners in a project using the scheme 'Toe-by-toe'. The scheme involves training 'coaches' to use the programme with others learners and some Year 11 learners were asked if they wished to take part in the project. The aim was to improve the social relationships and self-esteem of all those involved in the project. It was agreed that 10 Year 7 learners and 10 Year 11 learners would take part in the project, which would last for eight weeks.

## **EP** involvement

The school EP initially consulted with all school staff who knew the learners and also the learners' parents to gain consent for their children to be involved. Each learner also had to give their consent. The Year 7 learners were assessed to determine their reading ages and each was paired with a Year 11 learner. The 'coaches' were instructed in how to use the 'Toe by toe' scheme. The EP also instructed the SENCo and two **learning support assistant (LSA)** school staff in how to use the scheme as they would be supporting and monitoring the learners on a daily basis. It was agreed that the sessions would take place each day for a period of 20 minutes at lunchtime.

It was also agreed that the EP would visit the school each Friday at lunchtime to monitor the project and to offer support. At the end of the project, the Year 7 learners' reading skills were reassessed.

# Outcomes

Three members of staff and 10 Year 11 learners were trained in the use of 'Toe by toe'. The literacy levels of the Year 7 learners improved and they were better able to access the curriculum. As a result there was a general improvement in their classroom behaviour and most of the group reported that they felt happier in school. The Year 11 learners reported that they had enjoyed helping the younger learners and by and large they reported that they felt more confident. Teaching staff confirmed that both groups seemed to be happier and more settled in school.

The SENCo reported that she would like the scheme to be extended and to include more learners as there were perceived benefits for both groups of learners.

# Secondary age – wider systems casework

# Background

It was noted that there was a high number of referrals for CYP with significant **behavioural**, **emotional and social difficulties (BESD)**. This led to a number of school exclusions and a high demand for EPS involvement. Although the majority of learners behaved reasonably well in school and obeyed school rules, there was a small number of learners who frequently showed challenging behaviour. The behaviours of this small number of students were both difficult to manage and resistant to change. These learners accounted for the vast majority of exclusions in the secondary sector.

## **EP** involvement

The EPS designed and undertook an audit of behaviour problems in schools. As a result of this a BESD school-to-school group was set up and a SEP chaired the group. An action plan was devised and included a staff training programme. The aim was to enhance the capacity of the secondary schools to support challenging students. A DVD and accompanying teacher workbook was produced by the EPS. The training session was delivered by the SEP initially, but the DVD and workbook made it possible for the schools to do their own training. This meant that training could be given to teachers, LSAs, TAs, midday supervisors, governors and parents/carers.

Following the pilot, the programme was made available to all secondary schools.

#### Outcomes

There was a marked decrease in the number of exclusions and fewer referrals for PRU outreach support. There was also a decrease in the number of learners referred to the LA for statutory assessment. There was a reduction in the number of students requiring managed moves of school, with those that did take place being more successful.

# 5. Post-16 age range

# What do EPs do within the post-16 age range?

There is often at least one EP who will visit post-16 provision within the LA.

In addition to those places noted in the introduction, post-16 EPs works in:

- colleges and universities
- youth and community provisions
- multi-agency hubs.

Young people moving into their early adult years can be presented with many challenges. Some of the key issues that EPs are regularly consulted on in the post-16 age group include:

- transitional arrangements, e.g. from school to college
- assessments/advice/guidance regarding specialist post-16 placements
- career development
- life planning/support
- sexual identity
- adolescence and puberty
- relationships
- pregnancy
- peer pressure and bullying
- well-being and resilience
- mental health concerns
- substance misuse
- self-harm and suicide
- social media use and misuse
- youth offending.

With the post-16 age range, EP approaches that may be used include:

- person-centred planning
- personal construct theory
- solution-focused intervention
- solution-focused brief therapy
- mindfulness.

# Post-16 – individual casework

# Background

Sian is starting Year 12 and has been known to the EPS since her early years as she has a diagnosis of **Down's syndrome**. Sian has a statement of SEN and a person-centred plan, and has always attended mainstream schools. Her reading and mathematics levels are at least eight years lower than those expected of her age group. However, her art and drama skills are of a good standard and Sian's determination and strong will has resulted in her obtaining qualifications in these subjects. Sian wishes to remain within her school in Year 12.

Sian has had excellent relationships with her classmates. Some of her friends have boyfriends and Sian wants to have a boyfriend too. Sian is very sensitive and has become upset, as a close friend of hers wants to spend time with her boyfriend rather than with her. Sian recently went up to a Year 11 boy she likes and tried to hug him. She has also been contacting him on social media in a way that has concerned him and his parents; Sian is unaware that her messages are inappropriate.

Sian's parents are wondering how to manage her developing awareness of puberty and how they can support her in learning how to develop appropriate relationships with boys she likes.

#### **EP** involvement

Sixth form staff, who were going to be working with Sian, were supported by the EP and the specialist Down's syndrome nurse to help meet Sian's needs. The EP trained school staff in the use of solution circles to help problem-solve matters as they arose.

The EP, SENCo and Sian's head of year looked at Sian's timetable to see what support would be needed to ensure a smooth transition from the mainstream secondary provision into the sixth form provision. Sian's curriculum was modified and differentiated to suit her learning styles and to help her reach her potential. The EP played a lead role in establishing a transition plan for the move into the sixth form provision.

The EP and SENCo developed links for staff with the local special school staff, who offered further advice and support regarding resource issues, suitability and practicality of academic courses, qualifications and examinations. Support from the outreach team was arranged regarding the basic skills courses.

The EP, SENCo and **disability team social worker** worked on a programme to address Sian's needs relating to puberty, the development of appropriate relationships with boys she likes and the use of social media.

#### Outcomes

Sian remained in her sixth form provision and with her **family**. She has attained her qualifications at good levels, which resulted in her moving on to a higher arts and drama course in a local further education (FE) college. Sian has a greater awareness of relationships, friendships, social media and keeping herself safe.

School staff have a better understanding of how to support post-16 learners with SEN. Links have been formed with other local services such as: the local special school and the school nursing services.

# Post-16 – group casework

# Background

Four Year 12 learners attended a local sixth form within their local school. The group was a very close friendship group of two girls and two boys. One girl and boy were in a relationship that broke up when the other boy had reported that the girl had had a one-night stand with him when she was drunk at a party. Following on from this incident and over time, relationships became fraught. Self-harm incidents started and increased to a level where three of the group members (the two boys and one of the girls) attempted to take their own lives.

The school staff and the learners' parents found the situation very concerning and asked for help in dealing with the young people. The learners were offered referrals to the EPS and also to **Child and Adolescent Mental Health Services (CAMHS)** and all agreed to this.

## **EP** involvement

The EP helped school staff to understand the **group dynamics** but to also consider each learner as an individual and to be respectful of confidentiality. School staff were given training about self-harm and suicide and how to manage their own stress when coping with the situation. Intervention plans were outlined as ways forward to support the learners involved.

The EP and CAMHS staff met with each learner and with their parents in separate meetings. Permissions were obtained for the EP to discuss matters with CAMHS staff and to share appropriate information with school staff in addition to this.

The EP and head of sixth form and safeguarding for post-16 learners (who the learners had reported they trusted and respected), met with each of the learners involved individually and carried out **positive psychology** work and person-centred work.

The EP, once matters settled, carried out follow-up meetings with the school staff, parents and learners, to bring closure to the EP involvement.

# Outcomes

Staff were trained in the management of self-harm and suicide and all noted the training had had a positive impact on practice throughout the school.

Three of the learners involved were discharged from CAMHS and have re-established healthy emotional relationships with each other. The other learner continued to need support from CAMHS and also had input from a range of support agencies.

All four learners sat their exams and three did well but one learner did not get the required grades. However, supported by school staff, he has considered other options. The learners' parents were pleased with the support given and happy with the progress all four learners were making.

# Post-16 – wider systems casework

# The development of a life skills support toolkit for teaching staff in an FE college

An internal review was completed in the FE college to assess the **life skills** of learners with complex needs. The learners' independence levels were very low and staff were struggling to cope as they were unsure of how best to support them. The post-16 EP was consulted and in discussion with the staff it was decided to devise a life skills toolkit for staff to have as a resource. This would help them address the needs of the young people with SEN so that they could take part in activities such as:

- shopping
- managing money at a simple level
- travelling by public transport
- telling the time
- having a sufficient social sight vocabulary and being able to recognise words such as 'danger', 'stop', 'private', etc., to be safe in the community
- road safety
- cooking skills
- basic computer skills.

# **EP** involvement

It was agreed that a life skills support working group would be set up, and the post-16 EP and the head of learner support services would lead the group. An action plan was agreed and one of the key areas of focus was on training staff in using the life skills toolkit.

In addition to the toolkit, the EP and the head of learner support services gave training to the FE college staff and produced a life skills teaching workbook.

# Outcomes

The toolkit and training has had an impact upon life skills policies, procedures and practices within the college. Ninety-two per cent of the students have reported that they have found the resources in the toolkit helpful in developing their life skills. Another local college has indicated that it would like to access the toolkit and training for its staff.

The EP and the head of learner support services collected both **qualitative** and **quantitative data** about the toolkit and its effectiveness. The forthcoming publication of a research paper will enable others to know more about the work.

# 6. Local authority and community

# What do EPs do within the LA and the community?

# Local authority

EPs are often asked to contribute to:

- moderation panels and other decision-making panels
- corporate plans
- reporting to scrutiny committees when required
- undertaking work related to the development of SEN policy and provision at a strategic level
- undertaking a range of duties related to statutory decision-making including:
  - completing placement paperwork
  - providing statutory advice
  - attending some annual reviews
  - developing criteria for statutory assessment and statementing
  - determining entry and exit criteria for provision
  - providing evidence for mediation and tribunals
- advising on some school admissions
- advising on attendance and behaviour issues at a strategic level
- managing moves of school placement for children and young people
- undertaking targeted work with schools that have been identified as needing support
- providing literacy and numeracy training, e.g. for SENCos
- managing and developing young people's counselling services
- representing the LA in various forums
- training schools to set up new interventions, e.g. **social and emotional aspects of learning (SEAL), positive play, positive support**, ELSAs
- newly qualified teacher (NQT) and SENCo training; person-centered planning
- work with challenge advisers and others to facilitate school improvement
- policy and practice development in a wide range of areas, e.g. domestic abuse, school strategies and transgender guidance for schools
- supervision for assistant psychologists working within the LA.

As part of their work within the LA EPs work closely with the LA social services departments.

Local

# Social services and safeguarding

- Work with families to support CYP with complex needs.
- Support social work teams and their casework as required.
- Work on **safeguarding** training.
- Work with the CYP disability teams.
- Work to support looked-after CYP.
- Work with fostering and adoption services to support CYP.

# What do EPs do within the community?

# Local health boards

- Form joint working practices with CAMHS.
- Work on issues relating to the **Mental Health (Wales) Measure 2010**.
- Form joint working practices relating to **attention deficit hyperactivity disorder** (ADHD), communication disorders, autism spectrum disorder (ASD), and obsessive-compulsive disorder (OCD).
- Form joint working practices with parent partnerships.
- Form joint working practices with health visitors.

# **Community services**

EPs work and provide consultation and training to a wide range of community services including:

- Third Sector Partnerships
- Families First projects
- Flying Start
- Barnardo's
- family intervention services
- information support for parents/carers
- pre-school providers
- police and youth justice services.

EPs are also involved in supporting the **Cardiff Doctoral Course in Educational Psychology** (**DEdPsy**) Training Course.

# Welsh Government-led policies

EPs also input here, e.g. by:

- responding to consultations on a wide range of subjects. This would include consultations about new initiatives, policy formation and new legislation
- contributing to a wide range of Welsh Government training initiatives
- playing a major role in early intervention projects, e.g. Flying Start and the **Portage Programme**.

# And finally

This document aims to provide a greater understanding of the essential contribution that EPs make within Wales. The work of the EP is varied and, as the case studies indicate, support can be provided in a number of ways. EPs provide input at different stages within the education system at individual, group and systems level. However, the main focus will always be to act in the best interests of the child or young person.

The EP will continue to play a vital role under the new proposed additional learning needs (ALN) system in Wales. As part of the ALN Transformation Programme, the Welsh Government intends to introduce legislation that will provide for a new legal framework for supporting children and young people aged 0 to 25 with ALN. The new system will help to ensure that EPs' skills and experience are focused on supporting schools and learners, allowing for early identification of needs and the delivery of suitable interventions.

This guidance will be revisited ahead of implementation of the new ALN system and will clearly describe the future role of EPs.

# Glossary



**Advisory teacher** is a teacher employed by the LA who has specialist qualifications and experience and is able to offer expert advice in a specialist area. This could be visual impairment (VI), hearing impairment (HI) or behavioural, emotional and social difficulties (BESD).

**Area child protection committees (ACPC)** LAs should ensure that there is an ACPC covering their area, which brings together representatives of each of the main agencies and professionals responsible for helping to protect children from abuse and neglect.

**Assessment** is the process of gathering and discussing information from many different sources in order to develop a deep understanding of what CYP know, understand and can do.

**Assistant psychologists** are psychology graduates employed by the LA to assist EPs. Assistant psychologists are gaining experience before applying to a training course to train as EPs. As assistant psychologists, they are not able to undertake the full range of EP work.

**Association for Child and Adolescent Mental Health (ACAMH)** undertakes multi-disciplinary research and practice on issues about child and adolescent mental health.

**Association of Educational Psychologists (AEP)** is the professional association and trade union for EPs. The majority of EPs are members of the AEP.

**Attachment disorder** can develop when for some reason a bond isn't formed between the child and the parent/carer. This can lead to future behavioural problems and will affect relationships.

**Attachment theory** proposes that a strong emotional and physical attachment to at least one primary caregiver is essential for good personal development.

**Attention deficit disorder (ADD)** means a person shows enough symptoms of inattention (or easy distractibility) but is not hyperactive or impulsive.

**Attention deficit hyperactivity disorder (ADHD)** is the term for a group of behavioural symptoms that include inattentiveness, hyperactivity and impulsiveness.

**Autistic spectrum disorder (ASD)** is the term used to describe social deficits and communication difficulties, stereotyped or repetitive behaviours and interests, sensory issues and, in some cases, cognitive delays.

**Barnardo's Cymru** is a charity that provides a range of services across Wales, working with vulnerable children, young people, families and communities, helping them to build a better future.

**Behavioural, emotional and social difficulties (BESD)** often referred to as emotional and behavioural difficulties (EBD). It refers to a condition in which behaviour and or emotional responses of an individual adversely affect that child's progress.

**British Psychological Society (BPS)** is the representative body for psychology and psychologists in the UK, responsible for the development, promotion and application of pure and applied psychology.

**Challenge advisers** are attached to individual schools to provide challenge and support in order to help the school's performance in raising standards.

**Child and Adolescent Mental Health Services (CAMHS)** is an NHS-based service that works with children and young people who have difficulties with their emotional or behavioural well-being.

Child/young person (CYP) generally refers to those aged 0–18 years.

**Children and Young People's Partnership (CYPP)** is a group of organisations working together to improve the lives of children and young people within a LA area.

**Cluster schools** is a group of schools which have a common purpose and which work together to a certain extent. A cluster may consist of a secondary school and all its feeder primaries or may comprise of all the special schools within the LA.

**Cognitive behaviour approaches** are programmes based on cognitive behaviour theory (see CBT).

**Cognitive behavioural therapy (CBT)** focuses on how thoughts, beliefs and attitudes affect feelings and behaviour. It teaches coping skills for dealing with different problems. It combines cognitive therapy (examining the things you think) and behaviour therapy (examining the things you do).

**Communication disorders** include problems related to speech, language and auditory processing. Communication disorders may range from simple sound repetitions such as stuttering to a complete inability to use speech and language for communication.

**Consortia**, often called regional consortia, is the collaboration between several LAs in that area allowing them to share good practice, skills and knowledge, magnify local strengths and build capacity. The aim is to improve the education of learners in Wales.

**Consultation** is the process of discussing concerns with others in order to get their views as part of the wider picture. Concerns are identified and action plans are developed and agreed upon in order to resolve a problem or issue

**Continuing professional development (CPD)** describes the learning activities professionals engage in to develop and enhance their skills. All EPs are required to take part in CPD activities.

**Corporate plan** is when the LA sets out the priorities and the direction it wants services to take. The plan covers a number of years and various departments are asked to contribute to it.

**Critical incident** describes an event that causes a level of distress and possible trauma to those affected by it. An example of this is the sudden death of a learner witnessed by others.

**Disability team** is sometimes called the children's disability team. Usually part of the LA social services department, the team helps CYP (and the families of CYP) whose disabilities impact on their social care as well as their education.

**Down's syndrome** is a genetic condition that typically causes some level of learning disability and characteristic physical features.

**Early Bird Parenting** is a programme devised by the National Autistic Society (NAS) to help promote good mental health in autistic children.

**Early years support services** is a range of services provided by the LA and health services to help children and their families from 0–5 years.

**Emotional and behavioural difficulties (EBD)** – see BESD for a fuller definition.

**Emotional literacy support assistant (ELSA)** is a teaching assistant trained to provide emotional and social skills support to children.

**Education other than at school (EOTAS)** covers a range of circumstances in which learners are educated outside a school setting, such as:

- PRUs
- individual pathways and 14–19 provision
- independent and voluntary sector provision
- home tuition.

EOTAS refers to education provided by the LA and it is generally accepted that the term does not include home education provided by parents/carers.

**Educational psychology** is the application of psychological theory, research and techniques to support children, young people, their families and schools to promote the educational, emotional and social well-being of young people.

**Educational psychologist (EP)** has a degree in psychology and a postgraduate degree in educational psychology. EPs work as applied psychologists helping children and young people who are experiencing difficulties in a range of settings.

**Educational psychology service (EPS)**, which each LA has, consists of a team of EPs headed by the principal educational psychologist (PEP).

Emotional, social and behavioural difficulties (ESBD) (see BESD for a full definition).

**Family** is a domestic group made up of people caring for each other. In this document the term family covers a range of family and guardianship arrangements and can also refer to foster families, civil marriages, single-sex relationships and stepfamilies.

**Families First** is the Welsh Government initiative which provides funding to LAs to improve outcomes for children, young people and families. Each LA has developed a Families First Action Plan that sets out how they will implement Families First locally.

**Flying Start** is the Welsh Government early years programme for families with children under four years of age living in disadvantaged areas of Wales. It consists of four core elements providing part-time childcare, enhanced health visiting services, parenting support and support for the development of speech, language and communication.

**Graduated response** refers to a step-by-step approach to meeting a child's needs. The initial step would be to undertake a baseline observation/assessment and to implement programmes to help the child, only moving on to more intensive support if initial interventions do not result in progress.

**Group dynamics** refers to the way a group of people behaves and the effect environmental factors, personal factors and leadership factors have on the group.

**Health and Care Professions Council (HCPC)** regulates a number of professional groups including educational psychologists, ensuring that EPs are fully qualified and work to professional and ethical standards. All EPs must register with the HCPC in order to work as EPs.

**Hearing impairment (HI)** refers to when the CYP has problems with hearing to the extent that it will cause difficulties and have an impact on aspects of their life, including their education.

**Holistic approach** to CYP focuses on addressing all of the needs of the CYP's life: emotional, physical, relational, intellectual and creative. This encourages people to look at the CYP as a whole.

**Individual behaviour plan (IBP)** is a behaviour plan specifically tailored to meet the needs of the individual child in order to help address their behavioural, emotional and social difficulties.

**Leadership team** is typically a group of administrators and other staff members who make important governance decisions in the organisation, e.g. a school, and/or who lead and coordinate improvement initiatives.

Learning support assistant (LSA) see also teaching assistant.

Life skills are skills that are necessary or desirable for full participation in everyday life.

**Local authority (LA)** is the geographical area governed by the local council. In Wales the LA is a unitary council that is responsible for a range of services including education and social services.

**Mental Health (Wales) Measure 2010** is a law that places new legal duties on local health boards and LAs about the assessment and treatment of CYP with mental health needs.

**Mindfulness** is a way of training the mind to pay attention to what is happening as it happens, with an attitude of kindness, acceptance, and non-judgement. It helps people to be calm and happy.

**Moderation panels** support the SEN decisions regarding the provision for CYP. The purpose of a moderating group is to ensure that LAs make decisions that are fair.

**Multi-agency** refers to a number of agencies working together to help and support the CYP, their family and their school.

**Multi-agency hub** refers to a centre where a number of different professionals are based and can work closely together.

**Neurodevelopment** refers to the growth and development of the brain and central nervous system.

**Newly qualified teacher (NQT)** is a teacher who has recently trained. An NQT follows an induction programme during their first year of teaching.

**Obsessive–compulsive disorder (OCD)** is an anxiety disorder in which people have unwanted and repeated thoughts, feelings, ideas, sensations (obsessions), or behaviours that make them feel driven to do something (compulsions).

**Outreach** describes services that are mobile and provided to any clients who might not otherwise have access to those services.

**Parent** refers in this document to the person(s) who have parental responsibility for the child/young person. This is usually the parent(s) but may be other relatives such as grandparents. For looked-after children (LAC) it would be the LA.

**Parental consent** is obtained before the EP can see the CYP. However, the young person may be able to give consent on their own behalf depending on their age and level of understanding.

Peer group refers to learners who are the same age and are known to each other.

**Person-centred planning (PCP)** is where the CYP's views are considered when planning their future. This often involves a problem-solving approach. In person-centered planning people support the CYP and their vision of what they would like to do.

**Personal construct theory (PCT)** explains how individuals create constructs in order to understand the world.

**Primary mental health teams (PMHT)** are professionals from a variety of backgrounds who are trained and experienced in working within the community to promote positive mental health and well-being. These professionals link with community settings like schools and children's centres and can give advice and support at an early stage when difficulties first arise.

**Principal educational psychologist (PEP)** leads and manages the educational psychology service. In some LAs a different job title is used, e.g. lead psychologist.

**Portage Programme** is a home-visiting educational service for families and pre-school children with special educational needs.

**Positive play** is a support programme to help children through structured play activities. It aims to help them to express and communicate their feelings, feel good about themselves, raise their self-esteem and improve their social skills in a reliable, safe and supportive environment. **Positive psychology** is the scientific study of the strengths that enable individuals and communities to thrive.

**Positive support** describes support that focuses on individual strengths.

**Pupil referral unit (PRU)** this is a small unit for learners who have behavioural, emotional and social difficulties.

**Psychiatrist** is a physician who specialises in psychiatry, which is the diagnosis and treatment of mental disorders. Psychiatrists are medically qualified and can prescribe medication to help patients.

**Qualitative data** is typically descriptive data and as such is harder to analyse than quantitative data. Qualitative research is useful for studies at the individual level, and to find out the ways in which people think or feel. Questionnaires are often used.

Quantitative data is data that can be measured and statistically analysed, e.g. test scores.

**Safeguarding** is the action that is taken to promote the welfare of children and protect them from harm. Safeguarding children and child protection guidance and legislation applies to all CYP. Safeguarding means:

- protecting children from abuse and maltreatment
- preventing harm to children's health or development
- ensuring children grow up with the provision of safe and effective care
- taking action to enable all children and young people to have the best outcomes.

**School Action** is the action taken using the school's own resources to support learners with SEN.

School Action Plus refers to support additional to the resources that the school provides.

**School improvement** aims to promote the effectiveness of schools in raising educational achievement.

**Selective mutism** is an anxiety disorder in which a person who is normally capable of speech does not speak in specific situations or to specific people. In situations where the child feels confident they will interact freely.

**Senior educational psychologist (SEP)** has a post of responsibility within the EPS and when required deputises for the PEP.

**Social and emotional aspects of learning (SEAL)** is a curriculum devised to help schools improve learners' emotional and social behaviour.

**Special educational needs (SEN)** is a legal term. It describes the needs of a learner who has a difficulty or disability that makes learning harder for them than for other learners their age.

**Special Educational Needs Code of Practice for Wales** provides practical advice to LAs, maintained schools, early years settings and others on carrying out their statutory duties to identify, assess and make provision for learners' SEN.

Glossary

**Special education needs coordinator (SENCo)** is a teacher who oversees the day-to-day operation of the school's SEN policy. SENCos:

- support the identification of learners with SEN
- coordinate provision
- liaise with parents/carers
- liaise with other providers, outside agencies, educational psychologists
- ensure that the school keeps the records of all learners with SEN up to date.

**Social care team** is a team of professionals involved with the CYP and often the team is led and coordinated by children's services.

**Solution circles** is a way of solving a problem by letting those in the group share ideas and work out solutions.

**Solution-focused brief therapy** is an approach-based way of finding solutions and typically involves only three to five sessions.

**Statutory assessment** is a multi-disciplinary assessment, which is requested when the CYP has failed to make sufficient progress despite support given at School Action and School Action Plus stage of the *Special Educational Needs Code of Practice for Wales*.

**Teaching assistants** support teachers and help learners with their educational and social development, both in and out of the classroom. Sometimes the terms classroom assistant or LSA are used instead.

**Third Sector** consists of non-statutory services. These include community associations, self-help groups, voluntary organisations, charities, faith-based organisations, social enterprises, community businesses, housing associations, cooperatives and mutual organisations.

**Trainee educational psychologists (TEPs)** are students on the Doctoral Course in Educational Psychology (DEdPsy). The course lasts for three years and during this time TEPs have three placements with LA EPs in order to gain experience.

**Visual impairment (VI)** refers to when the CYP has problems with vision to the extent that it will cause difficulties and have an impact on aspects of their life, including their education.

**Welsh Government (WG)** is the devolved Government for Wales with responsibilities that include education, social services and health.

**Youth offending team (YOT)** is a multi-agency team that is coordinated by a LA and is overseen by the Youth Justice Board. It deals with young offenders and attempts to prevent youths from reoffending and being placed in detention centres.