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# Interprofessional collaboration between educational psychologists and speech and language therapists in the UK: facilitators and barriers

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## ABSTRACT

In the UK, speech and language therapists (SLTs) and educational psychologists (EPs) are professionals who support children with speech, language and communication needs (SLCN). Legislative and socio-economic changes within the UK and continuing concern about poor outcomes for children with SLCN provided the impetus for a focus on interprofessional collaboration between these two groups. An online survey was distributed to qualified EPs and SLTs in the UK enquiring about facilitators and barriers to collaboration. Responses from 125 EPs and 182 SLTs were content analysed. Responses indicated that communication and working environments were key factors impacting interprofessional collaboration. Relationships and commitment to joint working were also cited as facilitators. Challenges related to reduced resourcing, staffing and changes to working environments as a result of austerity. A framework illustrating possible inter-relationships between factors is presented, indicating hypothesised pathways that could underpin planning for development and change. In summary, despite positive moves towards shared policy and guidance for children with SLCN, findings suggest that a continued focus on maximising effective interprofessional collaboration is crucial to ensure that assessment and early intervention are available to support children with speech, language and communication needs.

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speech and language  
therapists

## Introduction

Many children across the United Kingdom (UK) have significant speech, language and communication needs (SLCN) which are impacting their education. In 2021, SLCN was the most frequent category of need identified for children receiving additional support in schools due to their Special Educational Needs (SEN) in England (DfE June 2021) and the second most frequent category identified in Wales (Welsh Government 2021). Similarly, in 2018–2019, SLCN was the most frequent need registered for children in Northern Ireland with a statement of SEN (DfE (NI) 2018/19), and a recent review in Scotland reported that 25% of children and young people aged 0–18 years had a predicted SLCN (Gascoigne 2021). Given the high levels of SLCN across the four nations

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\*The data supporting the results presented in the paper can be requested from the corresponding author.

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of the UK and similarities in the legislation and contexts in which services are regulated and delivered, the UK context will be considered as a single entity in this paper.

SLCN is an umbrella term, which includes children who have been identified as having a specific speech and/or language impairment, as well as those who have been diagnosed with comorbid conditions, for example autism or hearing impairment. Research suggests that approximately 10% of children have long term, persistent SLCN (Norbury et al. 2016). Statistics cited by Bercow (2018) indicate that this represents a small proportion of the children who would benefit from support to develop their speech, language and communication skills. This report suggests that up to 50% of children are entering schools in England in socially disadvantaged areas with language needs presenting a barrier to their attainment in school, with potentially longer-term implications for their education and future employment, including exclusion from school and involvement in the youth justice system.

The development of speech, language and communication skills clearly needs to remain a focus in education. However, school-based professionals report not receiving sufficient opportunities to develop their understanding, with significant numbers stating that they would benefit from additional training (The Communication Trust 2017). The Bercow (2018) highlighted parallel concerns from parents and carers who stated that they 'regularly encounter professionals whom they felt did not know enough to effectively support them and their children' (p.11).

Two key professional groups supporting children and young people with SLCN in the UK are speech and language therapists (SLTs, or speech-language pathologists, SLPs in some international contexts) and educational psychologists (EPs, broadly equivalent to school psychologists, SPs, e.g. in the US). Across the UK, both professions work within educational settings and with families, in assessing and providing advice for those with the most severe levels of need. Consideration of the nature of collaboration between these two groups is important in ensuring alignment and coordination of practices in order to achieve positive outcomes. Indeed, previous research has identified professional collaboration between health and education as central to supporting the inclusion of children with SLCN (e.g. Lindsay et al. 2005).

For SLTs in the UK, working with others is a key aspect of their role. In the past, professionals in health care settings were seen to work 'in silos', where clinical decisions about client care were made in the context of limited liaison with other agencies (Gascoigne 2006), resulting in fragmented and ineffectual care, and dissatisfaction on the part of service users (Bercow 2008). However, more recent work has focused on improving interprofessional working in order to improve outcomes. The picture is similar, in relation to practice in Local Authority educational psychology services (EPSs) (i.e. where EPs are employed within the public sector in local government areas, comparable to school districts in the US). Although legislation and guidance have stressed the need for collaborative working since the 1978 Warnock report (Lindsay, Wedell, and Dockrell 2020), silo working has been a recognised phenomenon (Bundred 2006), with, for example, social care and education services struggling to work effectively together. In England, the introduction of the Every Child Matters statutory guidance ((2004) and the Children Act (2004) DfES (Department for Education and Skills), 2004) paved the way for a renewed focus on improving multi-agency working. This led to high-level reorganisations and the

formation of Children's Trusts, incorporating both Local Authorities (LAs) and Health Trusts. A key focus of the response to this was the promotion of inter-agency cooperation.

This paper sits within the context of a broad field of research relating to inter-professional collaboration (IPC). 'Collaborative practice happens when multiple health workers from different professional backgrounds work together with patients, families, carers and communities to deliver the highest quality of care' (World Health Organization 2010, 7). IPC can refer to collaboration between professionals within single agencies (e.g. within health or education), and between professionals working within different agencies (e.g. health and education). Previous research has explored the benefits of IPC (e.g. Paul and Peterson 2002), barriers to IPC (e.g. Dessent 1996), as well as what's needed for effective team building (e.g. Cooper-Duffy and Eaker 2017). More recently, a number of systematic reviews have been published drawing together a range of evidence, e.g. 2021) meta review of facilitators and barriers to IPC and Wei et al. (2022) meta-review exploring facilitators, barriers and outcomes. However, these reviews focus solely on IPC within one agency (health). Of more direct relevance to the current study due to its focus on students with SEN in the UK, Norwich and Eaton (2015) present an ecosystemic model of multi-agency working (the EMMA model) which organises facilitators and barriers identified in previous literature into different ecosystemic levels, whilst emphasising their interconnectedness.

There is an international literature, mostly from the US, about IPC between school (or educational) psychologists and speech-language pathologists (or therapists) (e.g. McClain et al. 2021; Nellis et al. 2014) and studies surveying the views of either (e.g. Ocampo and Kennedy 2019; Pfeiffer et al. 2019; Wallace et al. 2022). There are also studies exploring collaboration between either group and other professionals working to support children with SEN, e.g. teachers, music therapists and neuropsychologists. However, no studies were identified which were written in the English language and hence accessible to the authors, which specifically explored the views of individuals across both professional groups regarding IPC between them.

Little research has been published in the UK in this specific area. Law et al. (2001, 2002) explored joint working between health and education at an organisational level, specifically, the provision of speech and language therapy for children with SLCN and collaboration between health trusts and local education authorities (LEAs) across England and Wales. They summarised factors relating to collaboration at the practitioner level, including a need for mutual understanding of teacher and SLT roles. This included SLTs understanding the educational context and teachers understanding the importance of speech, language and communication skills across the curriculum and systems required to support SLT involvement. Lindsay et al. (2010) explored arrangements for the organisation and provision of services for children with SLCN in six LEAs and their partner Health Trusts in England through interviews with senior managers, head teachers and through examining documentation. The results indicated a 'lack of a common, agreed approach to children and young people with SLCN as their primary area of need' and 'a lack of development of effective collaborative practice' between the LAs and the Health Trusts within the linked areas (p. 457).

In contrast to the focus on structural aspects, McKean et al. (2017) carried out a single case study in one English LA and its partner Health Trust exploring social-relational aspects of 'co-professional collaborative co-practice' to support children with SLCN.

Through thematic analysis of interviews conducted with staff in schools and external professionals and drawing on (2010) social capital framework, they identified characteristics of networks at macro- (context), meso- (institutional) and micro- (practitioner) levels which support reciprocity and trust in collaborative working. They suggest that the framework could provide a reflective tool which could be used by services and schools to review their interprofessional networks.

Focusing on the interface between EPs and SLTs specifically, Dunsmuir, Clifford, and Took (2006) explored IPC within two LAs in England. The aim was to conduct a small-scale exploration and to identify barriers and potential ways forward. Questions focused on information sought from EPs by SLTs and vice versa, psychological assessments used, how information was interpreted, and issues faced in working with the other profession. Several factors were highlighted as barriers to IPC, including differences regarding the use of verbal and non-verbal cognitive assessments to support differential diagnosis of a specific language impairment. The sharing and use of assessment findings; understanding each other's roles; levels of commitment to joint working and structures to facilitate effective communication were also identified. Eight recommendations were made for future practice at both strategic and individual levels. These included the need to improve mechanisms for the exchange of information; improve awareness of each other's knowledge bases; clarify roles through the identification of distinctive and complementary areas of practice; undertake collaborative problem analysis, formulation, action planning and evaluation and establish opportunities for receiving and delivering joint training (Dunsmuir, Clifford, and Took 2006, 137).

Around the same time, Palikara et al. (2007) carried out case study research to explore collaborative practice between EPs and SLTs for children with specific speech and language difficulties (SSLDs) in paired LAs and Health Trusts in England where good practice in joint working had been identified. In discussing barriers, Palikara et al. drew attention to different perspectives regarding the use of cognitive assessments in diagnosing the specificity of language difficulties and the role of EPs in providing assessment information. As a striking indication of the limits to partnership working, over half of the sample reported 'no' or 'little' collaboration. Similar findings were found for the level of joint training delivered and received. Reflecting on this, the authors suggested 'it is likely that conceptual and practical factors serve as barriers and that more is needed to develop collaborative practice than exhortation and good intentions, or even research evidence supporting effectiveness' (p.17).

In summary, although there is a broader international literature, within the UK previous research exploring IPC between EPs and SLTs has been conducted with small samples in specific geographical and professional contexts. In addition, with the exception of McKean et al. (2017), the research that has been published was conducted over a decade ago and hence its relevance to the current UK context could be questioned.

### *The aim of the current study*

Whilst previous UK research has explored barriers to interprofessional collaboration, the context has changed in relation to legislation, key diagnostic and conceptual understandings of SLCN (Bishop et al. 2017), as well as the delivery of public sector services.

The current research aimed to explore the views of both EPs and SLTs from across the UK of facilitators and barriers to IPC.

## Materials and methods

### Participants

Participants were qualified EPs ( $n = 125$ ) and SLTs ( $n = 182$ ) working with children and young people with SLCN aged 0–18 years, in the UK. The majority of respondents self-identified as female (80.8% of EP and 97.8% of SLT respondents), consistent with the gender distribution for both professions within the UK (Lyonette et al. 2019; HCPC Health and Care Professions Council 2021). The majority of EP participants were employed by public sector EPSs (87.2%) which, again, is in line with national data (Lyonette et al. 2019). The majority of SLT participants (63.5%) were employed by the National Health Service (NHS). EPs who reported working outside the employment contexts included in the survey (i.e. those who responded 'other') were retired, working in specialist roles or employed within an independent company (e.g. a social enterprise or community interest company). For SLTs, examples of 'other' employment contexts were being employed directly by a school, by an LA or by a charitable organisation. The number of years since qualifying for their profession and the main role of the participants are shown in Table 1.

### Design

Given that no tools were identified from previous research which addressed the study focus, parallel online surveys were developed for both EPs and SLTs using Opinio, a web-based survey tool. Online surveys are recognised as being cost-effective, time efficient (Yun and Trumbo 2000), and they facilitate access to geographically dispersed respondents. It should be acknowledged that data quality may be compromised in online surveys, given the lack of opportunity to follow-up or clarify responses. The aim was to gain participants' views about their experiences, hence open questions were selected, enabling a greater level of discovery (Gillham 2008). Each survey included two questions,

**Table 1.** Years since qualifying and main role.

	EPs %	SLTs %
<b>Number of years since qualifying</b>		
0–3 years	20	13.8
4–8 years	23.2	22.7
9–15 years	22.4	16
16–25 years	16.8	20.4
25+ years	17.6	27.1
<b>Total</b>	<b>100</b>	<b>100</b>
<b>Main Role</b>		
School based	90.4	61.3
Clinic based	0	14.4
Other	*9.6	**24.3
<b>Total</b>	<b>100</b>	<b>100</b>

<sup>a</sup>Examples of other: \*LA office, management; \*\* Children's Centre; range; hospital/inpatient settings, early years setting.

which aimed to elicit perceptions of facilitators and barriers to IPC when working with children and young people with SLCN. The questions for EPs were as follows:

What are the facilitators in working collaboratively/sharing information with speech and language therapists?

What are the barriers you face in working collaboratively/sharing information with speech and language therapists?

The survey for SLTs substituted 'educational psychologists' for 'speech and language therapists'.

In planning the survey, key ethical considerations included the voluntary nature of participation and the anonymity of the survey. Ethical review and approval was completed by the University College London Research Ethics Committee (CEHP/EP/2017/0008). An opportunistic sampling strategy was selected as the study aimed to gain a sample which was representative of a range of EPs and SLTs working across differing contexts. An email which contained information about the study, together with links to the participant information sheet and to the survey (which included the consent form), was distributed through a national discussion forum for EPs and using a database of email addresses held by the university department for Principal Educational Psychologists (PEPs) across the UK. Similarly, a parallel email for SLTs was distributed through an NHS SLT managers' network group and across SLT services offering trainee placements held by the university. In addition, the strategy of snowballing was used, i.e. those receiving the email were asked to forward it within their services and to any other relevant contacts (EPs or SLTs) who might be interested in participating. The survey remained open for six weeks.

### *Data analysis*

Given the aims outlined above, content analysis was considered to provide the most appropriate method to enable organisation, interpretation and reporting of the data (Cohen, Manion, and Morrison 2007). This would enable an exploration of the prevalence of opinions regarding the different facilitators and barriers. Analysis followed procedures similar to those described by Cresswell (2014): organisation and preparation of data, reading of the data, initial coding of data, generation of themes, interrelation of themes and interpretation of the meaning of the themes.

Initially, the data were examined for key content by the first, second and fourth author. A number of category headings were generated in order to group the responses. A qualitative data analysis software package (NVivo Qualitative Data Analysis Software 2012) was used to aid this process. It was clear that similar themes were identified across both data sets (facilitators and barriers) and across both sets of participants (EPs and SLTs). Hence, the decision was taken to develop a single coding framework. The amended framework was then re-applied to the data, and the final coding system was checked for trustworthiness by the first and second author. A final coding of two samples of the data by the fourth author established inter-rater reliabilities of 87.5% and 92% following the methods suggested by Miles and Michael Huberman (1994).

The researchers brought their own attitudes, prior knowledge and experiences of working collaboratively to the analysis, which will have influenced their interpretation of the data. The researchers included EPs and an SLT who had considerable experience of

practising in UK LA/Health Trust settings and carrying out and supervising research in related areas. The study was not intended as an in-depth interpretation of participants' individual views but aimed to gather the views of EPs and SLTs about an issue central to the practice of both professional groups.

## Results

Overall, ten themes were identified. Several themes were identified as serving as both facilitators and barriers (e.g. *communication* between the two groups of professionals; *commitment to joint working*; *working environment*), whereas others were either primarily a facilitator or a barrier. The themes are presented in Table S1 together with a descriptor for each, with quotes illustrating the type of responses categorised as facilitators or barriers (Table S1 can be found in the supplementary materials). Table 2 presents the percentage of EP and SLT respondents who mentioned each theme as a facilitator and/or as a barrier. Figures 1 and 2 provide a graphical presentation.

Overall, *working environment* was the most frequently mentioned theme, in relation to facilitating interprofessional collaboration (47% of EP responses and 45% of SLT responses) and acting as a barrier (38% EP and 36% SLTs). This coding category included physical and structural aspects. *Communication* was the next most-mentioned factor, identified as a facilitator by 43% of EPs and 37% of SLTs, and as a barrier where it was not perceived to be working well (28% EPs and 31% SLTs).

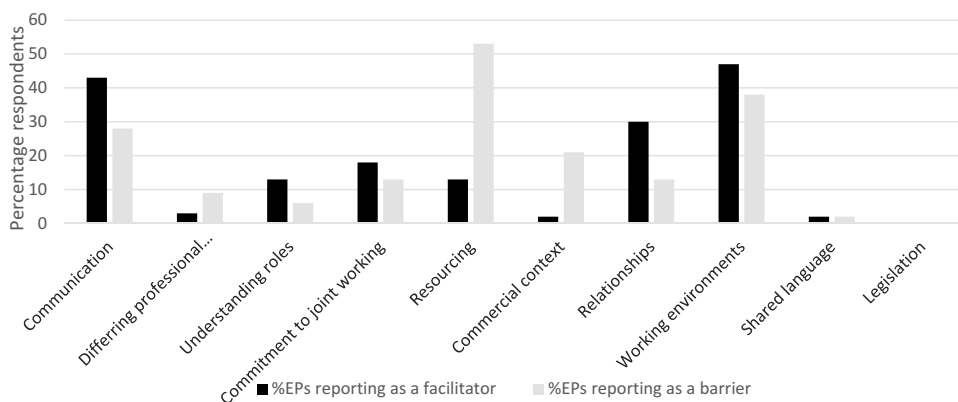
As suggested by previous research, responses did discuss professionals holding varying beliefs and perspectives about assessment and about work with children, with different underlying models being referenced (e.g. medical vs psychosocial models). However, frequencies for the identification of the theme *professional perspectives* incorporating these dimensions were much lower than for *communication*, suggesting that the latter was more frequently identified as a challenge. It would seem likely that the two factors are inter-related as it could be hypothesised that reduced communication could lead to a reduction in the sharing of professional perspectives.

*Understanding of each other's roles* was identified as a facilitator more often by both EPs and SLTs (13% and 11%) than as a barrier (6% and 5% respectively). There were examples of both EPs and SLTs voicing quite negative perceptions of the other profession's role and practices, although these comments were relatively infrequent and appeared to relate to

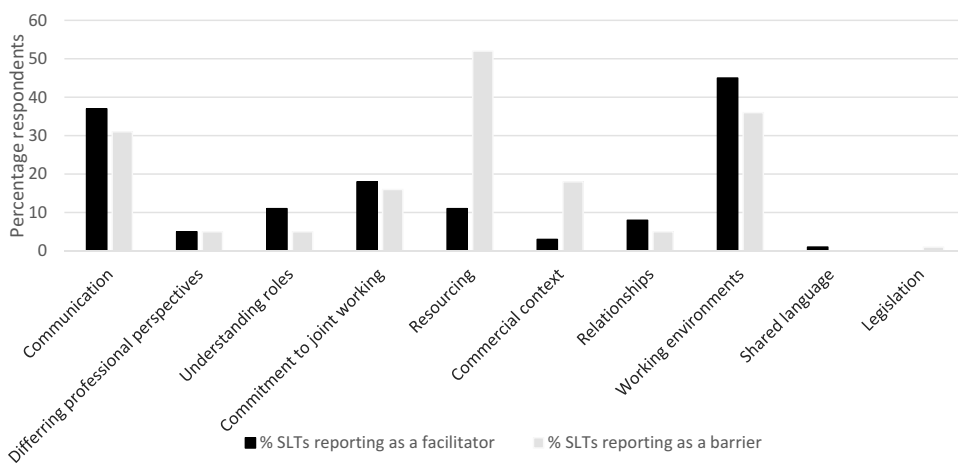
**Table 2.** Facilitators and barriers to joint working perceived by EPs and SLTs.

Codes	Facilitator		Barrier	
	% EPs	% SLTs	% EPs	% SLTs
Communication	43	37	28	31
Differing professional perspectives (beliefs about assessment)	3	5	9	5
Understanding each other's roles	13	11	6	5
Commitment to joint working	18	18	13	16
Resourcing	13	11	53	52
Commercial context	2	3	21	18
Relationships	30	8	13	5
Working environments	47	45	38	36
Terminology and language used by professionals and others	2	1	2	0
Legislation	0	0	0	1





**Figure 1.** Factors identified as facilitators and barriers to joint working by EPs.



**Figure 2.** Factors identified as facilitators and barriers to joint working by SLTs.

individual practitioner experiences. A few responses suggested that historical perspectives continued to inform views at times. For example,

*some EPs have old fashioned views of our role – they think we assess a child's speech and language and work outside the setting. Some speech therapists also have this view of EPs, thinking they take a child out of class and do cognitive assessments*

(SLT033). Given changes in both roles in recent years, misunderstandings may be exacerbated by a lack of collaboration and again, communication, in a two-way feedback process, with reduced collaboration leading to limited opportunities to share information about each other's roles, leading to misunderstandings which could, in turn, reduce the likelihood of collaboration.

*Commitment to joint working* was discussed by participants, again as both a facilitator (18% EPs and 18% SLTs) and as a barrier where commitment was lacking (13% and 16%). Comments related to commitment on the part of managers within organisations, and to a lesser extent, individual practitioners. In the context of the delivery of services through

trading in the UK, the commitment of staff in schools was reflected in comments relating to the likelihood of schools prioritising professional time and funding for joint working, facilitating the sharing of information and arranging for professionals to be in schools together.

*Resourcing* was identified by more than 50% of EP and SLT respondents as a barrier to collaboration. The *commercial context* was also more commonly referred to as a barrier: 'a move to a commercial way of operating has also cut across attempts to work in a multiagency way as there are not currently any systems for "customers" to commission multiagency work in our local area' (EP014). However, there were respondents who highlighted increased opportunities to carry out a range of work, including working with other professionals, through being directly employed or bought in by schools, rather than work being dictated by the priorities of LAs or Health Trusts.

*Relationships with the other profession* was highlighted as being both a facilitator and a barrier, more often by EPs than SLTs. Why this was the case is unclear, particularly given that IPC is a standard of proficiency for both professions (2014; 2015). A number of dimensions were discussed within this factor, including structural dimensions (e.g. continuity of staff, allocation of link EPs and SLTs to schools), as well as more value-related dimensions (e.g. trust, shared concern, being open and honest and valuing each other's expertise).

## Discussion

Previous studies exploring IPC between EPs (or SPs) and SLTs (or SLPs) in the UK and internationally identified factors which can act as facilitators and as barriers, some relevant to collaborative relationships between a broader range of professionals supporting children with SLCN (e.g. Lindsay, Dockrell, and Peacey 2008; McKean et al. 2017) and others specific to working relationships between these two professional groups (Dunsmuir, Clifford, and Took 2006; Palikara et al. 2007). The current study gained the views of both EPs and SLTs, recruiting a larger and more geographically dispersed sample than Dunsmuir, Clifford, and Took (2006). In doing so, it suggests a range of factors, identified by SLTs and EPs as impacting on IPC, at a particular point in time, in the context of a period of austerity, as well as being before the COVID-19 pandemic.

Although understanding roles, differing professional perspectives, legislation and new conceptualisations of SLCN were identified, these appeared to be overshadowed by concerns relating to structural and systemic challenges. Resourcing and working environments were widely viewed as presenting barriers to collaboration. This is congruent with research carried out around IPC between social workers, occupational therapists and nurses in one integrated community care team (Phillipowsky 2018), and in a broader discussion of integrated working for social workers in Scotland (Eccles 2018). Eccles highlighted a range of factors, many of which were comparable to those identified in the current study, in particular, 'fiscal retrenchment may turn professional disciplines inwards as they attempt to defend not just their capacity to meet service demands, but also their professional identities' (p.86).

Decreases in public sector spending in the UK as a result of the global economic crisis, as well as moves away from the delivery of fully funded, centralised public sector services resulted in new ways of delivering services being established, including the development

of fully or partially traded or commissioned public sector services (Bercow 2018; Lee and Woods 2017). In traded services, professional time is purchased by a range of customers including schools and other public sector services. Whilst the results of the current study suggested that trading can enable opportunities for creative work, there were also multiple examples of how this had impacted negatively on service delivery.

Resourcing within this study included discussion related to the capacity of services. The 'Bercow: Ten Years On' report (Bercow 2018) referred to austerity and the resulting cuts to SLT services, as well as the loss of senior and specialist level SLT posts. Similarly, Lyonette et al. (2019) reported a decrease in EP recruitment levels to the public sector from 2015 to 2018, a 33% decline. With local government budget cuts impacting on the working conditions for centrally employed EPs and in the context of an ageing profession, capacity is widely recognised as an important factor linked to accessibility and quality of EP service delivery. Although the government in England increased funding for the initial professional training of EPs from 2019, this could be seen to be 'a drop in the ocean' given the above concerns and current challenges meeting the needs of children with special educational needs and disabilities (SEND), supporting mental health in schools (e.g. (2017)), alongside the ongoing context and legacy of COVID-19 (O'Connor et al. 2020).

### ***Developing a framework of factors impacting interprofessional collaboration between EPs and SLTs in the UK***

In considering the findings, the competency framework developed by the Interprofessional Education Collaborative Expert Panel (Interprofessional Education Collaborative Expert Panel 2011) was reviewed, alongside the World Health Organization (2010) framework for action on interprofessional education and collaborative practice. The former includes four competency domains related specifically to the training of health profession students, whilst the latter includes potential environmental factors deemed to be important. The WHO framework also details themes, which incorporate mechanisms shaping collaborative practice. Dessent (1996) was also accessed as it provides an overview of barriers to partnership working specifically for children with SEND. Table S2 (in the supplementary materials) draws together factors from the current study with factors from the sources listed above, to provide a single framework illustrating how the findings of the current study sit within a broader literature.

### ***Hypothesising interactions***

The data from the current study suggest that factors may inter-relate. For example, one respondent discussed how differences in perspectives about working practices affect relationships, suggesting links between *professional perspectives*, *relationships* and arguably, also *understanding of roles*. Similarly, a lack of opportunities for joint working and training, perhaps due to challenges with resources and staffing, or a lack of commitment on the part of senior managers, could have an impact on *understanding of roles*, *relationships* and on the exploration of *professional perspectives*. These cyclical, interacting processes, whilst potentially setting up negative cycles, could also be seen to offer engagement points for services to re-engage and develop more positive and productive working relationships.

Reflecting on these potential interactions alongside the additional factors identified in the previous research, a framework based on the Causal Modelling Approach (Morton and Frith 1995) was developed as presented in Figure 3. This provides a model of hypothesised inter-relationships between factors that can impact IPC.

Drawing on both the data from the study and the authors’ professional experience, one example of how variables illustrated in Figure 3 might hypothetically relate is now presented. Within a context of *austerity*, and alongside moves to traded models of service delivery (*commercial context*), there may be a reduction in services or changes in the nature of the work being brought in by a setting, for example, with an increasing emphasis on individual casework (*working environment*). The data suggests that this can lead to schools making separate arrangements with EPs and SLTs, rather than facilitating both professionals being in school at the same time. This, alongside a reduction in centrally organised and funded multi-professional liaison meetings (previously funded through service budgets), can impact in turn on *communication* between EPs and SLTs and on *positive relationships*, with these two factors having a reciprocal impact on each other and on work between the professionals in other settings. The reduction in opportunities for collaboration could also reduce the knowledge that the two professions within a context have about each other’s roles and ways of working, reducing the likelihood of collaboration further.

It is suggested that this framework could potentially be used, alongside Norwich and Eaton (2015)’s ecosystemic EMMA model, to enable services and, specifically, service managers to consider the outcomes of strategic developments. As Norwich and Eaton highlight, the interconnection of the factors across levels suggests that ‘a small, skilfully identified and managed change may have a powerful positive effect on group outcomes’ (p. 124). Mapping the potential impact of changes on factors across different levels could

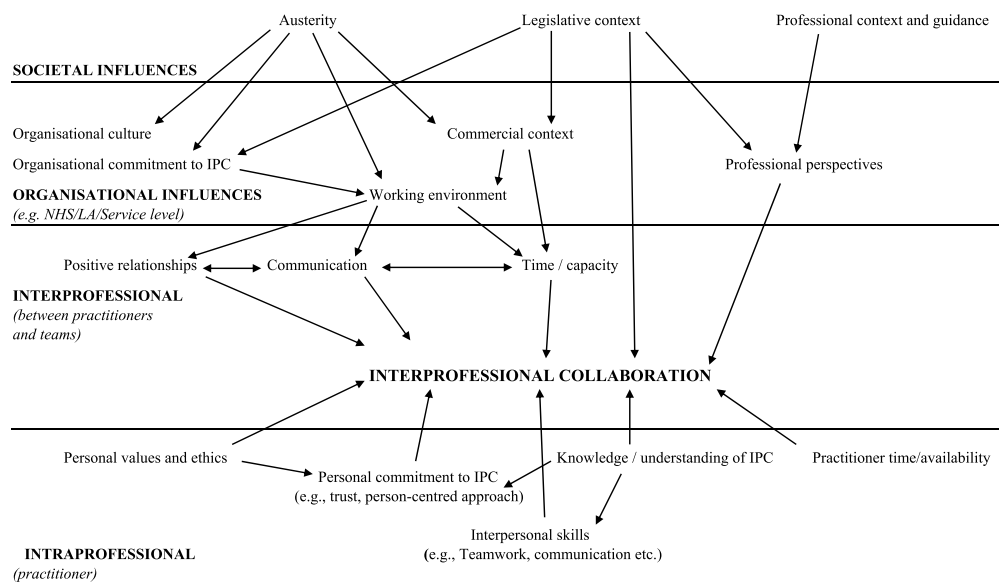


Figure 3. Hypothesised inter-relationships between factors identified as impacting on interprofessional collaboration.

be useful in stimulating debate and supporting a reflective stance to planning for change, albeit within a context of continuing challenge.

### *Strengths and limitations*

This study gained the views of a sample of EPs and SLTs working in the UK at a certain point in time about factors impacting on their ability to work collaboratively with the other profession. The distribution of the online survey using professional networks facilitated the gaining of a large number of views from a more geographically distributed sample than previous UK studies, working in a range of contexts. Participants appeared motivated to contribute their views and a rich data set was obtained.

However, the current study has a number of limitations. One weakness identified was the sampling strategy. Contacting the relevant professional bodies within the UK and asking them to circulate the survey may have provided a more exhaustive way of ensuring that the survey was directed to all relevant professionals and a larger sample may have been gained. A significant related weakness is the lack of information about the representativeness of the sample. It would have been helpful to have gathered further information about the participants, particularly related to the geographical context within which they were working, enabling judgements to be made about their dispersion across the UK. Similarly, we did not ask participants about their age or their ethnicity. Although data gathered about their self-reported gender and context of working suggested that the sample was representative of the populations on those dimensions, it is not possible to be confident that a representative sample of colleagues across England, Scotland, Northern Ireland and Wales was accessed. The use of an anonymous online survey resulted in a further key limitation: the inability to follow-up on unclear responses or to understand the context of the views expressed. For example, due to the anonymity of the survey, it was not possible to compare responses from practitioners working independently with those working in public sector services, where differing challenges may be encountered.

### **Conclusion**

Given the need for multi-professional assessment and joint working to support children with SEND and their families in the UK, a continued focus on IPC is warranted. The context of COVID-19, with school closures and shifts to online working, together with suggestions from school leaders that children are entering reception classes with weaker speech and language skills (Ofsted 2022) have reinforced the need for professionals to be available to provide coordinated and effective support to children, families and to schools and communities; indeed, a re-evaluation of this could be argued to be more important than ever. The tentative framework presented in the current paper, alongside that put forward by Norwich and Eaton (2015) could support services in reviewing their responses to the challenges ahead and in identifying potential pathways for change, within their own particular socio-political contexts.

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There are no relevant financial or non-financial competing interests to report.

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