



**Falkirk Council**

*Children's Services*

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<https://blogs.glowscotland.org.uk/fa/epservice/>  
<https://blogs.glowscotland.org.uk/fa/epspractitioners/>

# Service Re-Design Evaluation Report January to June 2018

## Executive Summary

In January 2018 the service developed a different approach to service delivery based on our findings in our validated self-evaluation activity with Education Scotland and an acute staffing shortage. This was described as an Interim Service Re-design.

The service delivery approach consisted of four main areas where we would provide:

1. Telephone consultation as the first response and aiming to provide effective psychological advice at an early stage of intervention
2. Cluster consultation to consider wider issues of children's needs and how to respond
3. Team Around the Child level work for a more targeted group of children and families.
4. An increasing use of digital service delivery through two new websites.

This report is based on two areas evaluation. Survey data and performance data analysis. It concludes with implications for Service Delivery

## Key findings of self-evaluation

The new approach has proven to be effective in a number of ways, particularly with those that had contact with the service:

- The combination of telephone consultation and Team Around the Child level work has meant that we have been involved in supporting 10% more children than in the previous approach.
- The people that have used the service since January 2018 have found the experience on the whole positive and helpful:
  - 63% agreed or strongly agreed that Telephone Consultation was an effective approach and 68% agreed or strongly agreed that it had a positive impact on their own approach
  - 73% agreed or strongly agreed that the Educational Psychologist was effective in the Team Around the Child level work and 66% felt that this led to improved outcomes for children.
- The websites are showing a steady increase of visitors since they were created in March 2018.
- Performance data indicated that in this period we were working more extensively with children affected by poverty than we had previously anticipated.
- Performance data has indicated that when we deliver a service the types of Additional Support Needs of children were far more weighted towards social, emotional and behavioural needs (36%), Autistic Spectrum Disorder (17%), Family issues (14%), mental

health, social skills and non-attendance (11% each), and increasingly with children where there are multiple barriers to their learning and development.

Our analysis of the cluster consultation themes highlighted similar priority areas:

- Social emotional and behavioural needs/wellbeing/nurture
- Mental health
- Autistic spectrum disorder

With other lower priority areas include:

- Pedagogy in Maths or Play
- Non-attendance
- Transitions
- Resilience

### Action

The Educational Psychology Service in considering this will therefore:

1. **Communicate** at a strategic level on our findings and priorities
2. Will continue to develop the current service delivery model and **consult** on options at the cluster consultation level
3. Service activity and planning will be resourced towards children affected by poverty and the identified priorities:

Priority	Action
The attainment gap	Bridging the Gaps 2
	Early Learning – wellbeing and play based learning
Wellbeing, Equality and Inclusion	Contribute to review of staged intervention
	Training framework for social, emotional and behavioural needs,
	Autism specific training - delivery at 2 levels
	Family issues – contribute to Closer to Home at Team Around the Child level
	Online materials and telephone advice on Mental Health,
	Develop guidance and practice materials on Non-attendance
Positive Destinations	Project on pedagogy of complex needs and positive destinations
Service Delivery	Innovation and improvement – modern and digital and responding to emerging needs and priorities

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## Writing Group

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## Survey Analysis

The Survey was posted online using Glow Forms and was available for 4 weeks. Reminders were sent and individual emails were sent to participants who had contact with the service.

Respondents were asked

1. Basic data including post type, cluster and what elements of the service they had used
2. Three sets of questions rating a level of agreement/disagreement on aspects of delivery in relation to
  - a. Telephone consultation
  - b. Cluster consultation
  - c. The work by Educational Psychologists at Team Around the Child
3. to provide comments on why they had those views and
4. An opportunity to provide additional comments.

Analysis of the comments is reported by question set below. There are two cross cutting themes in relation to the comments which are:

- views related to the reduction in service capacity and
- views in relation to clarity of the process or model of service delivery

## Results

There were a total of 36 responses. 6 respondents indicated that they had not used the service since January 2018. This means that there were 30 responses for analysis. The comments received by those who had not used the service are included in the thematic analysis.

The responses were received almost equally from Headteachers (13), Depute Headteachers (12) and Principal Teachers (11). There were 11 responses from secondary and 25 from primary/nursery. One cluster provided no responses. The other clusters ranged from 1 response to 11 responses. Analysis of the survey data by cluster is therefore not reliable. A breakdown by cluster in the performance data is provided.

<u>Usage of Service</u>	<u>% of respondents</u>
Telephone Consultation	75%
Cluster Consultation	31%
Team Around the Child level work	42%
None of these	16%

### Telephone consultation

Participants were asked whether they agreed with the following statements:

*Telephone consultation was an effective approach:*

*Telephone consultation had a positive impact on my own approach in meeting children's needs.*

*Telephone consultation has led to improved outcomes for children.*

The overall result indicates that 13% did not agree that it was an effective approach, where 60% agreed or strongly agreed it was effective.

Of those that had used telephone consultation (N=27), 63% agreed or strongly agreed that it was an effective approach, whereas 7% disagreed or strongly disagreed. 68% agreed or strongly agreed that it had a positive impact on their own approach. 48% agreed or strongly agreed that it led to improved outcomes for children at the time of the survey.

## Telephone Consultation: Thematic Analysis of “Please Tell us Why?”

29 people responded with comments. Of these 19 were broadly positive in their responses; 8 were broadly negative; 3 were broadly neutral; 6 did not use the telephone consultation service.

Most of the comments received by those that had used telephone consultation were broadly positive of the Educational Psychologist contribution (78%). This is typified by comments such as:

*“Excellent discussion, with appropriate, helpful advice given regarding child’s behaviours.”*

*“Telephone communication has been helpful for staff and useful strategies and documentation has been shared.”*

*“Found that school has been much clearer in their assessment. Useful material has been provided by Ed Psyc to help school staff discuss and assess children.”*

*“Implementation of suggested strategies has been positive in relation to behaviour and accessing appropriate support for the young people discussed.”*

*“I have not been directly involved but my staff have. The telephone consultation is a real strength for having a discussion around pupils and a quick turnaround in terms of needing the conversation”*

The comments also indicated constructive criticism from those that found the process less positive:

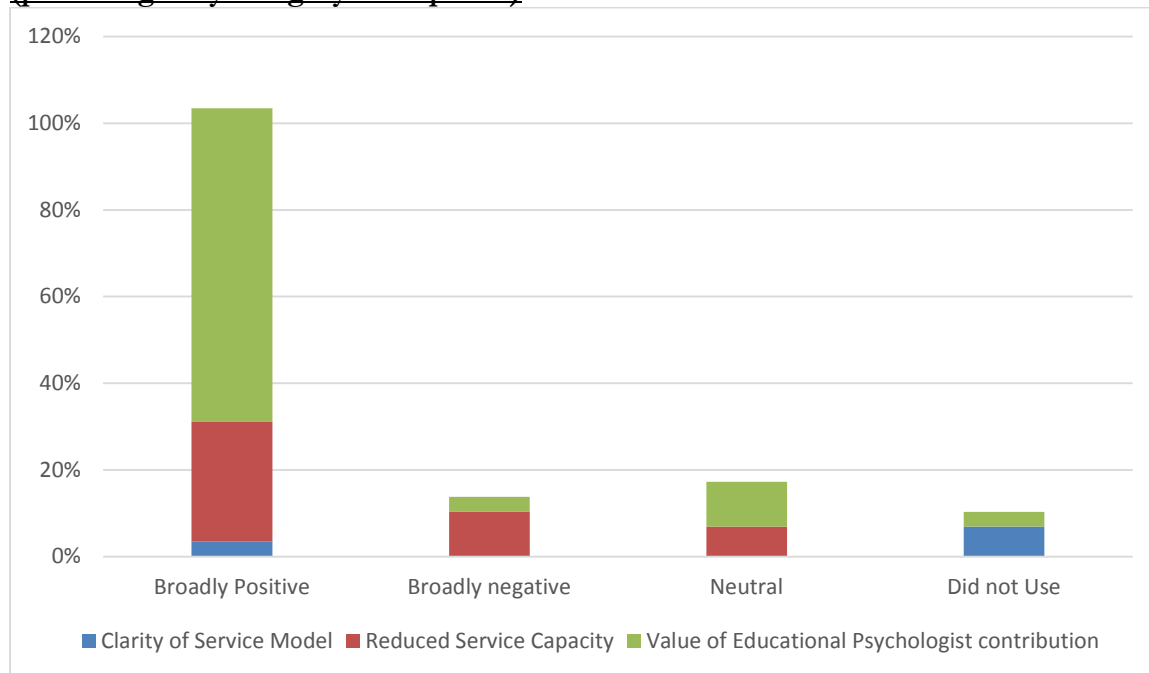
*“Limited time to call within an already busy schedule made it almost impossible for my team of Heads of House to contact our Ed Psych” – capacity issue.*

*“Very early days to make an informed judgement.”*

*Definitely no time to see if there are improved outcomes for children.”*

Table 1 provides a more detailed breakdown of responses from individuals in the appendix.

### Chart 1 – Comments on Telephone Cluster Consultation and why they held those views (percentages by category of response)



## **Cluster Consultation**

Participants were asked whether they agreed with the following statements:

The Data Protection Act 1998 obliges Children’s Services to make information accessible to the subject of the information unless there are good reasons for withholding it. In receiving information, it will be assumed that it can be disclosed without further reference to source, unless the information contains a clear indication to the contrary.

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*Cluster consultation was an effective approach for discussing themed areas*  
*Cluster consultation meetings were an effective approach for prioritising children who need the Educational Psychology Service most.*  
*Cluster consultation had a positive impact on my own approach to meeting children's needs.*  
*The cluster consultation has led to improved outcomes for children*

The overall result indicated that 35% disagreed or strongly disagreed that it was an effective approach and 30% agreed or strongly agreed.

Of those that had used Cluster Consultation (N=11), 18% strongly disagreed that it was effective and 46% agreed or strongly agreed that it was effective. 45% strongly disagreed or disagreed that it was effective in prioritising children, and 27% agreed. 45% strongly disagreed or disagreed that it had a positive impact on their own approach and 36% agreed that it had a positive impact on their own approach. 18% agreed that it had led to improved outcomes for children.

**Cluster Consultation: Thematic Analysis of “Please Tell us Why?”**

26 people responded with comments; of these 3 were broadly positive in their responses; 3 were broadly negative; 5 were broadly neutral; 7 did not participate in the cluster consultation.

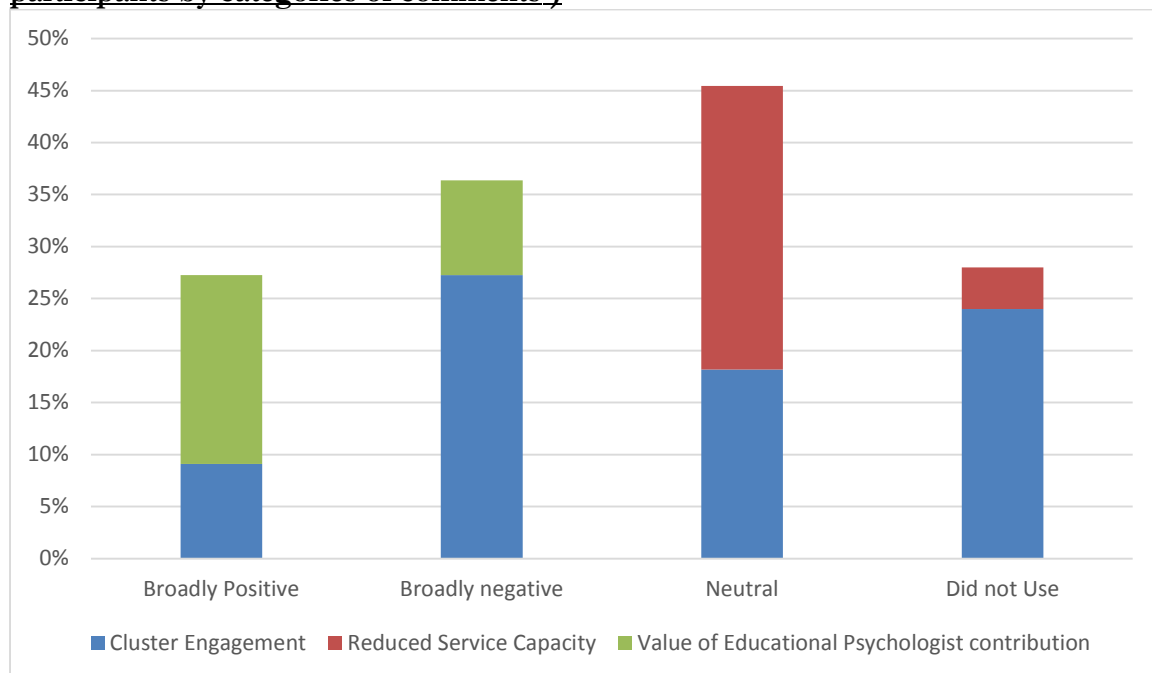
The comments received on why they held those views came from both those that had experience of the cluster consultation approach and those that didn't.

*“We have been able to have professional dialogue about interventions and next steps.”*

*“The ability to prioritise, share ideas with colleagues.”*

*“...it should give a wider strategic understanding of our cluster and the themes and difficulties we face with our cohorts or families.”*

**Chart 2 – Cluster Consultation – comments on why they held those views (percentage of participants by categories of comments<sup>1</sup>)**



<sup>1</sup> 2 participants commented in more than one theme.

Table 2 provides a more detailed breakdown of responses from individuals in the appendix.

### **Team Around the Child level work**

Participants were asked whether they agreed with the following statements:

*The consultation offered by the Educational Psychologist in Team Around the Child meetings was effective*

*The Educational Psychologist involvement with the Team Around the Child had a positive impact on my own approach to meeting children's needs.*

*The Educational Psychologist involvement with the Team Around the Child has led to improved outcomes*

Of those that had used the service in this way (N=15), 73% agreed or strongly agreed that the consultation offered by the Educational Psychologist was effective, 20% disagreed or strongly disagreed. 66% agreed or strongly agreed that the Educational Psychologist had a positive impact on their own approach, and 13% disagreed or strongly disagreed. 66% agreed or strongly agreed that the Educational Psychologist involvement with the Team Around the Child has led to improved outcomes for children, whereas 13% disagreed or strongly disagreed.

### **Participants comments on their reasons why they had those views**

25 participants provided comments on the question why. 13 were broadly positive, 6 broadly disagreed with the approach being effective, 2 neither agreed nor disagreed and 13 of 21 who had had no experience of Educational Psychologists at Team Around the Child meetings since January provided a comment with more than half of those being comments that they had not had an Educational Psychologist at their Team Around the Child meetings.

Of the participants providing views on this aspect of work, the group that were broadly positive provided comments on the value of the role the Educational Psychologist plays:

*"The quality of input....at TAC meetings impacted directly on decision making and action points, leading to positive outcomes for pupils and much needed support for school staff and families."*

*"Useful to have EP present to provide possible explanations and strategies for home and school..."*

*"We really value having our EPs at TACs .....I believe that their professional voice should be heard at as many TACs as possible."*

*"....a wider understanding and a more rounded assessment with EPs....can often reframe what is happening and why."*

The views that were offered by participants that were negative or neutral indicated views on valuing the Educational Psychologist contribution at this level but was affected either by service capacity or there was not enough time to provide sufficient quality:

*"Not enough involvement due to reduction in school visits"*

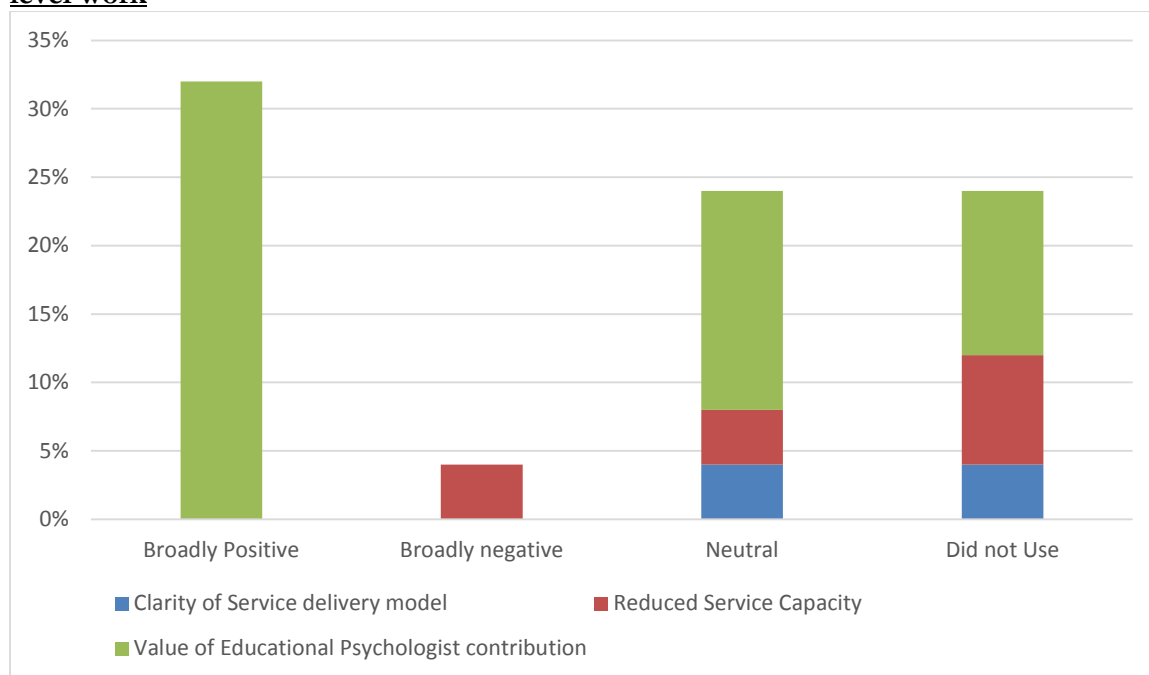
*"..the educational psychologist did not have the historical opportunity to get to know the children so well. Continuity on personnel would help this."*

*"No knowledge of child, no knowledge of family. Very impersonal."*

*"Parents value Ed psych involvement."*

Table 3 provides a more detailed breakdown of responses from individuals in the appendix.

**Chart 3 – Comments on why participants held those views about Team Around the Child level work**



### Any Other Comments

Participants were asked if they wished to provide any other Comments. 20 participants chose to do so.

Most of the comments related to views on the value the Educational Psychologist contribution, both by those that had experience of elements of the new service (35%) and by those that had not (10%):

**Experienced** *“Very grateful to have the positive EP link which we do”*

*“Our present link psychologist is trying very hard to give as much time as possible and has already been a good support to us”*

*“Staff I have dealt with have always been supportive, approachable and have offered many suggestions and strategies to try within my setting”*

*“I believe the team are doing their best in difficult circumstances which I appreciate.”*

*“It is appreciated that the service continues to work to provide the best possible engagement with the limited staff available.”*

**Not used** *“At X Secondary School we very much value the input of our EP.”*

*“I’d also commend the work done regarding the ASD training which I was fortunate to be part of. These projects/ approaches/ training are a good way to contribute to improved outcomes across the authority with a short staffed service. Very grateful to have the positive EP link which we do.”*

The other comments related to views on how we were addressing the capacity issues:

*“If the HWB of children is to be taken seriously, then we have to be serious about how this is resourced.”*

*“I preferred the previous model.”*

*“The reduction in provision has resulted in us rarely seeing our Educational Psychologist and this has led to us and families increasingly feeling like this is no longer a support which we can access readily or easily.”*



**Chart 4 – percentage of additional comments by category of respondent**

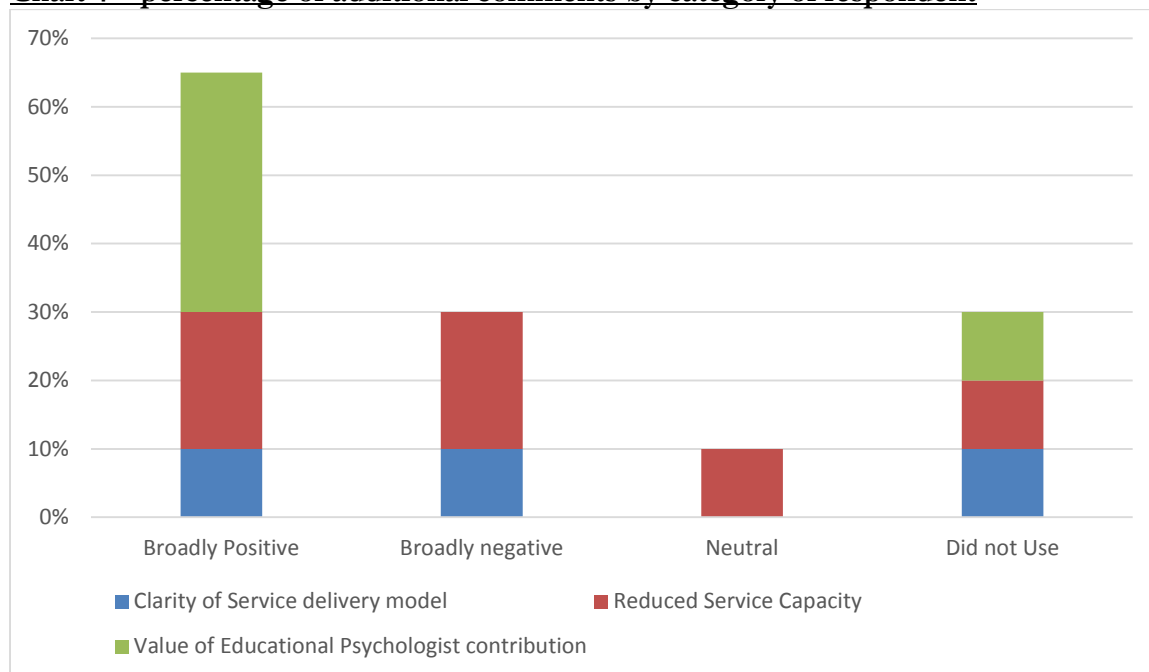


Table 4 provides a more detailed breakdown of responses from individuals in the appendix.

## Analysis of emergent themes from Cluster Consultation

High Frequency themes emerging from the Cluster Consultation Approach has indicated a significant appetite for development work on:

- Social emotional and behavioural needs/wellbeing/nurture
- Mental health
- Autistic spectrum disorder

Other lower priority areas include:

- Transitions
- Resilience
- Non-attendance
- Pedagogy:
  - Maths
  - Play

See table 5 in appendix.

## Performance Data Analysis

Number of children provided with type of service to June 2018

Telephone consultation	224
Team Around the Child level work	142
<b>Total</b>	<b>366</b>

If this is transposed to across a full year this reflects 861 cases, 10% more children than provided a service through the 2015 approach. During this period there has been additional turnover of staff.

School staff members were asked to rate how useful each telephone consultation was and there was a 4.47 Average Rating, where 5 is very useful.

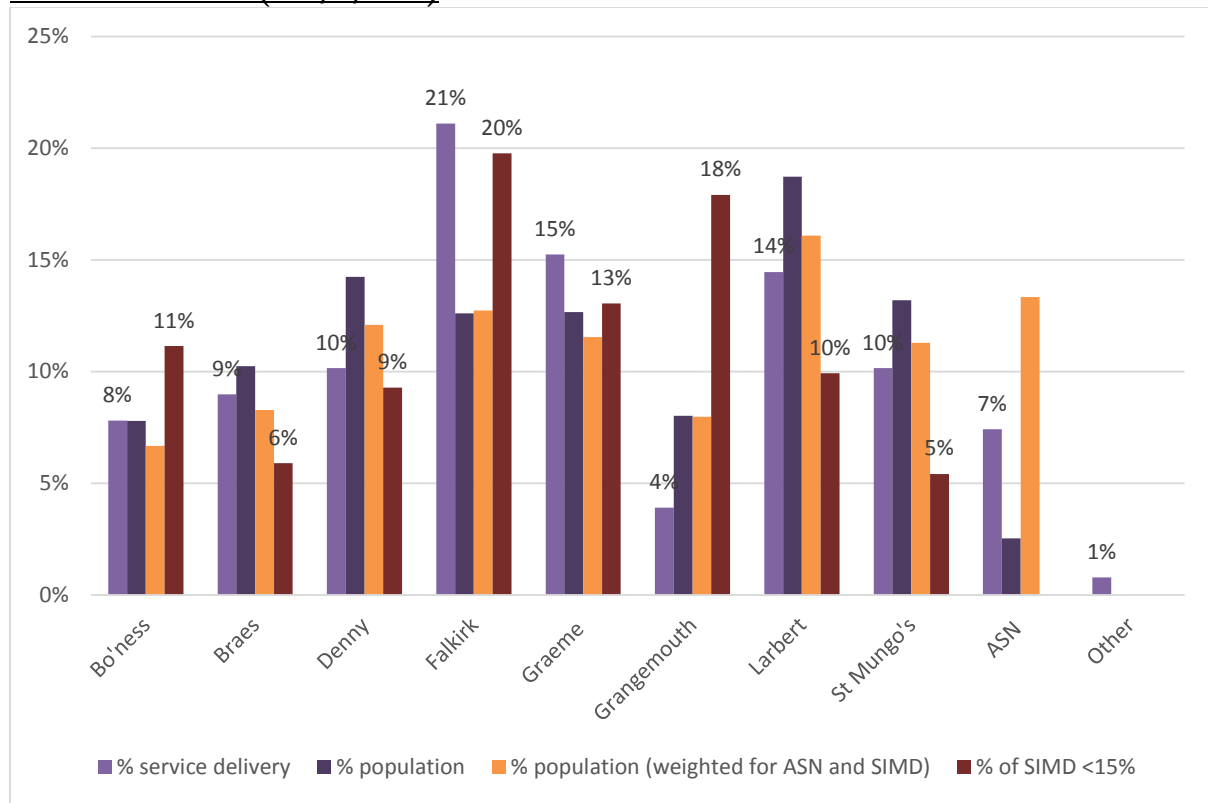
One of the aims of the service delivery redesign was to target the children that need our service most. Chart 5 shows a comparison of where the children are to whom our service has been delivered, by cluster.

The chart also includes the cluster percentage for the weighted school roll (which the service has traditionally been used in terms of allocating work between the team) and the percentage of children in the lowest 15% of SIMD that attend the schools in that cluster. This weighted roll is arrived at using a formula that includes the school roll and an additional weighting for the number of children in specialist units and in the lowest 15% SIMD. It is an attempt to ensure predictors of Educational Psychologist workload are factored into the allocation.

We can see that the Falkirk and Graeme clusters have had a significant proportion of service delivery (21% and 15% respectively). This is perhaps anticipated as the schools have a relatively large proportion of children affected by poverty. Bo'ness and Grangemouth Cluster have had the least (8% and 4% respectively). For Bo'ness the percentage of children provided with a service is in line with population, greater than the weighted roll and slightly below the figures of children affected by poverty; it is highly anomalous in Grangemouth which has a high proportion of children in the lowest 15% SIMD (18%). We need to be confident that school based practitioners in this cluster are appropriately requesting assistance from the Educational Psychology Service and to understand what barriers there may be.

The other clusters proportion of service delivery is either in line with expectations based on weighted roll or based on SIMD. There is an implication for service delivery, suggested by this data, that should an allocation formula continue to be used this should be have a greater weighting based on poverty and deprivation factors. It also implies that the weighting for children educated in Additional Support Needs units may be overly generous, based on the discrepancy between % of service delivery and % the traditional allocation proportion.

**Chart 5 – Comparison of % of service delivery with population, weighted population and lowest 15% SIMD (to 8/6/2018)**

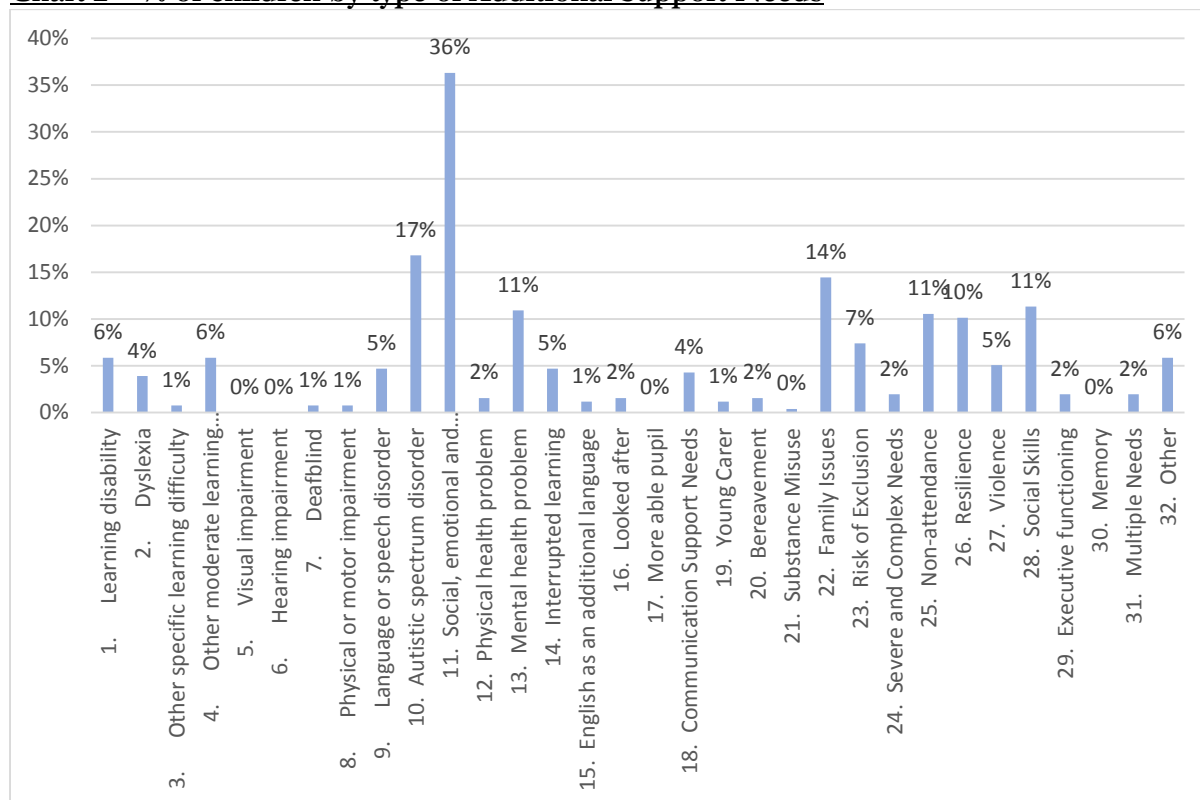


The service has quantified the types of Additional Support Needs we are offering support to. This includes the 23 categories identified in SEEMiS and 8 other categories. This analysis illustrates that the Educational Psychology Service is providing assistance for a significant number of children with particular barriers. The highest percentages are summarised as:

- social, emotional and behavioural needs – 36%
- Autism Spectrum Disorder - 17%
- Family Issues – 14%
- Mental Health – 11%
- Non-attendance – 11%
- Social Skills – 11%

This is suggestive that the service capacity building work should be focused on these areas. It is recognised that the barriers described above can overlap to a significant degree.

**Chart 2 – % of children by type of Additional Support Needs**



### Communication - Website

The Service has developed two interlinked websites. The [public pages](#) and [practitioner pages](#). There have been 110 visitors (770 views) between 27<sup>th</sup> March 2018 and 8<sup>th</sup> June 2018 on the public site. There have been 47 visitors (379 views) on the practitioner site in the same period. We have published two online reports. A [briefing on ASD prevalence](#) which has had 24 views and an [interim report on our re-design](#) which has had 42 views.

### Implications for Service Delivery

The above report and analysis suggests the following implications for service delivery

1. The overall model described in January continues to have a reach to approximately 10% more children than the re-design in 2015. Aspects of this therefore should be considered in the approach implemented from August 2018.
  - a. Telephone consultation has a value, certainly once people have used it
  - b. Cluster consultation has value for certain aspects of service delivery but is not considered to have high value for thinking and discussing individual children. There remain mixed views regarding the value for identifying cluster themes and priorities and enabling discussion on this. This if it is to continue requires rethought.
2. This model was developed in response to reduced capacity and appears to have fulfilled the objectives set at that time. There remain wider concerns about the overall capacity of the Educational Psychology Service to deliver what is needed in Falkirk. the purpose of this evaluation was to gather views on the impact of this re-design and further methodological refinement will be required.
3. The new websites have had limited time to have an impact, but are growing incrementally in reach. Further analysis of this would be required in due course.

4. The allocation based approach is not reflective of where the demand arises from. The demand appears to have a greater link to poverty than previously acknowledged.
  - a. explore in more depth the issues affecting usage of the service in specific cluster
5. The capacity building work of the Educational Psychology Service, at least in as far as it supports development of skills and knowledge in addressing Additional Support Needs should be prioritised towards
  - a. social, emotional and behavioural needs,
  - b. Autism Spectrum Disorder,
  - c. Family Issues,
  - d. Mental Health,
  - e. Non-attendance and
  - f. Social Skills.
6. Communication continues to need improving. Some of the survey returns indicated a negative view of service delivery with this model, even from people that had limited or no experience of the approach tried. This is requiring to be addressed at head teacher level and at practitioner and middle management levels.
7. At the present time practitioners, clusters and managers are not prioritising the contribution that the Educational Psychology Service can make into the wider teaching and learning agenda. This may also be linked to the level of experience respondents to the survey, or participants in cluster consultation meeting have to that wider contribution that EPs can make.

## Appendix - Tables

Tables removed. Detail available on request from the service.