

**Educational psychologists have a duty to gather the views of children:  
can a Talking Mats™ approach help?**

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## **Abstract**

Whilst the voice of the child has increasingly become a focus within special educational needs and disabilities (SEND) processes within the UK, the practicalities of how professionals really listen to children have been left wanting. Educational Psychologists (EPs) have a responsibility to listen to children as part of the statutory assessment process, which can be challenging when children have difficulty accessing more commonly used discussion methods, for example those with speech, language and communication needs (SLCN). The current study aims to address the gap in the literature on approaches EPs can use when trying to elicit the views of children with SLCN. A mixed methods, multiple case study methodology was used to explore the experiences of four Trainee/Educational Psychologists (T/EPs) and an assistant EP (at the interview phase only), using a Talking Mats™ (TMs) approach with children who have SLCN when gathering their views for education health and care (EHC) needs assessments. Analysis of data collected over three phases highlighted that the use of a TMs approach; (i) aligns with person-centred approaches and related tools already used by T/EPs, (ii) facilitates engagement through a task that is interactive and allows the child to communicate their views without pressure to talk, (iii) feeds into the needs, outcomes, and provision sections of the psychological advice indirectly, and sometimes directly. Personalisation and adaptability are important elements when considering ways to develop the tool further and there is potential for wider application, beyond children with SLCN and the EHC needs assessment process.

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## **Chapter 1 – Literature Review**

### **1.0 Introduction**

A review of the current literature was conducted on the ways in which educational psychologists (EPs) elicit the views of children and young people<sup>1</sup> as part of educational, health and care needs assessments (EHCNAs) in the United Kingdom (UK). The review explored tools used, as well as barriers and limitations, with a specific focus on obtaining views of children with speech, language and communication needs (SLCN).

This narrative review aims to synthesise existing publications, provide critical appraisal, and identify areas for further exploration as described by Efron and Ravid (2018) in their discussion of different orientations to a literature review. The review has been organised according to themes borne out of the literature and concludes with discussion of the scope for further research and pertinent research questions.

### **1.1 The literature search approach**

A narrative review of the literature was conducted as this allowed the researcher to take a pluralistic approach, drawing on diverse research methods and disciplines to identify trends and complexities within the literature (Efron and Ravid, 2018). This approach allowed flexibility, and although initial searches were more systematic, further areas could be explored according to the information which was considered most relevant. Narrative literature reviews have been criticised for being subjective or biased (Efron and Ravid, 2018), however it was felt that this approach provided the flexibility required to draw out trends and amalgamate literature from different disciplines relevant to this topic. The researcher's reflective diary provided a means to monitor this, a summary of the literature search process is depicted in Figure 1 for additional transparency.

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<sup>1</sup> Throughout the document the terms child/children are used to refer to children and young people 0-25 years

Figure 1: Literature review process



The initial search was carried out using five databases APA PsycArticles, APA PsychInfo, Child Development and Adolescent Studies, CINAHL complete, and British Education Index. The search terms are listed in Table 1.

Table 1: Literature search terms

<b>Search terms</b>	<p><b>EHCP / statutory assessment / educational psychology / educational psychologist</b></p> <p>and / or</p> <p><b>voice / views / participation</b></p> <p>and / or</p> <p><b>child/ children / young person</b></p> <p>and / or</p> <p><b>speech, language and communication needs (SLCN)</b></p>
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Search terms were limited to the title and abstract. Publications were filtered for those which were in English, peer reviewed, available in full text and published after 2000 to capture literature following what is considered a shift in focus on 'pupil participation' through the publication of the SEN Code of Practice (Department for Education and Skills, 2001) by the Department for Education and Skills. Search results were further reduced by the researcher who read the title and abstracts to discount articles which were not relevant to the research area or had limited applicability to the UK, screening was kept broad to reduce researcher bias.

In addition, information on legislation and UK government guidance was sought from GOV.UK. Searches were also conducted via the electronic search engine Google, this enabled access to relevant unpublished works such as educational psychology doctorate theses, as well as news articles relevant to the local area and information available through the local authority websites. Some additional references of interest were identified from the references of retrieved articles. Further searches were conducted on the areas of psychology relevant to the subject area and finally Talking Mats™ (TMs) more specifically.

## **1.2 Overview of the literature identified**

The review commences with consideration of the legislative context of special educational needs and disabilities (SEND) and associated government guidance as this underpins much of the research reviewed when considering the voice of the child. The psychological foundations are given consideration to help conceptualise the factors relevant to applied psychology and the role of EP. While there is a clear emphasis on the participation of children, this review explores the literature on how genuine participation can be achieved with a particular focus on children who have difficulty accessing commonly used verbal discussion methods, identifying those with SLCN as requiring a more tailored approach. The literature on current tools and approaches suitable for children with SLCN are discussed given the importance of the practical realisation of the EP duty to gather the child's views. Specific attention is afforded to TMs which the literature

highlights as a tool worthy of further exploration in the field of educational psychology. The literature review concludes by summarising the state of the field and scope for further research.

### **1.3 Legislative context of SEND in the UK**

Before considering the literature related to the elicitation of children's views it is important to consider the UK legal requirements and government guidance related to SEND to appreciate the underpinning political agenda and its implications for the practice of EPs. The aspects considered pertinent are discussed below.

The emergence of the 'voice of the child' appears within the literature in the 1980s seemingly linked to section 18 of the Child Care Act 1980 which acknowledged that the views and wishes of children in their care should be given due consideration (Smith, 1991). The United Nations Convention on the Rights of the Child (1989, Article 12), a key document, which was ratified by the UK in 1991 took this a step further stating that "parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child" (Department for Education, 2010). This is cited with high frequency across the papers reviewed.

Davie, a consultant psychologist and trainer in special needs at the time of publishing 'The Voice of the Child: a Handbook for Professionals' (Davie, 1996) describes giving a British Psychological Society (BPS) lecture called "Listen to the Child" in 1991. At this point he considered the shift in child law brought about by the 1989 Children Act unfamiliar to many in education, this contrasted the social work sector where children were becoming increasingly seen to have a key role as witness in criminal courts, especially in cases where the child was the only witness. He identifies the 1994 Code of Practice as central in placing the involvement of children in decision-making on the educational agenda by elucidating children's right to be heard and encouraging their participation in decisions about provision (Davie, 1996).

Further developments took place during the middle of the last decade following the Coalition Government's commitment to improve outcomes for children regardless of their background, through improving services for those who are vulnerable, and providing support for families (Fox, 2015). SEND reforms came into effect in the UK in September 2014, following the new Children and Families Act 2014. It extended provision from birth to 25 years and aimed to give families greater choice and protect school budgets (Department for Education, 2014).

The SEND Code of Practice was published in 2015 by the Department for Education (DfE) and Department of Health (DoH) providing statutory guidance in England to:

- Headteachers and principals
- Governing bodies
- School and college staff
- Special educational needs co-ordinators (SENCOs)
- Early years providers
- Other education settings
- Local authorities
- Health and social services staff

Currently in the UK an education, health and care (EHC) plan can be sought for children 0-25 who have more complex needs and need “more support than is available through special educational needs support” GOV.UK (2022a, para.1). As part of the statutory assessment process advice is usually provided by an EP, the SEND Code of Practice (DfE and DoH, 2015) states that “Psychological advice and information from an educational psychologist who should normally be employed or commissioned by the local authority” (p.156) should be sought. Different local authorities use varying proformas for advice, but these generally include a summary and psychological formulation, details of the child's needs according to the four areas of SEND (see below), recommendations for outcomes and provision. This information is collated along with advice provided from

parents/guardians and other key stakeholders/professionals as appropriate, this information is subsequently written into a plan which forms a legally binding document.

The four areas of SEND as set out in the code of practice are:

1. Communication and interaction
2. Social, emotional, behavioural
3. Cognition and learning
4. Physical and sensory

There is variability across the UK in the numbers of EHC plans issued by different local authorities, the total number of plans across the UK in January 2021 was 430,700 which represented an 11 percent increase from 2019. The number of new plans issued has been seen to increase year on year since they were introduced. Around half of new plans are for children aged 5-10 years. (GOV.UK, 2022b)

It is a legal obligation of local authorities in the UK to ensure that due regard is given to the “views, wishes and feelings” of children with SEND (special educational needs and disabilities) as well as giving them the opportunity to participate in decisions with support as necessary (Children and Families Act 2014, p.19). The SEND Code of Practice is clear that children and their parents “must” be consulted throughout the assessment and production of an EHC plan and those working with children and families should “involve the child as far as possible in [the] process”, (DfE and DoH, 2015, p.147) this therefore falls within the remit of EPs providing psychological advice and information for the EHC needs assessment.

According to the SEND Code of Practice the EHC plan should be person-centred, detailing the views, feelings, wishes and aspirations of the child. Professionals should make it clear how the child has contributed, this information is usually presented within ‘Section A’ (DfE and DoH, 2015). Despite these clear expectations to obtain the voice of the child there is evidence that services frequently struggle to achieve this (Franklin, 2013).

A further piece of legislation relevant to this context is the Equality Act 2010, within which a disability, a protected characteristic, is considered a substantial or long term (lasting, or likely to last for a year or more) physical or mental impairment which adversely effects a person’s ability to carry out activities of daily living, this includes speech and language difficulties. The implication of the Equality Act 2010 is “that you may, and often must, treat a disabled person more favourably than a person who is not disabled and may have to make changes to your practices to ensure, as far as is reasonably possible, that a disabled person can benefit from what you offer to the same extent that a person without that disability can” (DfE, 2014, p.24). The ‘general equality duty’ which came into effect in 2011 requires public bodies to “advance equality of opportunity between people who share a protected characteristic and people who do not share it” (DfE, 2014, p.30).

A chronological summary of key UK legislation and guidance pertinent to this study is provided in Table 2. Items in bold hold current relevance to the context of the child’s voice which will discussed further in the next section.

Table 2: Key UK legislation and government guidance

Name and date	Function
Child Care Act 1980	Section 18 required local authorities to give due consideration to the wishes and feelings of the children in their care as ‘far as practicable’ with regard to their age and understanding.
<b>The United Nations Convention on the Rights of the Child (1989, Article 12)</b>	<b>Agreement that the views of children will be given ‘due weight’.</b>
Children Act 1989	Became law in 1991, requiring courts to consider a child’s ‘wishes and feelings’ when that child’s welfare was in issue in a court.
Code of Practice 1994	Identifies the benefit of involving the child and considers children have a right to be heard and should be encouraged to participate in decision-making about provision.
SEN Code of Practice 2001	Advice to Local Education Authorities, maintained schools, early education settings and others on carrying out their duties in relation to children’s special educational needs, including a section on ‘pupil participation’.

Name and date	Function
Education Act 2002	An Act to make provision about education, training and childcare. It addresses pupil participation under the "Consultation with Pupils" section.
<b>Equality Act 2010</b>	<b>Legal protection for individuals with a substantial or long-term disability.</b>
<b>Children and Families Act 2014</b>	<b>Catalyst for UK SEND reforms. Extended provision from 0-25 years.</b>
<b>The SEND Code of Practice 2015 (DfE and DoH).</b>	<b>Statutory guidance in England for education, health and care service providers.</b>

#### 1.4 The voice of the child

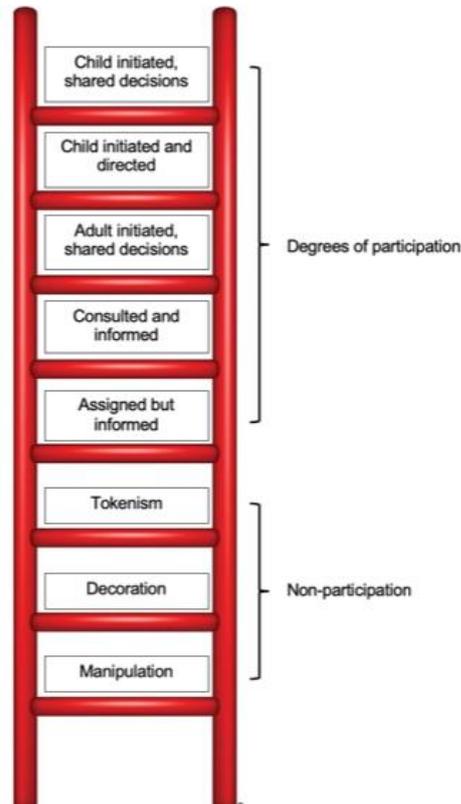
In the literature attention has been given to the importance of the voice of the child across social care, health and education sectors. This review is primarily concerned with the child's voice within the context of their education and as such the literature considered is largely in relation to SEND. When considering the voice of the child there are several factors to explore, these include the approach that is taken by the adult, the purpose or nature of the information that is obtained, and the child's capacity to engage.

Only a small number of papers concerning this topic have been identified specifically within the field of educational psychology, for example, Harding and Atkinson (2009) and Smillie and Newton (2020) who focussed on EP practice obtaining and recording the child's voice. Consideration of publications more widely identified the employment of qualitative or mixed methods was most common. This is in line with Carroll and Twomey (2021) who found all but one study in their scoping review into the voice of children with neurodevelopmental disorders used qualitative methods.

There is agreement across publications on the topic of the voice of the child that attempts to include the child's voice should not be tokenistic. Roger Hart, a child's rights academic, has been highly influential in the field of children's participation, particularly those who are disadvantaged, working internationally on research approaches involving children and issues of children's rights regarding their own development and communities (The City University of New York, n.d.). He produced the 'Ladder of Participation'

which is cited in most literature pertaining to the child's voice, dividing the levels of participation into eight steps, shown in Figure 2 (Hart, 1992).

Figure 2: Hart's Ladder of Participation



Note. Based on Hart, R. A. (1992). *Children's participation: From tokenism to citizenship*. UNICEF International Child Development Centre.

Tokenism refers to occasions where the child appears to be given a voice but in reality they have little or no choice about the subject or style of communication, and little or no opportunity to formulate their own opinions. Despite an apparent awareness Pearlman and Michaels (2019) report that obtaining tokenistic views such as the child's likes, or dislikes remains a common issue. From step 4 of the ladder onwards children begin to have some autonomy. Hart (1992) warns that although children may not have the same level of competence in communicating as adults their responses are still valid and adults need to find methods suited to their development to maximise their participation. Hart (1992, p.15) maintains that if an adult takes a genuine interest in a child's life in a way they can comprehend "then [children] are most enthusiastic in their participation".

Lesnik-Oberstein (2011) takes a more critical stance, reflecting on the social constructions around childhood and child voice and highlights the complexity of applying an 'adult vision' to the concept of the child's voice. Lesnik-Oberstein (2011) raises questions over child choice and agency, and the interpretative constraints of adults listening to children.

In a more recent paper Nilsson et al. (2015) also consider the voice of the child within research. Their conceptual paper notes a continuum regarding how the child's voice has been considered in previous literature, this is relevant to both research involving children but also the topic of the child's voice more broadly. Nilsson et al. (2015) explored the semantics of 'a child' versus 'a child's' perspective acknowledging the importance of competence related to the child's development and cognitive functioning, and their ability to relate experiences to a broader time frame i.e., beyond the 'here and now'. Different mediums for gaining the child's perspective are considered including video, puppets, photos, and TMs. They surmise that minor alterations can be needed to aid effective engagement, and that questions asked, cognitive development, and context determine whether a child perspective or a child's perspective is more beneficial.

In a review of the ways in which qualitative methods have been used to explore the views of children with SLCN Lyons, et al. (2022) found that published research is more often 'on' rather than 'with' this group of children. Their paper discusses qualitative methods to explore the views of children with SLCN and emphasises that more important than the methods, is a sense of critical reflexivity from the communication partner, to ensure that issues of accessibility along with existent power differentials are being addressed. In considering methods to elicit the child's voice Lyons et al. (2022) discuss the importance of visual methods to supplement 'talk-based' approaches, these can take different forms such as puppets, photos, drawing, scrapbooks, 'walk and talk'. All must be interpreted carefully by the researcher whose qualities of openness, sensitivity, and flexibility are crucial.

The capacity of the child to offer their views is a seemingly controversial point. The literature indicates there is a tendency for adult attitudes and assumptions to be a considerable barrier here. In their study of how the child's voice is approached and given weight during parent-teaching meetings Alasuutari (2014) found the child's views can also be limited or outweighed by "institutional discourses" (p.254). Alasuutari's analysis showed that the child's views were given kudos when they aligned with those of key adults but refuted if they were seen to challenge them. These findings highlight how the notion of the competent child and the rising prominence of the voice of the child potentially challenge the longstanding power of institutions, child professionals and parents.

Concurring with this issue around power dynamics Bloom et al.'s (2020a) critical review of methods for eliciting the child's voice with SLCN describes how adults can hold disproportionately negative views of children's abilities. They discuss a series of studies by Morris (2003) who sought the views of children with SEND. Barriers identified included the education staff's lack of knowledge of the child's communication ability, assumptions that the researcher would seek information from a key adult rather than the child, and the sense that the child was incapable of providing useful information.

More recently Merrick's (2020) thematic analysis of teachers' views and experiences of pupil participation in planning SEND provision drew out two very similar main themes around barriers to the implementation of children's views in educational planning, the first being "the profile of the child", the second was "the attitudes of child practitioners" (p.114). Communication was highlighted as a particular barrier, with some practitioners lacking the time and/or expertise required to overcome this, the age of the child was also a factor influencing the likelihood of participation (Merrick, 2020). Issues of age and ability are echoed by Harding and Atkinson (2009) who suggest that children with SEND are doubly disadvantaged in this domain since adults may make assumptions about a lack of capacity on account of their cognitive or other abilities as well as their age.

The legal context of the child's voice has already been addressed, but the motivation to listen to children extends far beyond this. Bloom et al. (2020a) note benefits in terms of the child's confidence, aspirations and motivation as well as increasing skills such as empathy, self-efficacy, developing communication and cognitive skills, even their ability to take responsibility.

The SEND Code of Practice is clear that while talking to parents/carers and key staff is important the views of key adults must not be used "...as a proxy for young people's views" (DfE and DoH, 2015, p.22) but there are questions over how this is implemented. According to Adams et al. (2017) in a nation-wide survey of experiences of EHC plans parents reported their children's views were not included to the same extent as theirs. Only 44% of children were being directly asked if they wanted to take part and 19% were given a choice how to participate.

Sharma (2021) who also researched eliciting the voice of children within the EHC plan and annual review process considers the barriers professionals face. Sharma surveyed the views of LA professionals and special school staff involved in these processes, with a small number completing an in-depth follow-up interview. Sharma (2021) frames the barriers as twofold:

1. Barriers that prevent the child from expressing their views in a meaningful way e.g., language ability, emotional wellbeing, lack of understanding of the purpose, and too many adults being involved.
2. Barriers that inhibit the ability of professionals to gather the child's views adequately e.g., professional reluctance to engage, strain on resources, capacity, power dynamics between the adults involved (including parents) and the child.

When considering how these barriers can be addressed Sharma (2021) highlights the importance of children having "frequent opportunities to share how they feel about a range of aspects of their lives" (p.473) which are recorded and fed into the process. Sharma (2021) cites several issues achieving this: adults allowing space, power dynamics, resources and capacity, and reluctance to engage. She identifies the EP role as unique in

terms of skills and resources, as well as their vested interest voice of the child. Sharma (2021,) also highlights a “gap between policy and implementation” (p.457) with SEND professionals often experiencing difficulty ensuring the child participates meaningfully during the EHC needs assessment process. This places a clear emphasis on the adult as facilitator, and the importance of supporting professionals being committed to inclusive and person-centred approaches as noted by Skipp and Hopwood (2016).

As well as obtaining the child’s voice there is also the matter of conveying this adequately. Palikara et al. (2018) tackled the issues surrounding children’s meaningful participation from this angle. Their content analysis of the child’s voice section of EHC plans for children attending both mainstream and special schools across nine London Local Authorities (LAs) considered how the child’s voice is captured within the plans. They found great variability in the way this is actualised, and the methods employed to ascertain the child’s voice. Most EHC plans had some information on strengths and abilities, but these were ‘limited in scope’ and revealed little about what the child was good at, more often relating to motivation than functioning. In addition, they noted indications that it was not always the child who had provided the information. Palikara et al. (2018) acknowledge that a lack of national guidance means accountability is left with the LAs.

The aforementioned lack of guidance means that the processes surrounding gathering and reporting the child’s voice for EHC plans can vary between LAs. Sales and Vincent’s (2018) study looked at the strengths and limitations of the EHC plan process considers this issue of consistency. They included the views of four young people aged 10-17 years in their analysis and noted progress in ascertaining the views of children (the views were more person-centred and highlighted positive aspects as well as needs) but said that further improvements are still required, namely views are not always acted upon, and can be tokenistic. Parents and professionals involved indicated methods of collecting views could be improved. All four children said they had received help to give their views, three had felt listened to only “some of the time” and “...one parent explained that asking for verbal responses from

a child with communication difficulties is inevitably limited” (Sales and Vincent, 2018, p.73). One of the evident flaws of this study was that only data from a single young person was collected in the presence of the researcher, the reliance on other adults to facilitate, interpret, and convey the child’s views accurately, increased the potential for bias.

While considering the voice of the child the literature on this topic also recognises the child’s voice does not stand alone. Rogers and Boyd (2020) acknowledge the importance of the child’s voice being integrated with the views of key adults. They adapted the Clark and Moss (2011) Mosaic framework in their research to capture the voices of children who had a parent working away as a result of deployment in the armed forces. Rogers and Boyd (2020) found the addition of the parent’s and educator’s voices enhanced their understanding of children’s behaviours and actions that may not otherwise have been known.

Gathering the views of children is complex, with issues of the child’s capacity and competence surrounded by broader issues of process and practice, for children with communication needs there are further challenges. Particular attention is given to this group of children within the literature review because of their inherent vulnerability and potential difficulty accessing commonly used approaches, also because children with SLCN “...are more often subject to intervention through assessment, planning and review processes” (Bloom et al., 2020a, p.310). According to Carroll, et al. (2017) the most common primary need in children requiring SEND support is SLCN, this is corroborated in the recent government Green Paper (HM Government, 2022) which stated SLCN was the most common primary need in Primary school children (accounting for 34%). It is important to recognise that SLCN will also be a secondary need for some children the Green Paper figure does not represent the overall number of children who have SLCN as part of their SEND profile.

### **1.5 Key considerations when eliciting the voice of children with SEND**

While the political landscape, impetus, and value of obtaining the child’s voice have been explored, the realisation of such an aspiration is left wanting

particularly for certain groups, such as very young children, and those who have learning and communication needs. This section aims to review literature on the controversies that EPs are faced with when trying to gather the views of children with SEND. These include difficulties surrounding competency, authenticity and objectivity, as well as practical issues such as the availability of suitable tools and time implications.

Despite an increased focus on the voice of the child as a result of changes in law and government policy, obtaining the views of children with certain needs remains particularly challenging. Harding and Atkinson's (2009) and Howells (2021) research indicated EPs predominant means of recording the child's voice was via direct questioning. Pearlman and Michaels (2019) note there is little guidance on how to gather the views of children with intellectual and communication difficulties. They recommend using video footage while being mindful that preferences are not equivalent to views, imploring that views need to be obtained creatively for some children. Use of video footage has implications for EP practice in terms of the time capturing and analysing suitable footage. Also, perhaps more importantly, the ethical issues around consent, especially given EPs commonly visit educational settings where other children and adults are present, as well as the equipment and procedures required to capture and store such data.

The literature search identified several papers that consider methods for obtaining the views of children with complex needs, with some focussing on the practical issues. For example, Taylor (2007) who writes about maximising participation of children with multi-sensory impairment in person-centred planning. Taylor's (2007) study found that young people could offer meaningful contributions, allowing even those who knew them well to gain further insights. She asserts that no single method suits all students, and that prior knowledge of the young person aids participation, for example in being able to distinguish between habitual throwing versus an indication they dislike an item. Taylor (2007) concludes that triangulation of information from other sources is important and that need to individualise resources and allow adequate time for consultation with the young person can make the process

of enabling participation for students with multisensory impairments time consuming.

Whitehurst (2006), also writes about this topic in her paper on enabling the young people with severe learning disabilities (LD) to express their views, highlights that although there is an increase in policy and literature emphasising the importance of the child's views, information regarding strategies and tools are limited. She offers caution that students with LD can have a tendency to acquiesce and makes a distinction between generating an individual's likes and dislikes versus their views. Whitehurst's (2006) qualitative study explored inclusion with students with LD, it acknowledges Detheridge's principles of freedom to communicate (Detheridge 2000, p.56), which depend on:

- Appropriate communication mechanisms
- Sensitive interpretations of communication attempts
- Power relationships in the communicative exchange
- Attitudes established over time

Whitehurst (2006) concludes eliciting the views of students with LD requires increased planning, consideration of ethical issues and care with interpretation, but she affirms it is achievable, and the information gathered reflects similar preferences and fears common to mainstream peers.

The issue of competency is also recurrent in the literature (Hart, 1992; Morris 2003; Alasuutari 2014), with writers on the subject posing a concern over the authenticity and value of the child's views. Fox (2015) who writes about the repositioning of EPs following the Children and Families Bill 2013 comments that the paternalistic attitudes of adults (EPs included) run the risk of overriding the voice of the child. He notes that competence is a key consideration and that "there are no tests to distinguish between competent and incompetent persons" (p.386), he gives an example of a child's competence to choose a school being dependent on four factors: understanding, ability to make a judgement, to intend a particular outcome, to communicate ones' wishes freely. Fox (2015) emphasises that learning

needs may limit autonomy but ultimately systems constrain it. EPs are well placed to reflect critically on these factors and have a role to work towards ameliorating them.

When considering competency in a practical sense Day (2010) presents her findings from qualitative research on six pre-school children's experience of day care collected using methods and tools adapted from the 'Mosaic Approach'. She argues that even very young children can give their views provided they have the right support and tools. A key feature of the Mosaic Approach is that it triangulates information from observation alongside parent and staff interview to draw out significant themes (Clark, 2017). This type of information gathering involving multiple approaches can be time consuming, for example in the study by Botsoglou, et al. (2019) 780 minutes of observation in class was completed as one of the six phases of the Mosaic Approach.

The importance of practicality and validity is emphasised in the literature, for example in Bloom et al.'s (2020a) critical review of documented approaches for eliciting the pupil's voice in relation to learning in school and their experiences of support. Akin to a Mosaic approach they consider the use of parallel alternative methods to confirm responses are a suggested way of managing potential biases. This is also echoed by Pearlman and Michaels (2019) who caution that observations made on one occasion might not be valid, there ideally needs to be consistency over time to increase confidence in the information gleaned. As with the Mosaic approach this has implications for the time and cost of implementation and while use of multiple approaches may support triangulation, however Pearlman and Michaels (2019) highlight concerns over the interpretation of the child's views depending on the person/people doing this. They warn those emotionally invested in the child may lack objectivity, and that problems can also arise when the individual interpreting a person's view is from a different social or cultural background.

Authenticity is also a theme within the literature, for example Gaona et al. (2020) reviewed methods used for capturing views of 12 young people aged

16-19 years with autism spectrum disorder (ASD), and whether provision matched aspiration. The authors found that not all EHC plans included the young person's actual voice and argue that the obligation to gather the young person's views should take precedence over any difficulties in doing so. Theakston (2022) writes anecdotally about her experience of annual reviews in mainstream and specialist schools and how pupil feedback is often written by a proxy (key adult) or "lifted from out-of-date EHCP paperwork" (p.38). Theakston criticises the complexity of questions used within the EHC plan paperwork, some requiring higher level language skills, i.e. Blank's Level 4 (Blank's Levels were developed by Blank, et al., 1978), which will are not necessarily accessible for children with SLCN.

In pursuit of ways that children with Down Syndrome could "...contribute in a personally meaningful and accurate way to the annual review process and beyond" (p.25), Hooton and Westaway (2008) selected TMs as tool to elicit pupil views because it was a visual, low tech and low cost tool which could be used in a person-focused way to enable children to express a range of opinions. They found the tool "promoted concentration, interaction, enjoyment and independence" and the information could be presented concisely and in "manageable chunks" (p.27). Limitations noted are that this approach only provides a 'snapshot' of the child's opinion at that time, also the child's responses are open to misinterpretation by the child and adult. These limitations can be mitigated to some extent by triangulating the information obtained with others on factors which may be of influence, as well as offering opportunity to explore aspects further by breaking the topic down e.g., reading for pleasure, reading scheme books, reading comprehension activities in class and so on. Hooton and Westaway (2008) emphasise the scope for TMs to be used to facilitate the voice of children in a wide range of areas.

In summary the research indicates those trying to gather the views of children with SEND have insufficient guidance, and time is a significant barrier, nevertheless the potential for these children to make meaningful contributions is achievable (Taylor, 2007; Whitehurst, 2006) with the right

tools and support. Research which considers or evaluates suitable tools for eliciting the child's views in an educational psychology context is limited, furthermore when the literature search was conducted no studies were found which look specifically at tools to gather the child's views for the purpose of EHC needs assessments, this is addressed in more detail later.

It is widely recognised that opportunities for children to make decisions extends beyond collecting their views for an EHC plan and should be integral to interacting with children. While EPs have a role in promoting the child's voice, their often transient involvement in the statutory assessment process impacts the nature of this work. The next sections will consider the psychological and philosophical theory underpinning the voice of the child and role of the EP.

### **1.6 The psychological and philosophical foundations**

This section aims to synthesise the psychological theory, frameworks and approaches evident in the literature on the voice of the child, relevant to EP practice. Through reviewing literature on the voice of children in the context of SEND processes, predominant themes were identified; person-centred psychology, personal construct psychology (PCP), positive psychology, situated within constructionist, biopsychosocial, and ecological perspectives, these are summarised below.

A dominant concept within the field is person-centred psychology, based on Rogerian humanistic principles, articles frequently cite approaches based on these principles as common to practise amongst EPs (Bloom et al., 2020a; Smillie and Newton, 2020; Harding and Atkinson, 2009). The foundation blocks of a person-centred approach are said to be two "tendencies", Rogers (1995) describes these as "an actualizing tendency, a characteristic of organic life" and a "formative tendency in the universe as a whole" (p.114). It is based on the notion that individuals have a "vast resource for self-understanding" (p.115) which can be drawn upon in a facilitative context (Rogers, 1995). Rogers describes the key conditions for fostering growth between 'therapist' and 'client' as genuineness, unconditional positive

regard, and empathic understanding (1995; p.115-116), these skills in rapport apply more widely to interpersonal interactions outside of psychotherapeutic relationships including educational psychology (Beaver, 2011).

In the context of the voice of the child Bloom et al. (2020a) discuss the value of person-centred approaches as holistic and child-centred, achieved by shifting power from the professional to the user, viewing them as experts in their own lives. It is an approach which has grown in recognition is now commonly seen within government policy (Bloom et al., 2020a). Documents such as one-page profiles, IEPs (individual education plans) as well as EHC plans aim to incorporate a sense of the child, most effectively done by capturing their voice through preferences, interests, ambitions and so forth.

Through this lens of person-centred psychology problems stem from the social environment rather than the individual but as Joseph (2017) highlights this is somewhat at odds with the child-focused nature of education, health and care needs assessments. Buck (2015) also notes this tension between a whole-school systemic approach to working and individual assessment, often a cornerstone of LA work, however, by gathering the perspective of the child alongside other key stakeholders a key opportunity is provided to explore factors which are not purely within child.

Within the literature person-centred psychology is commonly paired with PCP it is therefore helpful to understand the distinction between these terms. Kelly's (1991) philosophy of constructive alternativism forms the basis for the psychological model on which PCP and associated psychotherapeutic techniques are based. PCP in this context is concerned with the individual's view of themselves, positioning them as expert in making meaning and predictions based on their own experiences (Caputi, et al., 2006). Exploration of constructs can provide insight into the individual's model of the world and the PCP model presupposes that problems experiences are resolvable (Beaver, 2011). How constructs of self are built, enhanced, and maintained is of interest as it can affect progress (Wagner, 2017). Commonly used PCP

techniques in educational psychology include the 'Ideal Self' technique (Moran, 2001) and 'Drawing the Ideal School' technique (Williams and Hanke, 2007) which allow the child's constructs to be explored. These techniques were developed for use in a therapeutic context by an appropriately trained professional (counsellor or therapist) rather than to represent views per se and interpretation is open to a degree of subjectivity by the adult/s involved (Williams and Hanke, 2007).

There are also clear links that exist within the literature between positive psychology and Rogers person-centred approach, namely the inbuilt tendency towards growth. Seligman's vision for the future of psychology with a focus on building positive qualities has informed the framework of positive psychology. Joseph (2017) describes the application of positive psychology to educational psychology as "striving towards achieving optimum functioning" to promote "human flourishing" (p.278). This orientation is reflected in the reviewed literature through an emphasis on the systems and approaches which promote the child's participation. The inclusion of children's strengths wishes and aspirations within psychological advice written for EHC needs assessments also echoes this positive, aspirational stance in part.

Also identified within the literature are the psychological viewpoints which take a wider social/ecological lens. For example, Gaona et al. (2020) who consider the biopsychosocial model of the ICF (international classification of function, disability and health) which integrates disability with the social and physical environment. Gaona et al. (2020) consider the ICF an apt multidimensional framework for their study which aims to understand and analyse how the views of individuals with a history of ASD are depicted in their EHC plans from a functioning perspective. Palikara et al. (2018) suggest the ICF could be utilised in the development stage of EHC plans due to its holistic nature and the common interprofessional language it provides. Jahiel (2015) stresses that despite its attempt to acknowledge that interactive nature of function and environment the ICF retains aspects of its predecessor the ICIDH (international classification of impairments,

disabilities and handicaps) grounded in the medical model of an individual's difficulties. Jahiel (2015) also highlights issues within the framework of distinguishing activity from participation.

A prominent systemic model evident in the literature reviewed is Bronfenbrenner's (1979) ecological model of human development which attempts to capture the different spheres of influence surrounding the individual and the dynamic nature of the interplay between these. Kelly (2017) describes how historically the ecological model was viewed within an educational context as "ominous", but more recently the "Constructionist theoretical model" has come to support "some of the conceptual underpinnings of contemporary educational psychology in the United Kingdom" (p.22-23). Fox (2015) uses the ecological model to conceptualise the role of the EP as a moral and ethically driven practitioner:

- Microsystem - promoting autonomy /ensuring the child's views are at the centre
- Mesosystem - provision and placement promote the child's development
- Macrosystem - ensuring a balance between needs and resources

Kelly (2017) acknowledges that the application of eco-systemic theory within educational psychology practice is complex, and in related professions the child generally remains the focus of the referral. Buck (2015) discusses the confinement of the role of EPs in the statutory assessment process, pushing the EP away from constructionist social psychology and systemic paradigms towards a more behaviourist, intervention-outcome tradition. Outcomes focused reports can lead to a reductionist approach to hypothesis formulation and limit more holistic conceptualisation.

The psychological underpinnings of literature on the voice of the child are predominantly of a constructionist ontology, embracing the ideology of the constructive potential of young people. EPs often incorporate elements from different psychological theory or frameworks into their practice, although the ethical basis and underpinning values are key (Joseph, 2017). The

paradoxical nature of systemic theory which is central to the profession and the within-child constructs still dominant within society are noteworthy. The development of the EP role in the context of the child's voice is considered further below.

### **1.7 The role of the Educational Psychologist and the voice of the child**

The EP role has developed considerably since 1913 which saw the appointment of the first EP in Britain (Leadbetter and Arnold, 2013). Historically there was criticism of EPs doing things to or for, rather than with children (Burden, 1996), more recently there has been a shift towards consultation with schools, rather than a service delivery more akin to a medical model (Leadbetter and Arnold, 2013). The EP role is, however, somewhat dictated by the statutory function discussed earlier, for example Buck (2015) describes report writing as one of the "core" activities of EPs. Fox (2015) considers the 'positioning' of EPs is largely based on the activities they do, within a world which positions all professionals according to beliefs held about them, often underpinned by associated narratives. Fox (2015) suggested changes brought about by the SEND Code of Practice (DfE and DoH, 2015) allowed EPs to reposition themselves and reaffirm their core moral principles, one being promoting the child's autonomy. Autonomy in this context is defined as "the ability to make your own decision without being controlled by anyone else" (Cambridge University Press, n.d.).

Promoting autonomy aligns well with person-centred approaches discussed above which have become increasingly prevalent within educational psychology. According to Joseph and Murphy (2013) the core principles of person-centred psychology are relationships, intrinsic motivation and individual potential. It is an approach which is Joseph describes as antithetical to the medical model, since it sees the individual as the expert within their own lives (Joseph, 2017).

EPs are known to have skills in communicating with children using appropriate language, and the benefits of involving children in their own assessment and educational decisions are considerable (Roller, 1998).

Within the literature the voice of the child is identified as a fundamental philosophy underpinning the EP role (for example Fox, 2015), this is echoed by Hill (2016) who acknowledge in their study of research methods for children with multiple needs that gaining insights from children into their experiences and preferences is considered a “key responsibility” (p.28) for EPs. According to the British Psychological Society (BPS) Code of Ethics and Conduct, EPs must competently “demonstrate ability to work collaboratively with children [and] young people ...” (BPS, 2018, 1.7) and “use evidence-informed person-centred approaches to ensure children [and] young people...are appropriately included in the process” (BPS, 2018, 4.8). EPs have a key role in gathering and communicating children’s views and this leads to empowerment and improved life outcomes (Smillie and Newton, 2020; Harding and Atkinson, 2009). There is a commonly arising theme within the contemporary literature that the current EHC needs assessment process provides some opportunities to promote the voice of the child and capture environmental factors, however the ‘needs, outcomes and provision’ format tends to align more with a ‘within child’ construction.

Despite the literature giving clear professional, ethical and legal impetus to gather the child’s voice, it is also clear there is room for improvement and the way in which EPs approach gathering a children’s view is paramount. Young and Quibell (2000), for example, in their discussion of disability rights acknowledge that social disadvantage will persist when individuals are required to communicate in a language they do not understand. Bunning (2004) reiterates that “without the necessary modifications and social resources in the communication environment, the individual will experience social exclusion” (p.214). In order to convey our feelings and aspirations we need a shared mode of communication and this contributes to our sense of self and self-worth. Bunning (2004) cautions that individuals with communication difficulties are likely to have fewer opportunities to voice their opinions and be assertive than others with comparable cognitive ability.

It is acknowledged in the literature reviewed that eliciting the voice of the child is not solely the role of the EP. Castro-Kemp, et al. (2021) concede that

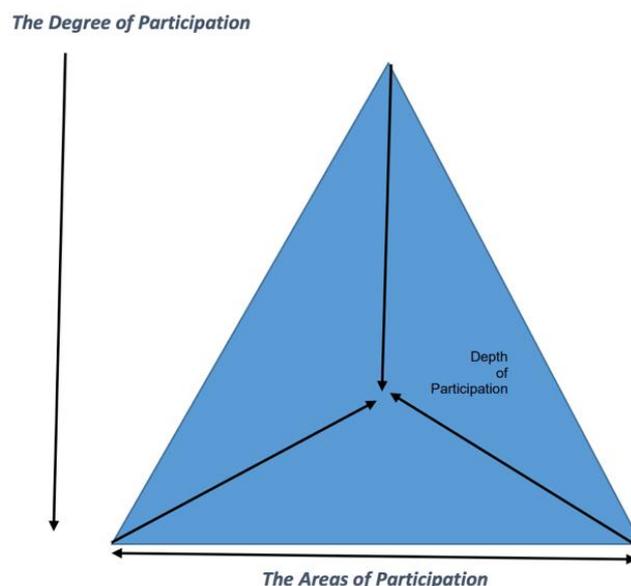
multi-agency collaboration in assessment and provision reflects higher quality outcomes. However current UK practice dictates that EPs are more consistently involved than health and social care professionals, therefore they have a key role in promoting good practice in this domain. Harding and Atkinson (2009) carried out a content analysis of how EPs recorded the voice of Year Nine children prior to transition, within one local authority, followed by a focus group with EPs. They identified a wide variety of practice and that EP's predominant means of gathering views was via direct questioning. There are clearly access implications for those with comprehension and/or expressive language needs. McCormack, et al. (2018) stress that health and education professionals have a particular role in supporting individuals whose right to communicate may be challenged by an effective means to communicate. Bloom et al. (2020a) concede that the time and processes involved to elicit views of children with disabilities are complex, and it can be argued there is a need for readily available resources that reduce demands on time and aid accessibility for groups less likely to have a voice. While addressing these issues is important, McCormack et al. (2018) caution that providing individuals with an effective voice is only part of this role and these individuals also need "...a space, an audience and an influence" (p.150).

Although obtaining the child's voice is not solely the EP's responsibility the EHC needs assessment process has particular relevance to educational psychology practice as already discussed. Skipp and Hopwood's (2016) research into user experiences of the EHC process found appropriate involvement of the child in EHC needs assessments "including being supported to feed in their opinion" (p.22) led to greater parental satisfaction in the process. Despite the brief, Skipp and Hopwood's (2016) research appeared to focus heavily on parent experience and acknowledged the challenges of capturing feedback from children with SEND. One of the recommendations of the research findings was that guidance is drawn up "on how best to effectively elicit and act upon the views of children and young people with SEND within the feedback process" (p.10). Palikara et al. (2018) identified high levels of variability in the way the child's voice was captured, including the methods used which they claim may reflect the lack of national

guidelines on this. Only 16.8% of plans analysed reported the method used to gather the child's voice, with mainstream schools somewhat surprisingly reporting their methods more often than special schools.

The literature review has identified that there is only limited research related to how EPs approach reporting the child's voice, aside from Harding and Atkinson (2009) one article was found from the reference of a thesis (Howells, 2021) where the psychological advice from 21 Trainee Educational Psychologists (TEPs) was analysed (Fox, 2016). The study found the length of advice ranged from zero to 400 words with the oldest child in the sample (aged 12 years) having the 'longest voice'. Fox (2016) comments that the child's voice is proportionally a very small part of most reports and created the 'pyramid of participation' (Figure 3) to reflect the different key elements. He argues EPs can help participation by moving their practice forward in all three aspects (degree, areas and depth) but does not address the mode of participation.

Figure 3: Fox's Pyramid of Participation



Note. Fox, M. (2016). The pyramid of participation: The representation of the child's voice in psychological advice. *Educational Psychology Research and Practice*, 2(2), p.61.

In summary, the literature reviewed indicates that although EPs work with some autonomy they are also influenced by the status quo, such as

government policy and professional bodies. There is a lack of guidance on how EPs should gather and also report the child's views. The EP role is key because they tend to be more consistently involved than other professionals in EHC needs assessments (Castro-Kemp et al., 2021) and have a clear responsibility towards obtaining the child's voice. Despite this, issues such as time and availability of suitable tools are considered restricting factors (Howells, 2021) impacting the engagement of more vulnerable groups including those with SLCN. A range of approaches suited to the needs of these children and their applicability to EP practice will be considered in the next section.

### **1.8 Ways to gather the voice of children with SLCN**

This section considers the literature on the voice of children with SLCN due to the inherent issues that can exist when trying to gather the views of this heterogeneous group. This variation was reflected in studies brought to light in earlier sections for example encompassing those with multi-sensory impairment and Down Syndrome. What follows aims to provide a critical review of tools and approaches which are considered applicable to eliciting the voice of children with SLCN drawn from the literature. It also considers their current use within educational psychology given the apparent need for further development of child-friendly tools and resources (Howells, 2021).

It is helpful first to consider what constitutes a SLCN. The Royal College of Speech and Language Therapy (RCSLT) have a factsheet (n.d., p.1) explaining the breadth of the term which can encompass single or multiple aspects from this list below:

- Problems with producing speech sounds accurately
- Stammering
- Voice problems, such as hoarseness and loss of voice
- Problems understanding language (making sense of what people say)
- Problems using language (words and sentences)

- Problems interacting with others, for example, difficulties understanding the non-verbal rules of good communication or using language in different ways to question, clarify or describe things

In accordance with the abovementioned Equality Act (2010), children with SLCN should be provided with the support required to have the same opportunity to share their views as others. The onus is on the organisation to provide the necessary support. However, children with SLCN are a diverse group and there is no 'one size fits all' approach (Bloom, et al., 2020b). The approaches considered applicable to children with SLCN share visual qualities and a reduced emphasis on verbal communication, the literature on these is discussed chronologically below to reflect the ongoing development in this area.

Lewis, et al. (2008) describe the development of **Cue Cards** as a highly effective tool to facilitate children to have a voice. The visual support, a set of black and white symbols, was used to scaffold the child's response removing the need for adult questioning. Notably a key principle for using Cue Cards was that "...children needed to be taught systematically how to use the cards and each card needed to be explained and practised." (p.27) this has implications for educational psychology practice where frequently a meeting with a child takes place on a single, time limited occasion.

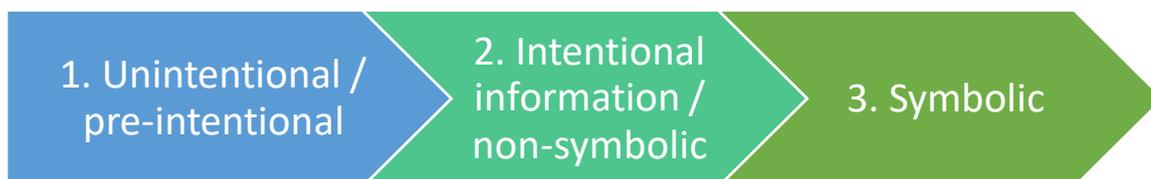
Hill et al. (2016) evaluated a range of techniques used to explore the experiences of pupils in residential special schools. They report the '**graffiti wall**' worked well, although use of a keyworker to facilitate may have inhibited pupil's expression of negative views. Hill et al. (2016) also considered 'the diamond ranking' activity, where pupils took photos of their learning activities and evaluated them using a 'diamond rank' system. Diamond ranking as a technique requires a relatively higher level of reasoning and more advanced language skills. For those with SLCN and PMLD **school preference cards** were used, which the children sorted photos into positive, negative and neutral categories. Children needed no

verbal and minimal receptive language was required for participation. Hill et al. (2016) note selection of pictures and captions are critical to the success of the technique and could be time consuming and that a small number of students sought sensory stimulation from the cards. There appears to be considerable overlap between the school preference cards and TMs.

According to Hill et al. (2016) the **SCERTS** 'Social Communication, Emotional Regulation and Transactional Support' framework, which involves structured observational time sampling used to capture pupil preferences, emotions and adult responses to these, was found to generate rich and meaningful data but was extremely time consuming and required technical expertise from the observer. According to the SCERTS website it is "an innovative education model for working with children with autism spectrum disorder and their families" (Prizant, et al., 2007, para. 1). There is a detailed two volume manual which provides guidance on assessment and intervention.

The **Communication Trust** (2016) published a **Toolkit** for education settings titled "Involving the children and young people with SLCN". It stresses the importance of adults assuming that participation is possible and necessary and is emphatic that humans communicate all the time regardless of age or ability. Communication is viewed on a continuum and three stages are identified (Figure 4):

Figure 4: Communication continuum



The interpretation required by the communication partner reduces as the individual becomes competent at using a symbolic system of communication, such as speech. The toolkit recommends the use of visual supports (photos

and pictures), simplified language, consistency i.e. same symbols used across the whole setting, while acknowledging the importance of tailoring communication approaches to individual needs. One page profiles are promoted as a means to make key information about pupils more widely known.

The Council for Disabled Children (n.d.) 'barriers to participation factsheet' emphasises the need to equip staff with skills and tools required. It also advocates giving children a meaningful role in the decision-making process from an early age, making the process fun, and using alternative communication methods such as TMs.

Bloom et al. (2020a) provide a critical review of existing documented approaches for eliciting the voice of the child to gather information about their experiences of school learning and support. This included six different approaches:

**1. Diamond rank sorting task**

This involved sorting nine activities according to preferences (like or dislike) and suggested insight which challenged the status quo could be achieved. Children appeared to enjoy the active nature of the task. However, it poses potential for disparity between what helps children learn and what they like, and requires skills in reasoning and reflection.

**2. Focus groups**

Less threatening, more dynamic in nature and offer peer support. Conversely there is tendency for children to acquiesce and a false consensus to be drawn, there are issues around unpredictability and in addition, there is a lack of confidentiality around more personal matters.

**3. Talking Mats™**

There were benefits in terms of ease of administration, adaptability, being fun for children, and having the potential to overcome communication barriers. More work is needed to develop and evaluate

approaches that enable children with SLCN to communicate their experiences of education.

#### **4. The Mosaic Approach (Clark and Moss, 2011)**

Combines visual, child-led, approaches with observation and interview, to explore the child's world, allowing the triangulation of qualitative information. If carried out on a single occasion the approach provides a "snapshot" of the child's views and material provided by the child may not have practical application which is highlighted as a disadvantage.

#### **5. The Ideal School Drawing Technique (Moran, 2001)**

The technique is considered popular, practical, and time efficient. It is less suited to children with more severe LD since children need to have a level of drawing (fine motor / cognitive / abstract thinking skills). Those delivering this technique need appropriate training and the result requires some adult interpretation.

#### **6. In My Shoes**

In My Shoes is computer assisted interview package that helps children to communicate about their experiences through images, sound, speech and video (Calam, et al., 2000). There are cost implications for this approach which requires adults using it to attend 2 days of training. The visual element was noted to aid the child's attention and it could be adapted to the individual.

Bloom, et al. (2020b) also evaluated 'Your Voice Your Choice' as a method for exploring school experiences of children with SLCN using multiple case studies. The toolkit consisted of a felt mat, bottom scale and emotion pictures. Children were asked pre-conceptualised questions about their learning, social and emotional support experiences, and were invited to place on the scale according to how they felt. The tool was designed to remove certain communication barriers and foster sensory reflection. In their discussion Bloom et al. (2020b) recommend using a third-party advocate to administer the tool to provide objectivity, and this practitioner needs time to gather prior contextual information. They acknowledge ascertaining how children felt about more abstract aspects was more challenging and reflect

that though the toolkit may provide means to elicit the child's emotions, the interpretation of these relies on an intrinsic level of expertise from the adult. One could argue the EP is well suited to this role.

TMs or similar approaches on obtaining the voice of children with SLCN feature repeatedly within the literature discussed above. This contrasts with an apparent dearth of literature on this type of approach within the field of educational psychology, highlighting it as an area worthy of further exploration and giving rise to the main research question.

### **1.9 Exploring Talking Mats™ as a tool for EP practice**

When looking more broadly across the literature for approaches compatible with SLCN, visual approaches are key and TMs or similar approaches feature repeatedly (Bloom et al, 2020a; Pearlman and Michaels, 2019; Taylor 2007; Whitehurst 2006). Interestingly, no literature was identified featuring the term 'Talking Mats' in the title or abstract of any educational psychology journals available online, based on searches done before March 2023, and although according to Stans et al. (2019) TMs are considered to be widely used in the UK in "home environments, institutional care, rehabilitation, schools, and prisons" (p.164) across a range of age groups, research on suitability for different settings, objectives, and effectiveness is limited. Stans et al. (2019) recommended future research focuses on everyday practice and is 'in-depth' and 'user-reported'. Within this section TMs is explored further, including the principles and how they align with supporting advocacy, as well the practicalities and limitations of using this approach.

TMs is a framework developed by Joan Murphy at the University of Stirling in 1998 aimed to help those with communication impairment understand, express, and crucially reflect on their views (TalkingMats, n.d.). Murphy and Cameron (2008) found TMs were more effective at enabling people with learning disability to express their views on a range of topics than other methods of communication. TMs improved "both the quality and quantity of information communicated" (Murphy and Cameron, 2008, p. 232).



In a scoping review Stans et al. (2019, p.153) found TMs were “used for functional objectives...and to improve communication and involvement”. An overview of the empirical evidence found they had “positive influences on technical communication, effectiveness of conversations, and involvement and decision making in conversations” (Stans et al., 2019, p.154).

The literature reflects the flexibility of TMs across different contexts, both in terms of topics and client groups. For example, Coakes (2006) evaluated TMs when used for children with social emotional behavioural and communication needs and found they increased communicative effectiveness and augmented both verbal and non-verbal skills. Whereas Cameron and Matthews (2017) describe the process of developing an accessible ‘keeping safe resource’ for staff to use with people with learning difficulties, choosing TMs because of its evidence base and consistent framework for practitioners. They emphasise the importance of providing space for people to reflect and share on small issues before expecting them to disclose big issues. TMs conversations are conceptualised in terms of a ‘thinker’ and a ‘listener’ with TMs providing support for both, see Table 3:

Table 3: Benefits of using TMs

<b>Thinker (the person sharing their views)</b>	<b>Listener (the person facilitating the conversation)</b>
Structure / information presented in small chunks	Encourages a non-judgemental and non-leading stance
Time and space to process information	Draws attention to non-verbal and verbal communication
Visual mode of expression	Options for personalisation
Builds confidence by moving from more concrete to abstract	Options for creativity in the moment if required through drawing

This study highlights the choice of language and adapted aspects following feedback from users, for example changing the “fine” versus “problem” top scale to “going well” versus “not going well”. They acknowledged the importance of keeping the cognitive load as low as possible and that more

abstract topics/concepts such as thoughts and feelings require additional explanation and/ or examples and may not be accessible for all users.

In Whitehurst's (2006) study TMs were used to address Detheridge's principles of freedom to communicate (Detheridge, 2000) with the support of the Speech and Language Therapy team who tailored the interview method using TMs in conjunction with the individual's normal communication mode. Whitehurst (2006) reported some limitations when using TMs with children who have complex learning needs such as attention span, difficulty understanding the abstract concepts, and one student becoming fixated with the photographs used. It is noted however, that while the input of a speech and language therapist may be helpful, not all settings have direct access to this service, or access may be constrained by the local service model and provision. For example, reports from one Eastern region county suggest access to speech therapy services has been a particular issue (Ali, 2019). The covid-19 pandemic further impacted on access to speech and language therapy services due to NHS staff redeployment and the limitations of online only appointments ("█████████ Reverses Huge Cuts", 2022) and there are anecdotal reports of lengthy waiting times and reduced services in some areas. Nevertheless, TMs is a tool that can be used by those without speech and language therapy training.

TMs have some limitations in terms of access for children with certain degrees of cognitive, physical and/or sensory impairment. Those with more significant cognitive impairment and who are not yet able to understand pictures or symbols are also likely to have difficulty accessing tools reliant on two-dimensional images. The development of understanding of symbolic representation is debated in the literature, however it is generally considered there is a lack of appreciation of the symbolic nature and use of pictures in the first 2 years of an infant's life (Ganea, et al., 2009) although there are cultural differences which influence this (Callaghan, 2020).

This review has identified from the literature key advantages and limitations of TMs which can be summarised as follows:

- ✓ It is a simple, 'low tech' and low-cost method
- ✓ It is a visual approach (with increased iconicity and reduced transience)
- ✓ It increases accessibility for those with SLCN (it can be used with children who are non-verbal and those with limited language comprehension)
- ✓ It requires limited motor precision (therefore may be accessible to individuals with physical and co-ordination needs)
- ✓ It offers flexibility (i.e., opinions on a range of topics can be sought)
- ✓ It is child focused and child led
  
- × It requires comprehension of two-dimensional images i.e., photos/drawings/symbols (therefore a degree of visual acuity and symbolic understanding is required)
- × It requires some interpretation and is therefore open to misinterpretation by the child and/or adult
- × It gives a 'snapshot' opinion and may be influenced by unknown factors
- × There is a reliance on the adult to prepare/individualise resources
- × There is some evidence the training and experience of the adult is a factor
- × There is evidence prior knowledge of the child is beneficial

In conclusion the existing literature suggests that TMs are highly compatible with person-centred and personal construct approaches commonly used to gather the views of children within educational psychology. TMs encourage a non-judgemental and empowering stance, they offer flexibility in terms of content with options for personalisation and creativity in the moment where required, they provide structure, chunking, space to process through a visual mode of communication. The merits of TMs warrant further exploration for eliciting the voice of the child within an educational psychology context. Currently the understanding of its application within educational psychology and as part of the EHC needs assessment process is limited.

### **1.10 Conclusion and research opportunities**

In summary, legislation in the UK recognises the importance of the child's voice (Children and Families Act 2014, Equality Act 2010, United Nations Convention on the Rights of the Child, 1989) but as Gaona, et al, (2020) note there is a "gap between rhetoric and practice" (p.3384). It is vital that this concept is construed as more than a mere ideology. There is a growing evidence base regarding the value of ascertaining the voice of children both within research and more importantly in matters that affect their day to day lives. However, the availability and evidence base for suitable tools, particularly for children with SLCN is limited (Morris 2003), alongside a lack of guidance on how to approach this (Pearlman and Michaels, 2019). This issue is not unique to EP practice, and education more widely along with health and social care professionals also face these challenges (Franklin 2013). Methods to elicit the child's voice can be time consuming and have considerable practical implications for EPs and local authorities with workforce and funding limitations. A lack of opportunity to develop skills, and the assumptions of others about the child's ability to provide useful information (Bloom et al., 2020a) along with the heterogeneity of the needs of this group are ongoing challenges EPs face.

This review has identified that there is a dearth of research which considers or evaluates suitable tools for eliciting the child's views in an educational psychology context, and furthermore no studies were found which look specifically at tools to gather the child's views for the purpose of EHC needs assessments, a clear gap in the research is identified here. Despite its overlap with scaling, anecdotally regarded a commonly used tool within educational psychology (which may or may not include pictures), TMs as an approach was not evident in any of the educational psychology literature reviewed providing a strong rationale for further research. This led to TMs being chosen as an approach compatible with EPs trying to elicit the views of children with SLCN for EHC needs assessments due to its simplicity to administer, low cost, interactive and child-led nature, and because of its potential to increase accessibility for a wide range of children with SLCN. TMs promote a person-centred approach and can be used to explore a

range of topics, in the case of EHC needs assessments this would be the child's views on a range of aspects of school, drawing on humanistic psychology and PCP to elicit the child's view of what is 'going well' versus 'not going well' in school, their strengths and areas for development, and to prompt them to consider their aspirations for the future.

## **Chapter 2 – Empirical Paper**

### **2.0 Introduction**

The emergence of the concept of the ‘voice of the child’ is seemingly linked to section 18 of the Child Care Act 1980 which acknowledges the views and wishes of children should be given due consideration (Smith, 1991). Further to this, the UK saw a shift in the significance of the child’s voice following the 1989 Children Act and the ratification of Article 12 of the United Nations Convention on the Rights of the Child (1989) which brought about a change in child law. According to Davie (1996) many in education continued to be unfamiliar with the implications of the aforementioned legislation until the 1994 Code of Practice was published which placed children’s involvement in decision making on the educational agenda. In reality the implementation of such an aspiration has been left wanting, with controversies and unsolved practical questions over the means to effectively involve the child persisting with us to the present. The following research aims to further explore the implementation of such an aspiration through Educational Psychologists’ (EP) use of a Talking Mats™ (TMs) style tool when trying to gather the views of children with speech, language and communication needs (SLCN) for education health and care (EHC) needs assessments. The findings hope to inform the evidence-base within educational psychology regarding approaches that have application to children who experience difficulty accessing commonly used discussion methods as a result of SLCN.

### **2.1 The significance of the child’s voice within education and SEND**

Recent special educational needs and disabilities (SEND) reforms (Children and Families Act 2014 and SEND Code of Practice, DfE and DoH, 2015) reflected a commitment to improving outcomes for all children. There is a legal obligation for local authorities to ensure that due regard is given to the “views, wishes and feelings” (p.19) of children as well as giving them opportunity to participate in decisions with support as necessary (Children and Families Act, 2014), this is pivotal for the voice of children with SEND. The expectation is that children and families should be involved in the needs

assessment process and 'must' be consulted. The SEND Code of Practice states that advice should be sought from an EP as part of the statutory assessment process and that those working with children and families should "involve the child as far as possible in this process" (DfE and DoH, 2015; p.47) therefore the role of the EP in gathering the views of children becomes integral and interwoven with the process. The Code of Practice is clear that the views of key adults, which are important and should be integrated (Rogers and Boyd, 2020), must not be used "...as a proxy for young people's views" (DfE and DoH, 2015; p.22). It is noted however that the phrasing 'as far as possible' is open to interpretation and therefore the effort professionals make is likely to vary.

A number of writers focusing on the child's voice within EHC plans have highlighted the importance of how this is written. The SEND Code of Practice (DfE and DoH, 2015) states the EHC plan should be person-centred, and further to this Pearlman and Michaels (2019) assert that contributing professionals should state clearly how the child's views were gathered and how these have contributed to the development of the plan. According to Gaona, et al. (2020) 'Section A' of EHC plans usually contain information about the child's health, play, independence, schooling, and friendships, this section may be written in the first or third person and should clearly specify where the child has been directly quoted. Despite these clear expectations to obtain the voice of the child there is evidence that services frequently struggle to achieve this (Franklin, 2013). Sharma (2021) notes barriers include the ability of professionals to gather views adequately as well as child factors such as language ability and emotional wellbeing. This is compounded by a lack of clear guidance on how this should be carried out (Palikara et al., 2018), and while children require individualised approaches according to their needs, certain groups are at risk of not having the same opportunities as others. According to the Equality Act 2010 you must often treat an individual with a "substantial or long term physical or mental impairment" (DfE, 2014, p.25), "more favourably...and may have to make changes to your practice to ensure, as far as possible, that as a disabled person can benefit from what you offer to the same extent a person without a

disability can” (DfE, 2014, p.24). Skipp and Hopwood (2016) recommend guidance is drawn up on how to effectively elicit and act on the child’s views which is particularly pertinent to the focus of this study.

## **2.2 The benefits of listening to children**

According to Fox (2015), in his paper about the repositioning of EPs following the change in legislation (Children and Families Act, 2014), ensuring the child’s voice is heard is a fundamental philosophy underpinning the role of the EP. While eliciting the voice of the child is not solely the EP’s responsibility (Castro-Kemp et. al, 2021), Fox argues the systems constrain children’s autonomy over and above the child’s needs. The motivation to **really** listen to children extends beyond the legal and ethical obligation. Involving children has multiple benefits (Roller, 1998) including improved autonomy and life outcomes (Smillie and Newton, 2020; Harding and Atkinson, 2009). Having a voice on matters that affect them can also help build the child’s sense of confidence, aspiration, and motivation, and increase skills such as empathy, self-efficacy, communication, cognitive ability, and responsibility (Bloom et al., 2020a). It has been argued that methods used to obtain the child’s voice need to be carefully considered and care taken with the interpretation (Whitehurst, 2006) however the EP is well placed for this as a practitioner who can be objective and has had training in using a range of approaches when working with children.

## **2.3 Ways to gather the voice of the child**

Researchers have found that when considering the voice of the child there are several factors to consider including the child’s capacity to engage and the approach taken by the adult (Merrick, 2020), the adult’s attitude and assumptions can also be a considerable barrier (Alasuutari, 2014; Morris, 2003). The onus is on the adult to find suitable methods to maximise participation (Hart 1992) but unfortunately obtaining tokenistic views, such as the child’s ‘likes or dislikes’ remains a common issue (Pearlman and Michaels, 2019). Hart (1992), in his influential paper on children’s participation, purports that if an adult is genuinely interested in a way that the

child can comprehend, “then [children] are most enthusiastic in their participation” (p.15). In Sales and Vincent’s (2018) more recent study using mixed methods approach (semi-structured interviews and focus groups) professionals and parents indicated methods for collecting views still require improvement.

Children with SLCN are of particular interest here given the inherent barriers to expressing their views. Merrick (2020) highlighted this issue and notes that both time and the expertise of practitioners are key factors influencing the ability to overcome barriers. Children with SLCN are often involved in SEND processes (Bloom et al., 2020b) as SLCNs are the most common primary need in children requiring SEND support Carrol et al. (2017). This is of particular relevance to EPs because they commonly work with children who have SEND and are often under the pressure of a time limited assessment process.

Despite EPs having a unique role both in terms of skill and their vested interest in the voice of the child (Sharma, 2021), existing research indicates commonly used discussion methods (Harding and Atkinson, 2009; Smillie and Newton, 2020) yield fewer views with this group (Norwich and Kelly, 2006). Sales and Vincent (2018) succinctly highlight a parent view that “...asking for verbal responses from a child with communication difficulties is inevitably limited” (p.73). Children with SLCN are a diverse group and there is no ‘one size fits all’ approach (Bloom et al., 2020b). Skipp and Hopwood (2016) in their qualitative study into user experiences of the EHC process recommend guidance is drawn up “on how best to effectively elicit and act upon the views of children and young people with SEND” (p.22). The variability which exists in the way the child’s voice is captured is thought to reflect this lack of national guidance (Palikara et al., 2018) and Gaona et al. (2020) note “there continues to be a gap between rhetoric and practice” (p.3384) in giving voice to young people with SEND.

The limited literature from educational psychology in the UK identifies person-centred approaches as the predominant theory underpinning the

methods for gathering the voice of the child, based on the humanistic principle that people have a “vast resource for self-understanding” (Rogers, 1995, p.115). Smillie and Newton’s (2020) study found personal construct psychology was most frequently reported as an approach used by EPs, they also noted some EPs used self-created materials, mooted this reflects a lack of satisfaction with existing tools.

When looking more broadly across the literature for approaches compatible with SLCN visual approaches are key and TMs or similar approaches feature repeatedly. There are only a small number of papers that focus on the practical issues of gathering the views of children with SLCN in the literature identified. Hooton and Westaway (2008), for example, explored the ability of children with Down Syndrome to make meaningful contributions to, and beyond the annual review process. They used TMs as a low-cost, visual approach which allowed children to express a range of opinions. Hill et al. (2016) also reported success with school preference cards for pupils, in this case with SLCN; children sorted photos into positive, negative and neutral categories and the techniques required no verbal and minimal receptive language. Bloom et al. (2020a) completed a critical review of methods for eliciting the views of children with SLCN, including TMs as a method with several positive attributes including being easy to administer, adaptable and fun, with the potential to overcome communication barriers. Similarly, they evaluated the ‘Your Voice Your Choice’ method which consisted of a felt mat and scale and found that while the tool provides a means to elicit emotions, interpretation relies on expertise from the adult (Bloom et al., 2020b). Bloom et al. (2020a) acknowledge that more work was needed to develop and evaluate such approaches in an educational context providing further rationale for the current study.

#### **2.4 Exploring TMs as a tool for EP practice**

No literature on TMs was identified within educational psychology journals at the time of writing (Spring term, 2023), and although TMs are considered to be widely used in the UK, according to Stans et al. (2019) research on suitability for different settings, objectives, and effectiveness is limited. It is

helpful at this point to explain the nature of TMs in more detail. The TM framework was developed by Joan Murphy at the University of Stirling in 1998 with the aim of helping those with communication impairment understand, express, and crucially reflect on their views (TalkingMats, n.d.). TMs were found to improve “the quality and quantity of information communicated” (Murphy and Cameron, 2008; p.232). It is a “partner assisted framework” (p.164) but aims to put the individual who is vulnerable in control as much as possible (Stans et al., 2019). TMs consist of a central topic, options related to the topic, and a top scale to indicate feeling or opinion. A summary is provided by the conversation partner and is usually preserved by photographing the mat (Hooton and Westaway, 2008).

TMs are highly compatible with person-centred and personal construct approaches commonly used to gather the views of children within educational psychology. TMs encourage a non-judgemental and empowering stance, they offer flexibility in terms of content with options for personalisation and creativity in the moment where required, they provide structure, chunking, space to process through a visual mode of communication. The merits of TMs warrant further exploration for eliciting the voice of the child within an educational psychology context.

## **2.5 Rationale**

All of the above provides a clear and compelling rationale for this study which aims to explore the use of a TMs style tool by EPs when trying to gather the views of children with SLCN for their EHC needs assessments. The proposed objective is to inform the evidence base on approaches which can be used with children who have difficulty accessing discussion methods, commonly used within EP practice when eliciting children’s views (Harding and Atkinson, 2009; Smillie and Newton, 2020). The current study focuses specifically on a TMs approach due to the dearth of literature on TMs within educational psychology. In order to build an ‘in-depth’ and ‘user-reported’ picture of the use of TMs as recommended by Stans et al. (2019) the study considers EP use of the tool across four cases, following a multiple case

study design (Hamilton, 2011). The study has a mixed methods design, which aligns with methodologies used by others when exploring this topic (Palikara et al., 2018; Smillie and Newton, 2020; Bloom et al., 2020b), combining quantitative and qualitative methods of data collection to consider the EPs' experience of using the tool for an EHC needs assessment, whilst also considering how the tool has been incorporated into the psychological advice. This information will be used to critically evaluate the tool both in terms of practical application for the EP, but also importantly, the way in which the child's voice is included within the psychological advice. It is hoped that the research will offer deeper insight into both the benefits of and challenges of this particular approach, therefore the following research questions were formed:

## **2.6 Research questions**

1. What are T/EPs' experiences of using a TMs approach when gathering information for the EHC needs assessments of children with SLCN?
2. How does a TMs approach compare to T/EPs' usual approaches?
3. How is the information gleaned from using a TMs approach used within the T/EP report?
4. What is the possible scope as well as limitations of a TMs approach?

## **2.7 Methodology**

### *2.7.0 Developing a TMs style tool for the study*

Having trialled various versions of TMs in practice for statutory and non-statutory work the researcher refined a specific tool which could be used to gather children's views for the EHC needs assessment process. The needs assessment process in particular was chosen due to the link between the role of the EP and the current statutory assessment process. The tool centred around the duty to give due regard to the "views, wishes and feelings" (p.19) as set out in the (Children and Families Act, 2014). The content included four conversation topics (linked to information the researcher was aware LAs tried to elicit views from the child on, including

strengths, needs and aspirations), with related topic options (created according to the four areas of need set out in the Code of Practice, DfE and DoH, 2015) and some extraneous 'school-based' and 'aspirational' items, two top scales were provided (see Appendix 1). The content was chosen based on resources colleagues had shared and some commercially available resources (for example, inspiration for the items for social and emotional wellbeing was taken from the Sandwell wellbeing pupil survey, Sandwell Council, n.d.) as well as the researcher's own practice experience. Peer feedback was then sought on the content chosen, following this some additions/adaptations made. The provision of blank cards allowed for additional items to be drawn or written ad hoc.

The content was aimed at a Primary age group, 4–11-year-olds, as it was felt Early Years or Secondary content would need to differ and this was the age most children with SLCN were likely to be going through the EHC needs assessment process. The 'going well' to 'not going well' top scale was chosen based on feedback from users in the Cameron and Matthews (2017) study which developed a keeping safe resource. The scale allows children to reflect on how different aspects of school are going and aims to ascertain the child's perception of their experiences of that item in school, not just whether they like it or not (aiming to avoid tokensim). The supporting images were created using Widgeit Symbols, which has over 20,000 line drawings in a schematic structure based on those originally developed in the 1970s to support face-to-face communication with those who have little or no speech (Widgeit, n.d). The researcher sought and was granted copyright permission to use Widgeit Symbols for the study (see Appendix 2).

### *2.7.1 Epistemological / ontological position*

The epistemological standpoint of this study is Critical Realist, attributed to Bhaskar (1978) who attempted to reconcile conflicts between empiricism and rationalism, as this aligns most closely with the researcher's position. Critical Realism is said to create a path between extremes of positivism, the search for truth, and interpretivism, the belief that truth and fact do not exist within

society (Sayer, 2000; Tekin & Kotaman, 2013). This position recognises that the researcher is inextricable from the research process, bringing their own knowledges and influences. The researcher acknowledges a realist assumption that the use of a TMs style tool has potential to improve EPs' ability to gather the voice of children with SLCN, this is driven by existing research in conjunction with the researcher's own background and experience in promoting the engagement of children through alternative and augmentative communication methods. The researcher also acknowledges the inherent challenges of empirically verifying interventions due the 'overriding impact of context' (p.25) and seeks to develop an understanding within 'live ecologies' (Kelly, 2017).

According to Mukumbang (2023) mixed methods are employed within social sciences to explore issues which are complex in nature, providing a better understanding of the research issue than a single approach. This applies to the research methodology chosen for the current study which explores complex factors in a real-world context. He argues Critical Realism provides an epistemologically and ontologically sound means to integrate qualitative and quantitative methods. Critical Realism is also considered compatible with reflexive thematic analysis (TA), chosen to analyse the T/EP experiences, and views the researcher as taking an active role in knowledge production (Byrne, 2021) forgoing positivist ideas around coding reliability, instead recognising the interpretative nature of the data coding process (Braun, 2019).

### *2.7.2 Rationale for the research design*

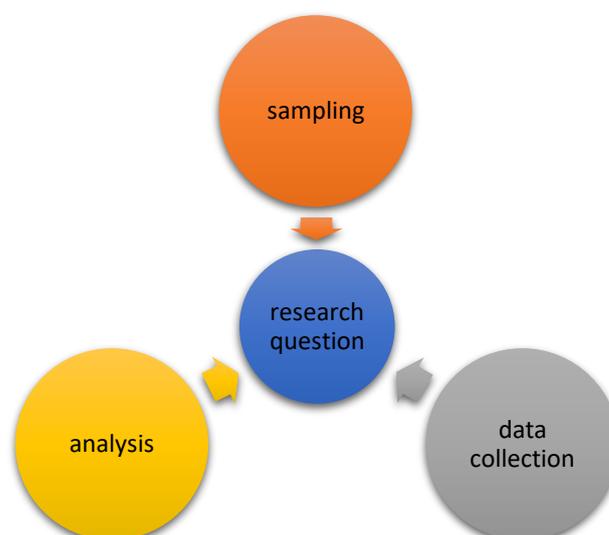
An iterative approach was taken to the research design where the methodology was adapted over the course of the project. This approach is considered useful for time-sensitive projects where there is not scope for multiple rounds of research or piloting (The Association for Qualitative Research, n.d.), such as the time sensitive statutory assessment process and the timeline for completion of the doctorate in the context of this study.

The study followed a mixed methods, multiple case study design, making use of both quantitative and qualitative methods of data analysis to integrate information from different sources. Hamilton (2011) describes multiple case studies as comprising two or more forms of data collection and/or two or more perspectives to integrate information from different sources. Multiple case studies allow comparative analysis of a series of cases and according to Yin (1994) can be as small as two or contain a larger number of cases. Yin (1994) describes how case studies are likely to focus on complex interventions in multiple settings with a non-homogenous sample, therefore compatible with the nature of this study. He also considers the bringing together of qualitative and quantitative methods a strength of the case study method. A range of qualitative methods are compatible with case study research including semi-structured interviews and personal documents (Willig, 2013) to provide a deeper insight into participants' experiences within a particular context (Hamilton, 2011). Willig (2013) cautions they do not constitute a representative sample and cannot be generalised to unexplored cases; however, they can be used to develop and refine theory with potential application to new cases. The case study approach is considered an appropriate methodology in this study given the complexity of the data and the context of its collection, as described by Elliott and Lukes (2008) and its ability to offer depth and understand the variation of certain phenomena (Flyvbjerg, 2006).

The methods chosen for analysis differed according to the nature of data gathered across the different phases of the study. Gillham (2008) describes the tension between the economical factors (time, effort and cost) and validity when collecting verbal data. Use of a questionnaire and semi-structured interview allowed the researcher to achieve a compromise between open and closed questions. Open questions which can lead to a greater level of discovery are difficult to achieve in questionnaires because of issues motivating respondents (Gillham, 2008), follow up interviews allowed the researcher to probe further and explore information from participants as it emerged (Magaldi and Berler, 2020).

The questionnaire was developed with reference to Gillham’s (2008) general principles. While questionnaires place a relatively low demand on participants, they can lack depth (Bryman, 2012) and may not allow scope for deeper meaning to be extrapolated, in this study the questionnaire was used as part of a multi-method approach to enrich the research findings (Gillham, 2008). The questionnaire was completed by EPs prior to the interview and helped to ensure questions were tailored accordingly e.g., not asking about additional items added by the child if the questionnaire indicated these had not been used. The semi-structured interview was developed following guidance by Kallio, et al. (2016) that it should be flexible, participant orientated and neutral, there were two levels of questions (main and follow-up) to support probing where needed. The interview data were analysed using Braun and Clarke’s reflexive TA which provides “an accessible and robust method” (p.4) for qualitative data analysis, compatible with the epistemological position of the researcher allowing them to make meaning from the data (Braun and Clarke, 2021). The reflexivity was an important aspect for this study given the researcher’s position within the research process. Baker and Edwards (2012) describe the iterative nature of qualitative research which forms an interactive rather than linear process depicted in Figure 6.

Figure 6: Iterative research process



According to Baker and Edwards (2012) a qualitative approach is interested in identifying commonalities and then extrapolating out the implications of these to a wider 'whole', once the commonalities become repetitive there is no need to continue. Some consider saturation is a key factor i.e. "when gathering fresh data no longer sparks new theoretical insights, nor reveals new properties of your core theoretical categories" (Charmaz, 2006, p.113). Although achieving saturation is often influenced by factors which are beyond the researcher's control (Dwokin, 2012), in this case the timeline for completion, the practical and financial implications of generating the TMs materials, the need to specify participant details to the ethics committee, as well as a lack of control of the heterogeneity over the individuals who elected to participate had an impact on the number of participants recruited.

The psychological advice, which was produced following the use of the TMs style tool, was analysed using content analysis to explore how the information from the TMs had been utilised across the different cases. This provided an additional perspective. Due it's similar aims, Palikara et al.'s (2018) study which analysed 'Section A' of EHC plans using inductive and deductive CA to consider how children's voices are captured, informed the approach chosen here.

### *2.7.3 Phase 1*

After participants had used the TMs tool as a part of a routine piece of casework initial data were collected via an online Microsoft Forms questionnaire. The questionnaire comprised four sections which aimed to capture demographic information pertaining to; the T/EP and child, usual tools used by the EP, the T/EPs experience of using the TMs including administration, and the child's response and the information obtained. It was considered important to keep the questionnaire as brief as possible given the additional time T/EPs were also asked to dedicate to the study for other aspects. A copy of the questionnaire can be found in Appendix 6.

#### *2.7.4 Phase 2*

The semi-structured interviews aimed to gain a greater insight into participants' usual practice as well as their experiences of using the TMs tool for the study. The interview questions were developed to expand the phase 1 data, further exploring usual approaches and considerations as well as the strengths and limitations of the tool. Interviews were completed via Microsoft Teams to minimise inconvenience and time demands for participants. The researcher made a conscious effort to be mindful of their own biases by remaining curious and non-judgemental. For an indicative list of interview questions see Appendix 8.

A video recording was made with participants' consent, and these were transcribed 'near verbatim' into Microsoft Word noting some but not a detailed level of the linguistic features present, for example the use of intonation which suggested sarcasm and had implications for the interpretation. According to Braun and Clarke (2006) there are no set guidelines for producing transcripts, of key importance is that the transcript reflects the original meaning, for example, ensuring care is taken over the addition of punctuation. Two participants chose to review their transcripts prior to analysis after which recordings were then deleted. Whilst it is acknowledged that any form of transcription constitutes a translation of what has been said and cannot pertain to be a mirror image of the interview (Willig 2013), it was felt that this was the most appropriate means of carrying out a full analysis of the data.

#### *2.7.5 Phase 3*

Following completion of the psychological advice for the piece of casework concerned, T/EPs sent an anonymised copy of the advice (parent and T/EP consent for this was sought for this at the recruitment stage) for analysis. Guidance on ensuring anonymity and sending this securely to the researcher was provided in the participant information email (see Appendix 4) and reiterated at the end of the interview. The researcher also verified the anonymity on receipt prior to saving the reports on an approved, secure system.

### *2.7.6 Data analysis*

The researcher completed the questionnaire and report analysis once no further participants were being sought. Interview transcription and initial coding took place shortly after each interview.

### *2.7.7 Qualitative data*

Interview transcripts were analysed at a semantic level using reflective TA (Creswell and Creswell 2017). Braun and Clarke's (2021) six-stage model of TA provided the framework for this. The steps are discussed below:

1. **Familiarisation with the data** - having conducted the interviews the researcher engaged with the process of transcribing the data within a few days, this promoted familiarisation and allowed the researcher to note initial information arising from the data.
2. **Generation of initial codes** - systematic coding of each interview transcript was carried out.
3. **Searching for themes** - codes were then collated into potential themes.
4. **Reviewing themes** - themes were reviewed to generate a thematic 'map'.
5. **Defining and naming themes** - ongoing analysis of the data with themes allowed for refinement and generation of a clear name for each theme. At this point the thematic map was finalised.
6. **Producing the report** - extracts were selected which encapsulated the themes, these were used alongside the other data gathered to form the overall findings.

Although presented as such reflexive TA is not considered a linear process, during the process there was movement back and forth through steps two to six, while remaining mindful of the research questions, to reach the final themes presented within the findings, a more detailed account is provided in the reflective chapter.

### 2.7.8 Quantitative data

Quantitative data was generated by the questionnaire and report analysis. Descriptive statistics were used to summarise the EP ratings of the tool. Child specific data was reported in a tabular format to allow for comparison between the four cases. Content Analysis (CA) was used to categorise and provide an overview of responses to the open questions in the questionnaire inductively (see example in Appendix 7). Neuendorf (2017) explains that while CA only describes the ‘message characteristics’ it is “integral to a fuller understanding of human communication behavior” (p.42), integrated with the other data in the current study CA helps build an understanding of the application of TMs in an educational psychology context. For analysis of the report data a combination of word, phrase, and sentence level CA was used according to the chosen codes. Existing literature was used to inform some codes (deductive coding), others reflected the chosen research questions, and two that were inductive, see Table 4.

Table 4: Content analysis codes

Code	Level	Rationale
States how views were gathered	Phrase	Gaona, Castro and Palikara (2020) – note ‘Section A’ of EHC plans usually containing information about the child’s health, play, independence, schooling, and friendships may be written in the first or third person and should clearly specify where the child has been directly quoted.
Written in first or third person	Word	
Number of times child is directly quoted within child views section	Phrase	
Number of times TMs mentioned and section	Word	Links to research question 3.
Number of photos included and section	Image	Links to research question 3.
Word count of child views compared with parent views	Word	An emergent code – in response to some child views sections appearing longer than parent ones. Fox (2016) found the child views in 21 reports analysed ranged from 0-400 words.
Direct link between child views and strengths (S), needs (N), outcomes (O), provision (P)	Sentence	Links to research question 3.

<b>Code</b>	<b>Level</b>	<b>Rationale</b>
Indirect link between child views and strengths (S), needs (N), outcomes (O), provision (P)	Sentence	Links to research question 3.
References to visuals	Word	An emergent code - considered relevant to the TMs approach.

### *2.7.9 Research participants*

Sampling was limited to three EP services within the Eastern Region where the researcher had some knowledge of existing practices for gathering children's views for EHC needs assessments as well as existing connections which were hoped would facilitate participation.

T/EPs were recruited as the primary participants via gatekeepers as per the ethics application (the principal or deputy EP for those services). Recruitment was more challenging than anticipated and despite adequate interest over the five-month recruitment period only four participants completed the process, see Table 5 for summary. In response to a unique opportunity which arose (and given the recruitment difficulties) an amendment to the ethical approval was sought to extend recruitment to an Assistant EP (AEP) who was jointly involved in the TM administration and write up for one of the cases, they participated in the interview aspect only.

Table 5. Recruitment

<b>Level of involvement</b>	<b>Number of T/EPs</b>
Expressions of interest	12
EP consent returned	8
Full participation	4
Partial participation	1

Sample sizes for qualitative studies are often smaller than in quantitative research, aiming for depth and meaning rather than generalisations and hypothesis testing, therefore contemplating how many participants are

needed can be unhelpful (Dwokin, 2012). According to Dwokin (2012) the numerous publications on sample size range widely in their guidance from between five to 50 influenced by “the quality of data, the scope of the study, the nature of the topic, the amount of useful information obtained from each participant, the use of shadowed data, and the qualitative method and study design used” (Morse, 2000; p.1). The current study achieved the minimum guidance on numbers given by Dwokin (2012). The nature of the data collected aimed to build a rich picture and although, Gillham (2008) considers three or four carefully prepared and analysed interviews “can bring your research study to life” (p.101) when used as part of a multi-method approach.

The participant demographics collected from the questionnaire are presented in Table 6. Other participant characteristics were not collected to enhance participant anonymity.

Table 6: Participant experience

Participant	Role	Experience	Experience of TMs
1	TEP	3 <sup>rd</sup> Year	No
2	EP	10+ years post qualification	Yes
3	EP	10+ years post qualification	No
4	EP	2-5 years post qualification	No
5	AEP	N/A	No

The design of the study meant there were also ‘secondary’ child participants. Opt-in consent was sought from their parents via the T/EP participants. The ethics committee also recommended that study information and an opt-out consent form was sent to the Head Teacher of the school the child attended as a matter of courtesy. These were emailed by the T/EP participant. These different layers of consent were recorded via a spreadsheet containing the participant number. The T/EPs were also provided with a child-friendly consent form to share with the child prior to using the TMs and a rating scale to use afterwards. These were created using Widge symbols to support comprehension (see Appendix 5).

#### *2.7.10 Attention to rigour*

The researcher's pre-existing relationship with the subject matter and role within the process in terms of shaping the research and engaging with the data has already been acknowledged. According to Willig (2013) these are not biases which need to be removed rather "the conditions which frame, and indeed make possible, the research" (p.52). To address these conditions a reflexive approach was taken, described by Braun and Clarke (2021) as "routinely reflecting on your assumptions, expectations, choices and actions" (p.14) as an ongoing process. The researcher engaged in reflexivity through a number of means, these included but were not limited to a research diary, supervision, engaging with the literature.

When addressing the issue of generalisability within qualitative research Smith (2018) discusses the concept as a strength rather than a limitation of qualitative research, which he considers to be a common misconception. Smith (2018) identifies different aspects of generalisability applicable to qualitative research, and his descriptions of naturalistic (when research resonates with the reader) and transferable (how research findings apply to the reader's context) generalisability particularly resonate with this study. This stance on generalisability places the reader as a critical consumer.

#### *2.7.11 Ethical considerations*

Ethical approval was sought from the University of East Anglia (UEA) School of Education Ethics Committee, prior to commencing the study (Appendix 3). This carefully considered factors such as consent, confidentiality, the right to withdraw according to different participant groups, in line with guidance from the BPS Code of Human Research Ethics (2014). Approval was awarded and the safeguards documented were adhered to throughout the research process. After expressions of interest T/EPs were sent further information to consider including a flow chart to support identification of a suitable participant (Appendix 4). T/EPs were then given some autonomy over participation time frame.

The data collected was stored and analysed in accordance with the General Data Protection Regulation Act (2018) and the UEA Research Data

Management Policy (2019) using the university’s secure approved online system. Any personal identifiable information including contact details were only used for the purposes outlined in the ethics application. From the point of transcription onwards participants were only referred to by number. Careful consideration was given to the extracts chosen to illustrate themes in terms of the information they conveyed about participants, the children, their parents, and any staff, colleagues, or services, and those with potentially identifying information were removed.

## 2.8 Findings

### 2.8.0 Phase 1 - questionnaire analysis

This section details findings from the questionnaire which forms Phase 1. T/EP participants were asked to complete an online questionnaire consisting of 20 open and closed questions following their use of the TMs tool (Appendix 6). Aside from demographic data pertaining to the T/EPs, provided earlier, the analysis of the participants responses is presented below. This has been grouped according to:

- a) Information about the child
- b) The usual tools used by the T/EP
- c) The child’s response to TMs
- d) The T/EPs experience of using the TMs

#### a) Information about the child

Table 7: Children’s ages

Age	Child’s age in years
Child 1	4
Child 2	9
Child 3	7
Child 4	7

Table 8: Children’s SEND

<b>SEND*</b>	<b>Communication &amp; Interaction</b>	<b>Cognition &amp; Learning</b>	<b>Social Emotional &amp; Mental Health</b>	<b>Physical and/or Sensory</b>
Child 1	✓	✓		✓
Child 2	✓	✓	✓	✓
Child 3	✓	✓	✓	✓
Child 4	✓	✓	✓	

\*This information was based on T/EP judgement/ information available to them.

Table 9: Children's SLCN

<b>SLCN*</b>	<b>Speech production</b>	<b>Expressive language</b>	<b>Receptive language</b>	<b>Social communication</b>	<b>EAL</b>
Child 1		✓	✓	✓	✓
Child 2	✓	✓			
Child 3	✓	✓			
Child 4		✓	✓	✓	

\*SLCN were categorised according to the T/EP's descriptions and not pre-defined categories.

Table 10: Children's attention and listening

<b>Attention &amp; Listening</b>	<b>Very good</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>Very poor</b>
Child 1					✓
Child 2		✓			
Child 3				✓	
Child 4			✓		

*b) The usual tools used by the T/EP*

Table 11: Usual tools

<b>Scaling</b>	<b>Ideal self/school</b>	<b>Other PCP tools</b>	<b>Drawing</b>	<b>Interviewing</b>	<b>Other</b>
100%	100%	100%	50%	50%	25%

Responses were categorised from the T/EP's descriptions and not based on pre-defined categories.

c) *The child's response to TMs*

Table 12: TMs completed

<b>TMs completed</b>	<b>What's going well?</b>	<b>What are you good at?</b>	<b>What do you want to get better at?</b>	<b>What are your future hopes and dreams?</b>	<b>Own items added</b>
Child 1		✓			
Child 2	✓	✓	✓	✓	
Child 3	✓	✓			
Child 4	✓	✓	✓	✓	✓

Table 13: Presence of additional adults

<b>Additional adult/s present</b>	<b>Yes</b>	<b>No</b>	<b>Number</b>
Child 1	✓		2
Child 2		✓	
Child 3	✓		1
Child 4		✓	

Table 14: T/EP confidence in child views

<b>Confidence child's responses reflected their views</b>	<b>Extremely confident</b>	<b>Somewhat confident</b>	<b>Neutral</b>	<b>Not that confident</b>	<b>Not at all confident</b>
Child 1			✓		
Child 2	✓				
Child 3	✓				
Child 4		✓			

Table 15: Child rating (reported by T/EP)

<b>Child's rating after using the TMs</b>	<b>Good</b>	<b>Ok</b>	<b>Bad</b>	<b>Not able to rate</b>
Child 1				✓
Child 2		✓		
Child 3	✓			
Child 4	✓			

Table 16: Qualitative T/EP feedback on children's responses

Qualitative feedback coded	Percentage of T/EPs who mentioned
+ Child response was positive	100%
+ Child wanted to participate	25%
+ Speed of administration	25%
+ Child understood	50%
- Child didn't understand	25%
+ Information gathered	25%
+ Visual nature	50%
+ Tactile nature	25%

*d) The T/EPs experience of using the TMs*

Table 17: Ease of use

Rating ease of use	Extremely easy	Somewhat easy	Neutral	Not that easy	Not at all easy
Percentage	50%	50%	0%	0%	0%

Table 18: Administration time

Time spent on administration	Up to 10 mins	Up to 20 mins	Up to 30 mins
Percentage	25%	25%	50%

Table 19: Area of use within T/EP advice

Section of advice TMs used in	Child's views	Child's strengths	Communication and Interaction	Cognition and Learning	SEMH	Sensory and Physical	Outcomes	Provision
Percentage	100%	100%	100%	100%	75%	75%	50%	25%

Table 20: How TMs were presented within the T/EP advice

Used in psychological advice	Written	Photograph
Percentage	100%	75%

Table 21: T/EP view on future use

Would use again out of choice	Yes	No
Percentage	100%	0%

Table 22: Qualitative feedback on areas for development

Suggested amendments /barriers coded	Percentage of T/EPs who mentioned
Top scale (amendment)	25%
Topic options (amendment)	25%
Prior knowledge of the child (barrier)	25%
Personalisation (amendment)	25%
Suitability of TM (barrier)	25%
Complexity of TM (barrier)	50%

Additional comments:

2 T/EPs used the additional comments box to express their enthusiasm for the tool:

*T/EP 1 "...I think it would be very beneficial to use with many children and YP"*

*T/EP 3 "I think they were ACE - I will definitely use them in my practice moving forwards!"*

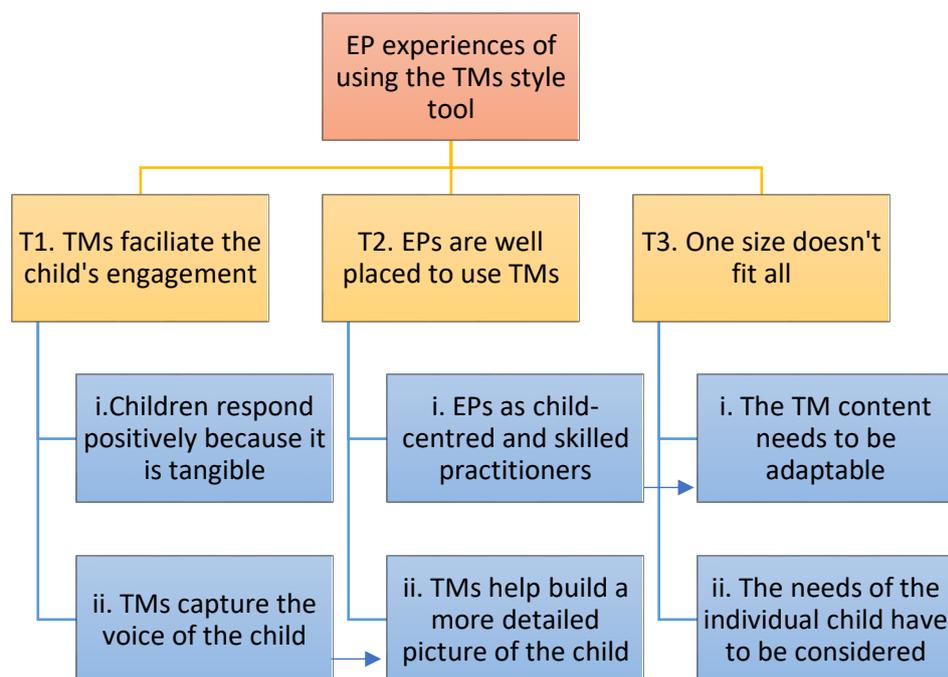
A summary of the findings for phase 1 follows. The child participants were all considered to have SEND in three or more areas. All had receptive language needs and at least one other area of SLCN. Attention and listening skills ranged from good to very poor. Children completed between one and four mats and those that could, rated their experience of using TMs as 'okay' or 'good'. T/EP confidence in the child's responses ranged from neutral to extremely confident. T/EPs reported they found the TMs 'extremely' or 'somewhat' easy to use, spending between 10-30 minutes on administration.

All T/EPs said they used the information in their psychological advice, in more than one section. Areas for development were coded as either barriers or amendments. Qualitative feedback on the children’s responses to TMs was largely coded as positive.

### 2.8.1 Phase 2 - semi-structured interviews

The aim of phase 2 was to explore the participants’ experience of using the tool in greater depth. Following coding and analysis of the transcripts (see samples in Appendix 9 and 10) the following themes and subthemes were identified, presented simplistically as a thematic map in Figure 7. Extracts from the data were selected across all interviews to illustrate and allow a more in-depth exploration of the themes identified.

Figure 7: Thematic map illustrating themes and subthemes



#### Theme 1 (T1): TMs facilitate the child’s engagement

A key theme emerging from the data was the use of TMs to facilitate children’s engagement. Analysis of the interview data suggested that the appeal of TMs for the child increased positive engagement while face-to-face with the A/T/EP (assistant/trainee/educational psychologist). Participants

expressed that this type of interaction can be challenging for individuals with SLCN: they may not be understood by the unfamiliar adult, they may not have the words to express their thoughts or the understanding to work out what is being asked of them. In case 2 the A/T/EP highlights the child's speech intelligibility as a particular barrier to conversation, but that the shared context provided by the TMs symbols supported this. The quote below also implies the A/T/EP places value on empowering the child as their own advocate.

*C2. "he had speech production needs and so some of his language particularly with me as a stranger was less intelligible so, so I think [TMs] proved really helpful in that context because he was talking about things that had symbols in front and holding them"*

Participants explained that there might be other factors which impact the success of the interaction with a child, such as social communication differences or difficulty establishing interaction due to life experience. A/T/EPs expressed that they don't always have the full picture in terms of what might make an exchange with a child more difficult, with one A/T/EP specifically making the point that presenting children with something non-threatening that does not resemble a test situation cannot be underestimated for some.

### **Sub theme 1i (T1i): Children respond positively because it is tangible**

A/T/EPs emphasised the benefits of using something tangible in their descriptions of the child's engagement. The TMs tool has picture cards which can be held and placed by the child, participants identified this was positive for a variety of reasons; including giving the child a sense of agency and helping to focus their attention, providing a clear context for conversation, and taking the pressure off the need for verbal communication. In case 4 for example the A/T/EP noted the speed at which the child grasped the task, this also suggests that using something intuitive reduces the need for a verbal explanation. They described how the physical appeal appears to support attention which the A/T/EP expressed could be an issue for this child.

**C4.** *“as soon as I handed him the first couple of cards he had it straight away, and he sorted them so quickly. I was surprised how quick that was and how he got that [...] the picture symbols just held his attention though it just, it worked for him, he’s a real visual learner and it just really worked for him”*

Participants also considered these benefits in a broader context, comparing the use of TMs with their usual practice and how they can facilitate engagement, linking to RQ2. The EP in case 3 intimated that some children find the pressure of an open question overwhelming and having something ‘concrete’ can help alleviate this:

**C3a.** *“I think it took the pressure off that kinda initial ‘tell me how things are going’ and gave some kind of concrete basis to it”*

Even the silicone mat which was chosen because it was easily washable and transportable, rather than its tactile appeal per se, proved a source of interest, with the majority of participants commenting on this. This included case 1 where the child only engaged in a limited way yet the A/T/EP described the physical nature of the tool as key:

**C1.** *“the child enjoyed touching the actual silicone mat, so there was a sensory element that he engaged in, and enjoyed holding the bits of paper and placing them in the different areas”*

### **Sub theme 1ii (T1ii): TMs capture the voice of the child**

All participants’ interview data gave the sense the TMs tool provided information from the child that may not have otherwise been achieved due to the communication barriers present. A/T/EPs also noted other factors such as the child’s engagement, confidence in the process, ability to control how much information was shared and when to move on. The A/T/EP in case 3 emphasises this sense of the child being empowered:

**C3b.** *“Doing the first one, him seeing this isn't this much pressure, it's not asking loads from me in terms of having to explain myself loads [...] it was just, oh, you've chosen this 'are we correct in thinking' and [...] opening slight bits of conversation, but very much with him in the driving seat of how much he wanted to divulge or talk about, and he would make it clear, it allowed him to be able to be 'okay next one' and [...] move on to the next topic when he wanted to”*

A/T/EPs also conveyed a sense that they used the information gathered from the TMs to inform their psychological formulation, alongside other information they had obtained. In case 2 the A/T/EP describes how the child's placement of items on the mat along with additional comments gave a sense of their self-esteem and self-concept as a learner. The value of what the child was able to convey using the TMs seemed to negate the need for additional tools such as a questionnaire.

**C2.** *“I've used it to inform my psychological thinking [...] in terms of you know he has got a negative attitude about himself as a learner, he has got low self-esteem [...] they'd written on the referral form and without doing like a self-esteem questionnaire that felt from what they'd said, and what I'd seen in class, and from what he'd said, that triangulated that for me”*

Another participant said they spent longer and did more of the mats than planned, indicating the information was more valuable than they had anticipated. In case 1, even though the tool was not used as intended, the child's interaction with the tool still gave the A/T/EP a sense of the child's preferences.

**C1.** *“he did say he liked computers which is accurate, and he doesn't like classroom which is accurate, so there was an element of understanding but the rest of [the symbols] I think might have been a bit too much”*

This A/T/EP later explained they probably wouldn't have tried to gather the child's views at all without the TMs. This sense of increased accessibility was also conveyed by two A/T/EPs who shared how the child's response exceeded their expectations, and those of their key adults, in terms of willingness and length of engagement, implicitly suggesting other approaches may have not captured the child's views to the same extent, if at all.

*C4. "he was really happy to talk and engage with me, because they said he probably won't even go with you and do anything, but as soon as I got out the consent sheet it must have been the visuals [...] he relaxed [...] and just responded so well, and they said ooh you might have to bring him back, and his mum said he might not engage with you"*

All A/T/EPs proposed other groups who the tool could be used with, suggesting its potential applicability beyond those with SLCN as specified for the current study, including the A/T/EP in case 1:

*C1. "I can see it being used more as a conversation starter even with older children, and potentially with SEMH needs, to expand that conversation if they might not want, or might be a bit reluctant, to share"*

In summary, theme 1 reflects the sense across the interview data analysed that TMs can be successful for two key reasons: the way they engage the child and the information that can be generated, the synergy between these is encapsulated by the chosen sub-themes.

## **Theme 2 (T2): EPs are well placed to use TMs**

A further prominent theme emerging from the data was the compatibility of TMs with A/T/EPs' current approaches and skill set. Across the interviews the participants discussed their use of person-centred approaches and personal construct psychology when gathering children's views. A/T/EPs

said they used a combination of bespoke and readily available tools, applying flexibility according to the child's needs. The assistant EP expressed a preference for standardised tools such as a checklists or questionnaires and acknowledged this as an area of ongoing personal development. Theme 2 reflects a compatibility between A/T/EP's skills and current practice and the use of TMs, born out of the interviews. The sub-themes represent these two discrete aspects: the A/T/EP qualities (T2i) and the application of TMs to A/T/EP practice (T2ii).

### **Sub theme 2i (T2i): EPs as child-centred and skilled practitioners**

Participants described their favoured tools and approaches which involve the child constructing or sharing constructions they hold about themselves. One A/T/EP explained how they liked to combine drawing and scaling in an approach which resembled the Drawing the Ideal Self technique (Moran, 2001). Nearly all participants named scaling as a tool they commonly used. Drawing and readymade cards also repeatedly featured as approaches that promoted engagement because they have less verbal emphasis.

*C4. "Usually I use scaling, that's always a favourite and interviewing [...] but if the child doesn't understand scaling then I usually go to drawings or use the bear cards"*

*C2. "before you gave me the Talking Mats it was probably one of the templates, possibly the wellbeing cards, the Karen Treisman cards, and then depending on the child I was going to see I might take some other bits with me, so I've got sort of character strength cards [...] motivational interviewing cards"*

The limitations of certain tools with children who have SLCN were also acknowledged by participants, with several A/T/EPs highlighting language comprehension as a barrier for some children even when using approaches that are visual, for example:

**C1.** *Other ones that I mentioned so especially like the ideal self and school are quite abstract and hard to understand [...] it may be hard for them to grasp the task [...] depending if they have that receptive understanding of instructions”*

The importance of the EP role in promoting good practice when working alongside others was reflected by several participants. They commented on the benefits of using the TMs tool beyond gathering the views, for example its value as a means to demonstrate appropriate approaches to staff, and also its use when in consultation with key staff.

**C1.** *“I think it's good for modelling [...] when I was using it the staff were inquiring about it which could also be useful for expanding the practise of others [...] they recognised that it would be helpful to have an adapted version for them to use, which led to a recommendation, so also helpful in terms of feeding into support in the classroom”*

**C2.** *“[The teacher] was making notes as we're going through the things that we were seeing from the pupil views, so there was something about the information not just being for the reports [...] it can feed into consultation and be useful in the moment”*

Participant interviews conveyed reflective and reflexive practice as integral to their approach. Data analysis showed A/T/EPs think critically in terms of developing their own practice to increase impact for the child, for example incorporating it into their advice more, providing child-friendly feedback, and reflecting what the child has told them in the outcomes and provision.

**C4.** *“The only way I would use [Talking Mats differently] probably is thinking more about how I could use it in my report writing a bit more [...] I was just thinking how I could involve him more in his targets”*

**C3b.** *“How can I make that useful [...] for follow up explanation for him, or just something to offer the child afterwards [...] in terms of a bit of feedback for them possibly”*

**Sub theme (T2ii): TMs can enable the EP to build a more detailed picture of the child**

Closely linked with subtheme ‘TMs capture the voice of the child’ (T1i), the importance of the EP as a skilled practitioner in the role of facilitator was implied by A/T/EPs. Their descriptions of how the information gleaned from the TMs was not taken at face value, but instead used to deepen their understanding, test hypotheses, and triangulate what the child ‘said’ alongside other information. Three participants articulated a sense that the child’s symbol placement alone would have been misleading or limiting, therefore highlighting the importance of further exploration and interpretation, and the EP skill in doing this.

**C4.** *“he put ‘no’ [not good at] for PE, noise and speaking, so I thought he must be quite sensory based [...] but then he was explaining to me [...] he’s very rule based and he’s very literal in his understanding, had said you’re not allowed to speak in class until the teacher says you can speak, so I thought are you happy to put your hand up, and he said yes I’m happy to put my hand up, just no speaking in class [...] and I asked him do you find it hard when it’s noisy to work, ‘no’, back to the teacher’s instructions and their rules [...] so it was nothing to do with sensory”*

**C3a.** *“I’m not sure whether we would have got the responses around his reading without the mats, so he put [...] reading wasn’t going well and that’s when, he said ‘and no one’s taught me how to read’ [...] which fit into a different hypothesis [...] and kinda getting work done in the small groups where he was like ‘nobody wants to work with me they think I’m stupid, I can’t read’, and so I guess even from the cognition and learning section it fed through into the SEMH.”*

Participants' discussion of their use of the TMs suggested they provided a means to build a richer picture, which they added to other information gathered in the assessment process. A/T/EPs intimated TMs allowed them to integrate perspectives to support a more balanced formulation which included the child rather than those around the child.

**C2.** *“So I guess it informs your sort of psychological thinking as well doesn't it, because I guess that's the point of views isn't it, to kind of get into their world [...] their mindset and how everyone else is thinking about them [...] and what we can do about that”*

**C3a.** *“I think rather than it just being my interpretation of his views, this is what he has chosen, this is what he is saying, here it is visually for you to see, and I think that will be a really useful way for them to have a bit more of an understanding of him”*

In summary theme 2 represents participants' views that using a TMs approach to gather the child's voice aligned well with existing A/T/EP practice both in terms of its compatibility with existing approaches but also its scope to allow A/T/EPs to build a more detailed picture of the child than using their usual approach in these cases.

### **Theme 3 (T3): One size doesn't fit all**

This final theme encompasses the limitations and reservations conveyed by participants. Theme 3 also logically links with the subtheme 'EPs as child-centred and skilled practitioners' (T2i), and data analysed suggests A/T/EPs appraise the suitability of different approaches before, during and after their use.

#### **Sub theme 3i (T3i): The needs of the individual child have to be considered**

Participants reflected on individual differences through their comments about situations where it could be difficult to ascertain the views of the child.

A/T/EPs conveyed the sense they recognised their responsibility as facilitator

here too. A/T/EPs also recognised the interplay between certain skills, for example comprehension and attention, or emotional needs and interaction, which can create an additional challenge.

**C4.** *“I suppose it's making sure the child can understand [...] can they attend, can they focus as well, have they got the attention skills [...] they can all be challenges”*

**C1.** *“with children that have very little language, maybe also struggling to sit still and keep their attention on the task, difficulty in maybe clarifying what they mean without coming across like you haven't understood them, when they struggle with forming words or don't have clear speech [...] when it's hard topics to talk about [...] that might be sensitive topics to approach”*

One A/T/EP suggested for some children working with an unfamiliar adult may not be the most appropriate way to gather their views, and that others may be able to gather better quality through an existing trusted relationship, emphasising the need for an individualised and flexible approach.

**C2.** *“after COVID where [...] I was sending pupil views to be done remotely with others [...] I sort of came to the idea well actually it doesn't always have to be me, sometimes it might be better for [the child] to do it with a trusted adult, it will make them more comfortable, they'll be happier but also the richness of the information you know you might get better”*

Another participant strongly felt that the EP needs to be able to adapt to the child's needs and find a way that works for them, they gave an example of allowing a child to take them on a tour around the school as one alternative, suggesting it was unacceptable to leave the views section blank.

**C.3** *“I've seen quite a few reports that say so and so wasn't able to communicate their views, and [...] I find that quite challenging*

because actually there are many ways in which children can communicate their views, and their needs, and their wants”

The data suggested sometimes the child’s needs do not become clear until further engaged in the process. This level of reflection and ability to adapt also links to the EP skill discussed earlier (T2i). In case 4, for example, the A/T/EP talked about the child’s need to organise the resources in a particular way becoming a barrier when they were presented with a large number of topic items:

*C4. “he liked [the Talking Mats content] quite structured in a column and then when he thought that column was full he’s like oh I need to put it in another column, so he’s kind of fussing [...] I feel that’s an issue and they almost don’t want to make another row because that doesn’t look very neat”*

While it was suggested that it is not always possible to accurately match the tools used to the child’s needs prior to meeting them, participants felt taking into account the child’s age and language ability helps the EP to align these for optimal success.

*C1. “He was engaged in the activity but there was an element where he might not have understood a lot of the activity [...] maybe the cards might have been a lot for him at his age and recent transition [...] I think it’s making sure it’s for the right child and the right level of need”*

### **Sub theme 3ii (T3ii): The TM content needs to be adaptable**

It became apparent during the interview analysis that there were some differences in the ways A/T/EPs presented the mats to the children. Comments from some participants indicated using all aspects provided was time consuming and not necessarily needed.

**C2.** *“I did the whole thing I did it all the sections [...] it felt a little bit long for him [...] and so when I've done it since I've like not done the full thing”*

**C3b.** *“I felt like I didn't want to miss anything that could be important, so I did try and do all four of them so maybe it was slightly more longwinded than it needed to be”*

A/T/EPs also indicated the number of items presented at any one time was an important consideration, with the use of all items appearing to overwhelm the child in one case.

**C4.** *“I think next time I'd probably choose more carefully the amount of cards I give, I gave him all the cards, and I thought there were too many, and he was trying to squeeze them all into a column”*

While the issues with quantity may have been a child-specific need, streamlining content also helped with translating the information into the report as the A/T/EP who presented the mats according to areas of need reflected.

Participants considered additions and amendments that could be made to the TMs for a variety of reasons. Alterations mentioned included; exploring specific areas of need in more detail, allowing the child to express a wider range of interests, and addressing the more abstract nature of some concepts. A/T/EP comments indicated that different content would suit different age groups better both in terms of the individual topic symbols but also the top scales used. One A/T/EP felt being able to explore social communication skills further would be helpful because of the nature of some of the work they do. The compatibility of the content and the top scale was also raised by one A/T/EP because the child they worked with had particularly reacted to one item:

**C2.** *“It was just interesting around the ‘going well’, I felt I’ve had to explain what that means a lot so [...] I don’t know if there’s a better phrase for it like I had to talk quite a lot about what does that mean and it was interesting, I don’t know if I put this in the questionnaire [...] I think it was being happy that really jarred [child 2], he was like ‘being happy can’t go well’”*

A/T/EPs also gave a sense that having some personalised or individualised elements to the TMs content could further promote engagement and help establish initial rapport.

**C3a.** *“moving forward can I try and pull out what other people have perhaps mentioned? [...] I guess I might have made some cards around Lego or Nintendo [...] so making it a bit more bespoke a I guess”*

One A/T/EP felt this would also help confirm the child’s selections if there was some doubt over how well the child understood the task or how purposeful their choices were.

**C1.** *“I think the images are very intuitive [...] but you could expand on them, I think maybe for a younger group they might need to be simplified [...] if I’d known the child’s interests before going in and I had cards of his interests I could have been more certain of his understanding of the task”*

This idea of prior preparation perhaps contrasted with other comments made by A/T/EPs about not always having much information about the child prior to meeting them.

Theme 3 ‘one size doesn’t fit all’ represents the sense that although all participants spoke positively about their experience of using TMs, they also identified aspects which were less successful and could be developed further. Some A/T/EPs considered situations where the TMs tool may not

meet the needs of certain children, emphasising TMs are part of a broader ‘toolkit’.

### 2.8.3 Phase 3 – report analysis

The third phase involved extracting and analysing comparable extracts of the educational psychology reports for each case using content analysis, addressing research question three. Since the format of advice varied slightly between the different EPSs the sections considered were:

- Child views and aspirations
- Parent views
- Strengths
- Needs
- Outcomes
- Provision

A summary of the content analysis is presented in Table 23.

Table 23: Content analysis data

Aspects considered	Findings across cases
States how views were gathered	All
Written in first or third person	Child 1 third person Child 2 third person Child 3 third person Child 4 third person
Number of times child is directly quoted within child views section	Child 1 = 0 Child 2 = 0 Child 3 = 9 Child 4 = 8
Number of times TMs mentioned and section	Child 1 = 0 Child 2 = 2 (child views and aspirations) Child 3 = 3 (child views and aspirations) Child 4 = 5 (child views and aspirations)
Number of photos included and section	Child 1 = 0 Child 2 = 4 (child views and aspirations) Child 3 = 4 (child views and aspirations) Child 4 = 4 (child views and aspirations)

Word count of child views compared with parent views	Child 1 views = 111 Child 2 views = 209 Child 3 views = 516 Child 4 views = 489	Parent views = 168 Parent views = 283 Parent views = 314 Parent views = 423
Direct link between child views and strengths (S), needs (N), outcomes (O), provision (P)	Child 1 N/A Child 2 = 0 Child 3 = 5 (S2, N2, O1, P0) Child 4 = 1 (O1)	
Indirect link between child views and strengths (S), needs (N), outcomes (O), provision (P)	Child 1 N/A Child 2 = 27 (S5, N7, O5, P10) Child 3 = 23 (S1, N8, O3, P11) Child 4 = 8 (N5, O2, P1)	
References to visuals	Child 1 = 3 (all provision) Child 2 = 4 (all provision) Child 3 = 9 (all provision) Child 4 = 8 (1 need, 7 provision)	

A summary of findings from phase 3 follows. All child views sections were written in the third person and stated how the views had been gathered, two included direct quotes from the child. TMs were explicitly mentioned in three cases and in these cases each report included four photos of the TMs completed. The word count of the child views ranged from 111 to 516 and was greater than the parents' views section in two cases. In two cases direct links were made between the child views and other sections of the advice (strengths/ needs/ outcomes/ provision) and ranged from one to five instances. Indirect links were made in three cases, ranging from eight to 27 instances. References to the use of visuals were made in all cases, largely in the provision sections of the advice.

## 2.9 Discussion

This study aimed to address four research questions centred around the use of a TMs style tool designed to be used by EPs when gathering the views of primary aged children with SLCN for their EHC needs assessments. This included exploring experiences of A/T/EPs' use of the tool (RQ1), comparison to usual practice (RQ2), how the information from the TMs fed into the psychological advice (RQ3), and the possible scope and limitations of a TMs approach in EP practice (RQ4). The research is intended to add to

what is a dearth of evidence on the following aspects of research on the child's voice: firstly, on suitable methods for collecting the child's views for EHC plans (Sales and Vincent, 2018); and secondly, on methods suitable for children with SLCN for whom discussion methods are commonly used in EP practice (Harding and Atkinson, 2009; Smillie and Newton, 2020) have inevitable limitations. The study also aimed to address the need for readily available resources that reduce demands on EP time and aid accessibility for groups less likely to have a voice (Bloom et al., 2020a). A mixed methods, multiple case study approach was employed conducted over three phases. Data were analysed using descriptive statistics, content analysis, and reflexive TA. The discussion aims to interpret the findings from all phases in the context of the research questions and existing literature. Future directions and the limitations of this study will also be considered.

The study supports previous findings that when trying to obtain the child's voice the adult needs to consider the child's capacity to engage (Merrick, 2020), reflected in the theme 'one size doesn't fit all' (T3). The findings uphold the view that methods need to be carefully selected and care taken when interpreting the child's responses (Whitehurst, 2006) as additional context may be required to fully understand a child's response. The research findings also provide support for the notion that the attitudes and assumptions of adults can be a barrier (Alasuutari, 2014; Morris, 2003), with A/T/EPs in two of the three cases suggesting the child's engagement exceeded the expectations of key adults (parents or staff), captured by the theme 'TMs facilitate the child's engagement' (T1). The view of EPs as person-centred practitioners, frequently drawing on PCP, was supported by the questionnaire data and reflected in the theme 'EPs are well placed to use TMs' (T2).

While the study specifically aimed to address the needs of children with SLCNs, the information provided by T/EPs in the questionnaire suggested that in all four cases the children had at least two other areas of needs, with two cases presenting with needs in all four areas (communication and interaction, cognition and learning, SEMH, physical and sensory) in line with

Bloom et al.'s (2020b) findings that children with SLCN are a diverse group. While this observation was based on T/EP judgement, this is likely to be an accurate picture given they were assessing the education, health and care needs of these children.

### *2.9.0 A/T/EP experiences of using a TMs approach (RQ2)*

The following section considers each case in respect of the research questions and findings to allow consideration of each unique experience and then goes on to consider the A/T/EP experiences collectively.

**Case 1:** the youngest child in the study (aged 4 years) had the poorest engagement with the TMs tool. The T/EP questionnaire indicated 'very poor' attention and listening and multiple SLCN (expressive and receptive language, social communication needs) as well as EAL (English as an additional language). While having EAL is not a SLCN and has many benefits (Amelia, 2016) the child's stage of English language development may have additionally impacted the child's ability to access any language used and on reflection the content of the mat may not have been as culturally appropriate. The time spent on the TMs also reflected the child's needs and engagement, with the A/T/EP in case 1 spending the least amount of time using the TMs, attempting only the 'what are you good at' mat with the child. Two additional adults were present in this case which differed from the other cases. The child was unable to rate their experience of doing the TM and the T/EP confidence in the child's response was 'neutral'. This case example echoes the theme 'one size does not fit all' (RQ1). The child views section of case 1's report was the shortest, reflecting the challenge here (RQ3). However, the A/T/EP did note certain benefits for their practice (RQ2 and RQ4) reflecting they probably wouldn't have tried to directly gather the child's views and did, and this provided some information of use. Another positive factor was the child's engagement, with the A/T/EP observing the tactile nature and physicality of the tool had a positive impact: this has implications for the future scope with the potential for greater engagement if different content had been chosen (RQ4).

**Case 2:** the oldest child in the study (aged 9 years), was considered to have speech production and expressive language needs; their attention and listening was rated 'good' and they completed all four TMs. The T/EP was 'extremely confident' the child's responses reflected their views at that time. The child rated their experience of using TMs as "okay" which the T/EP felt reflected how long the mats took to complete (RQ1). Despite no comprehension needs being reported, the A/T/EP indicated concerns about the top scale language and compatibility with certain topic options, for example the notion that 'being happy' could 'go well' which really 'jarred' the child (RQ1), this is reflected in the sub theme 'TM content needs to be adaptable'. The A/T/EP indicated the TMs helped capture the child's voice by facilitating intelligibility (RQ1) and negated the need for other tools such as a self-esteem questionnaire (RQ2). The A/T/EP reflected the wider implications of TMs in terms of the tools' ability to feed into consultation, as well as their purpose in terms of the purpose of gathering the information and impact on future outcomes for the young person (RQ4), linked to theme 2 'EPs are well placed to use TMs'.

**Case 3:** a 7-year-old child considered to have speech production and expressive language needs and 'poor' attention and listening. The word count of this child's views section was the highest of all the cases, and over 200 words longer than the parent views (RQ3). The child rated their experience of using TMs as 'good' and the T/EP was extremely confident the child's responses reflected their views at the time. The A/T/EP interviews indicated TMs enabled them to open up conversation (nine direct quotes from the child were included in the report) and furthered their understanding of the child's needs. This experience can be linked to themes around positive engagement from the child (T1) and building a more detailed picture (T2ii) with the A/T/EP intimating they would not have obtained the child responses about reading without the TMs (RQ1 and RQ2). The child completed four TMs but the A/T/EP had presented these in a slightly different manner i.e., a mat for each area of SEND (RQ2), interestingly this appeared to make the links between the child views and strengths/needs more transparent with the content analysis showing the most direct links in this case (RQ3). The

different interpretation of administration likely influenced the time spent on the TMs, with this being lower than in case 2 and 4.

**Case 4:** a 7-year-old child considered to have receptive and expressive language and social communication needs. Their attention and listening skills were considered 'fair'. The child completed all four TMs and was the only child to add their own pictures (when discussing future aspirations). The child rated the experience of using the TMs as 'good' and the T/EP was 'somewhat confident' the child's responses reflected the child's views at the time (RQ1). The child views had the second highest word count and this was higher than the parent views section, including eight direct quotes (RQ3). Interview analysis emphasised the child's positive response to the visual nature and the positive impact on their attention (RQ1 and RQ2), linking to theme 1 'TMs facilitate the child's engagement'. The A/T/EP reflected a difference in their communication and interaction with the child through the use of the tool (RQ1 and RQ2), including reducing the language demands and need for eye contact. The level of engagement from the child exceeded expectations anticipated by key adults (RQ1 and RQ4).

### *2.9.1 Collective experience (RQ1)*

T/EPs rated using the TMs tool between 'extremely easy' and 'somewhat easy', notably with the T/EPs with greatest experience rating it as extremely easy. All T/EPs' questionnaire responses indicated they would use TMs again out of choice.

Qualitative feedback provided in the questionnaire was predominantly positive, largely linked to the child's response (mirroring T1). When prompted to consider improvements A/T/EPs highlighted the TM content as the main barrier, this was also drawn out as a sub theme from the interviews 'TM content needs to be adaptable' (T3). The importance of suitability and prior knowledge were also raised, again linking with the interview analysis and adjacent subtheme 'the needs of the individual child have to be considered' (T3ii).

The interview analysis provided a richer picture of A/T/EPs' experiences using a TMs approach and the thematic map (Figure 7) emphasises three key aspects of the A/T/EP experience:

- Regard to the uniqueness of each child
- The potential for positive engagement from the child when using TMs in a range of casework
- The importance of the EP skill and approach in making meaning from the child's responses

### *2.9.2 The use of TMs versus usual practice (RQ2)*

The current study affirmed that EPs are well placed to use TMs (T2) with the approach aligning with their current practice (RQ2) which is self-reported to be child-centred and often includes person-centred and PCP tools such as the 'Ideal School' or 'Ideal Self' (Williams and Hanke, 2007; Moran, 2001) and scaling. This is in-line with previous findings that EPs commonly use these approaches (Bloom et al., 2020a).

Capturing the child's voice is fraught with issues of validity and reliability (Zhang, 2015), it is important to avoid tokenism and to aspire to a greater level of autonomy (Hart, 1991). Use of TMs as an approach to gather child's views involves careful interpretation and corroboration. EPs regularly practice these skills (Hill et al., 2016), and arguably in the case examples the TMs approach helped to build a more detailed picture of the child, alongside other information gathered, than would have been possible through the A/T/EPs usual methods alone (RQ2).

### *2.9.3 Implications for the psychological advice (RQ3)*

The impetus to obtain and include the child's voice in the EHC needs assessment process/EHC plan is relatively recent (DfE and DoH, 2015), and currently a "gap between rhetoric and practice" (p.3384) persists (Gaona et al., 2020). In this study, analysis of the psychological advice considered how information gleaned from the TMs style tool was incorporated (RQ3) and points of interest are highlighted below:

- Adherence to recommendations in existing literature: in all cases the T/EP stated how the views were gathered (as recommended by Pearlman and Michaels, 2019). All cases were written in the third person (as with the other sections of advice reflecting the interpretative nature of the content). Two cases included quotations from the child (between eight and nine quotes) pertaining to comments made in response to the TMs, indicating good practice (according to Gaona, Castro and Palikara (2020) 'Section A' of EHC plans should state where the child has been quoted).
- The length of child views: the word count for the child views ranged from 111-516, with 50% exceeding the maximum word count reported by Fox (2016), arguably the addition of photos also further enhances this section (Fox does not report on the use of images in his study). The word count for the child views was also greater than the parent views in two of the four cases (RQ3), no other research identified compares this feature. Anecdotally the parent views are typically longer, particularly for those with communication needs, or the views are a 'proxy' for the child, as per Palikara et al.'s (2018) findings which highlighted indications the child's voice was not directly obtained. On reflection it might have been helpful to have compared these reports with others that the T/EPs had written for a young person with similar SLCN to consider the impact of using the TM style tool.
- Information from TMs was presented in visual and written form: in the three cases where the TMs were used successfully the information was presented in photo form. Each report contained four photographic records of the mats taken after completion by the child, these were specifically referred to in the advice with additional comments or other information gleaned presented in written form. Incorporating a picture of the TMs the child created arguably creates a sense of ownership for the child, as well as increasing transparency and accessibility, adhering to principles of the Joint Professional Liaison Group (2020) guidance when providing advice for EHC needs assessments.
- Links were made between the TMs data (in the child views) and other sections of the report: in the questionnaire all T/EPs indicated they

had used the information gleaned from the TMs beyond purely the child views section of their advice. Content Analysis found indirect links were made between the child's views and other sections of the advice (needs, outcomes, and provision) in all cases where the TMs were successfully used, with these ranging between eight and 27 instances. Direct links were fewer ranging between zero and five.

- There were references to the use of visuals: all cases made references to 'visuals' within the provision. This was considered of interest given the visual nature of the tool and importance of compatibility between recommendations and practice.

Arguably the links between child views and needs, outcomes, and provision should be made more explicit (Pearlman and Michaels, 2019). There were many indirect links between the child's TMs and later sections, without a comparison group it is difficult to know how many links would have existed otherwise, it would be interesting to explore whether it was easier for EPs to identify child-led outcomes and provision when using the TMs style tool. Consideration of aspects that support child-led outcomes is an area identified for further exploration, for example, how TMs can be used to explore SMART (specific, measurable, achievable, realistic, time-bound) goals with children.

#### *2.9.4 Study limitations and considerations for future research*

This section identifies a number of limitations of the study, while also contemplating opportunities for future research.

The lower than anticipated number of participants was a limitation, with four T/EP (estimated to be around 5% of the workforce approached) and child participants, and an additional assistant EP participant at phase 2. This reduces the ability to transfer findings to EP practice, and children with SLCN more widely. Issues with recruitment are not uncommon, for example in her study looking at EHC plans Sharma (2021) recruited SEND professionals from a large number of local authorities and specialist schools across England but had a much smaller percentage of respondents. The time demands for the T/EP participants and multiple aspects of this study were

considered a barrier, as well as the timeline for completion imposed by the doctorate course including the ethics process. The relatively short time frame for EHC needs assessment completion is likely to have also been a factor due to the additional consent needed for the study.

The cases spanned a range of ages (4–9-year-olds), however due to the small participant numbers the suitability of the tool for younger primary aged children has not been fully explored. This is a clear limitation, especially given the younger participant (case 1) had wider needs which may also have been a factor. For children with more complex needs some familiarity with the approach is likely to increase accessibility as recommended in the Communication Trust (2016) toolkit.

Ironically, despite the focus on children's participation, the voice of the child in terms of their views on the process of the use of TMs is largely absent from this study, however Zhang (2015) in their systematic review of the voice of the child in early education research advises an absent voice is less concerning than a misrepresented one and that researchers should take a realistic approach. During the planning stage face-to-face data collection was still restricted by the university, as result of the global pandemic, posing a barrier to the researcher's desire to include the child participants more actively in the evaluation of the tool. Doing this remotely was considered unsuitable due the age and needs of potential participants. The child orientated visual post-rating in this study indicated the three children able to use it felt the TMs were 'good' (n=2) or 'okay' (n=1). Children's views on the use of TMs are an area which could be addressed more thoroughly within future research. Within this study the views of parents/carers were not collected. This was given due consideration in the initial proposal however, given parents are not often present during the assessment and do not necessarily have access to the psychological advice until after the assessment process, the inclusion of parent/carer views was deemed to be incongruent with the aims of this study which were to explore TMs as a tool for EP practice.

The ability to achieve rigour within qualitative research is considered by some to be challenging given the role of the researcher in coding, organising and interpreting the data (Nastasi and Schensul, 2005). Braun and Clarke (2021) refute this, viewing the researcher as the 'primary tool', "inherently subjective and situated" (p.8) with rigour coming from attunement to one's own biases. Use of mixed methods approach in this study provides some triangulation of findings across the phases.

#### *2.9.5 Implications for future practice (RQ4)*

The section considers the future scope and limitations of using a TMs style tool within EP practice (RQ4).

- a) TMs have potential application to a range of aspects of EP practice; not solely for ENCHAs or children with SLCN. They can support engagement, open up conversation, and aid triangulation of information from other sources.
- b) The TMs content needs to be adaptable or more carefully tailored according to individual factors such as age or specific needs. Access to software such as Widgit to create additional items is important if wishing to personalise content according to a child's interests (the participating A/T/EPs did not appear to have this). Further development of the tool or EP capacity to develop or personalise content is needed, for example from a template, and this would enable application to a wider number of children.
- c) While a TMs approach to gathering the child's views can be used by other adults, the skill of the EP in the analysis and interpretation of the child's responses should not be underestimated. This is somewhat controversial given the impetus for EPs to move away from individual casework towards a consultative and systemic model of working as described by Buck (2015) for example when discussing as the 'reconstructing movement'.

## **2.10 Conclusion**

The conclusion is prefaced with the critical realist viewpoint that the truth is unobtainable (Mukumbang, 2023) and while aspects of this study were measurable the interpretation is subjective. The research aimed to explore the use of a TMs style tool by EPs when gathering the views of children with SLCN for their EHC needs assessments. Through gathering information about A/T/EPs' use of the tool the findings have highlighted; the importance of engaging the child through the use of a tool that is tangible, allowing them to express their views by reducing what might be an inhibitory pressure to communicate verbally (RQ1). The overlap with the person-centred approaches and related tools that EPs commonly use (such as scaling and the 'Ideal School' technique) is clear, and the tool can be used to build a more detailed picture of the child (RQ2). Attention to the reports identified how information from the TMs is often indirectly, and sometimes directly, linked to the child's needs, outcomes, and provision (RQ3). It is hypothesised that TMs sometimes lead to longer word counts for child views than typically expected, with potential to give the child's voice a greater emphasis in the EHC needs assessment process. The findings suggest TMs have a wider application than use with children with SLCN for EHC needs assessments, but that some personalisation and adaptation is required (RQ4). It is acknowledged that a TMs approach will not be appropriate in all cases and the needs of the individual child should remain at the forefront (RQ4).

While it is important to be cautious about the generalisation of these findings due to the heterogeneity of the participants, both adult and child, the study has helped paint a richer picture, with each EP bringing an individualised approach to each unique case, including their different considerations and even differences in administration.

This study has contributed to the literature, going some way to filling the gap in the research on the use of a TMs style tool when gathering the views of children with SLCN as part of the EHC needs assessment process. The findings suggest TMs have applicability within EP practice for children with SLCN as part of a broader 'toolkit'. Their use in a wider context including

different age groups, needs, as well as function outside of the EHC needs assessment process warrants further exploration.

Providing individuals with an effective voice is only part of the EP role, the impact of the child's voice still requires attention, namely how this influences their lives both in terms of the EHC plan but also in a much wider sense. Nonetheless an additional means to gathering the voice of underrepresented groups is a step in the right direction.

## **Chapter 3 – Reflective Account**

### **3.0 Introduction and overview**

This reflective chapter draws heavily on the reflective research diary kept throughout the process of completing my thesis. Reflectivity and reflexivity are considered integral to educational psychology practice, indeed qualified, practising Educational Psychologists (EPs) must adhere to the health and care professions council (HCPC, 2015) standards of proficiency for practitioner psychologists (point 11 states registrants must “be able to reflect on and review practice”), the Standards of Conduct Performance and Ethics (HCPC, 2016), and the British Psychological Society (BPS) Code of Ethics and Conduct (2021); as a Trainee Educational Psychologist (TEP) these also form part of the doctorate competencies. Furthermore, in developing as a ‘critical’ educational psychologist Bennet (in Willis et al., 2017) conveys the importance of reflexivity and reflectivity in constructing future practices that have the potential to empower children and those supporting them.

My reflective diary took different forms; scribbled notes, mind maps, typed sections stored electronically, index cards. Initially these reflections felt somewhat contrived but as the project developed it provided an outlet for recording my thoughts and ideas, frustrations, and tracking my personal development as well as the progress of the project. I continued using Gibbs’ (1988) reflective learning cycle which I was familiar with from other reflective activities completed, for example reflective diary entries kept on placement. Gibbs’ (1988) cycle promotes the link between theory and practice through a sequence of description, noting feelings, evaluating what was good or bad, analysis, drawing conclusions and planning next steps of action.

This chapter explores key aspects of my research journey including the reasoning behind my interest in the topic, my experience and position as a researcher, methodological choices and challenges, my personal reflections on the process, and concludes with the future direction of the research and proposed dissemination of the findings.

### **3.1 Background and personal position**

My chosen area of research linked strongly with my previous background and interest in working with children with speech, language and communication needs (SLCN). Having qualified as a speech and language therapist in 2007 I worked for over 10 years with a predominantly complex needs caseload, during this time I developed a genuine and passionate interest in facilitating the communication of children so that they can become advocates in their own lives. I was aware of the complexities of trying to gather pupil's views having tried to adapt materials such as the Sandwell pupil wellbeing survey (Sandwell Council, n.d.) and was also involved in discussions on how to gather pupil views for EHC plan reviews within a complex needs setting.

I began to explore the literature on the child's voice for my small-scale study in the first year of the doctorate and became aware of the impetus and yet lack of clear guidance on gathering the views of children for all professionals including EPs, especially for those children who had SLCN. It seemed there was a strong rationale for further research in this area in the context of EP practice and I began considering how to approach this, at the forefront also was my desire for my research to have practical 'everyday' application.

I have strong humanistic and person-centred beliefs, and these are coupled with an ecological viewpoint. During the doctoral training I have acquired a greater appreciation of the terms ontology and epistemology and I have found myself meandering between constructionism and critical realism as I have tried to make sense of these complex philosophical theories. As a result, participatory methods which can directly involve children in research had personal appeal.

### **3.2 External influences**

At the point of embarking on this research project limitations affecting face-to-face research as a result of the global pandemic remained in place. We were advised that the ethics committee was not approving face-to-face data collection which extended contact with participants beyond that which would

ordinarily be taking place. This heavily influenced my early decision-making around the nature of my research and opportunities for direct involvement with child participants, and although this subsequently changed and face-to-face data collection was made possible once again, I was reluctant to contemplate major changes given the work I had already put into to the research proposal and ethics application in the context of the other academic and placement demands of the second year.

### **3.3 Early considerations and decisions**

In the process of honing the research idea a number of options were considered, briefly described below:

1. A content analysis of existing EHC plans for children with SLCN to explore how children's views were gathered and conveyed. It was considered access to this data may prove problematic with ethical considerations around consent, and without this having been identified as an area of development by the local authority. In addition, this did not particularly enthuse me as a research idea as I felt the resulting links to practice may have been more theoretical than practical.
2. A comparison of tools used by EPs to gather children's views. Since there are not set tools that EPs use, I had concerns about the practicalities of this both in terms of the time demands for EPs but also the ethical implications for the child. Given the university guidelines at the time, that research could not extend the time spent completing face-to-face work, this idea was quickly discounted.
3. A participatory approach in which I would co-construct a tool with children who have SLCN. This was very appealing, however, I strongly felt this would need to be face-to-face due to the needs of this population and therefore had to concede it would not be possible.
4. Exploration of a specific tool which could be used by EPs working with children with SLCN who may have difficulty accessing discussion methods. Such a tool could be used as part of the EPs usual

involvement, particularly for EHC needs assessments where this is required, therefore adhering to the university research guidance at the time. This was considered to be the most viable option.

### **3.4 A bespoke approach**

Having mooted the idea both with colleagues and my research supervisor I simultaneously began reviewing literature on Talking Mats™ (TMs) and honing a tool which I had already been using in my own practice based on a TMs approach. To avoid the content of the TMs being overly parochial (based on my ideas and experience alone) peer feedback was sought. This influenced the addition of some non-academic subject cards such as sport and art, as well as unstructured time such as lunchtime, these then formed a more general school category. There was some feedback around the abstract nature of some of the concepts such as 'feeling confident' or 'managing your feelings', which may not have been accessible for all children or may need a degree of scaffolding. Some items were included on the basis that they may not be appropriate for all children and a degree of autonomy was given to participants over which items they administered, this was communicated in the written and video guidance. Ideally, I would have had a pilot phase before finalising the materials used for the project.

### **3.5 Ethics (the process and the importance of critical reflection)**

While the university ethics process is considered rigorous and with high regard to the interests of participants, it was a demanding phase of the project. Compiling the ethics application was time consuming, and in addition to a lengthy form a variety of supporting information had to be provided, this included thirteen supporting documents.

Although my first year small-scale research project application had gone through a similar ethics application and approval process, the university had subsequently changed to a new online application system and navigating this felt unfamiliar. Panel dates were monthly with a maximum number of applications each month which created anxiety over whether the application

would 'make the cut' on the month it was submitted. I was also initially under the impression that the recommended alterations had to be approved via the same process, in reality however this was a much quicker than anticipated.

The importance of critical reflection is worthy of mention here. This is an area I consider having developed considerably over the doctoral course, while also appreciating that it extends beyond qualification and is an important aspect of lifelong learning. Bennett (2017) describes how many aspects feed into a psychologists' ability to make ethical decisions, and these differences exist regardless of codes of conduct, herein lies the importance of critical reflection and supervision. Some points of ethical consideration and critical reflection gleaned from my reflective diary are discussed below.

Despite spending time giving a great amount of thought to the ethical considerations of my participants, especially the inclusivity of child participants (e.g., how I could accommodate physical disability or some degrees of visual impairment), I neglected to attend to other aspects. For example, I did not gather much data on the demographics of my EP or child participants and it became apparent to me during the research process there was a lack of diversity within my EP participants, particularly in terms of gender and ethnicity. According to a members' survey which the Association of Educational Psychologists published in 2021, females are overrepresented considerably within the EP population at 86%, the figures on ethnicity are equally skewed with 86% of members describing their ethnicity as 'white'. Sugden and Moulson (2015) suggest that over-representation of certain groups in psychological research is common, and despite a change in drive to recruit more diverse samples they argue some samples remain homogenous. In this case a lack of diversity is due in part to the very small number of participants as well as the current diversity with the population sampled. It is worth reflecting on how a more diverse sample could be achieved in future research, and Sugden and Moulson (2015) emphasise it is the responsibility of the researcher to seek out under-represented populations dealing with ethical dilemmas by taking an anticipatory rather than reactive approach. I consider the recruitment location

a key factor here, for example, the Department for Education's report on the EP workforce (Lyonette et al., 2019) shows a lower proportion of EPs working in peripheral areas such as the East of England, and according to England and Wales 2021 census data (Office for National Statistics, 2022), ethnic diversity also varies according to locality with some areas in the eastern region being among the least diverse.

I also considered whether the EPs should have been left to decide which child they wanted to use the tool with rather than me specifying certain criteria. SLCNs are not a child's only barrier to communicating their views, and an apparently resolved SLCN may present in other ways, for example Carroll et al., (2017) suggest a shift in reported need for secondary aged children could be the result of earlier SLCN manifesting later as behavioural and emotional difficulties. The criteria specified in this study may have limited participation with a couple of potential participants saying they had not been allocated any casework which met the criteria at the time of recruitment.

### **3.6 Recruitment**

Having jumped through the various ethical hoops, I embarked on the recruitment process. The timing of this was influenced both by my ability to get into contact with gatekeepers and my effort to gauge a good time to attract participants. I conceded with my then supervisor that the end of the summer term was unlikely to yield the best results and postponed until September. Despite many positive initial responses few of these came to fruition, with hindsight I feel I should have sought a wider reach (additional EPSs) and started recruitment earlier, sending follow-up emails in the Autumn term. Initial interest that did not progress to full participation left me unsure of how many participants I would have, this created a delay in acting on broadening my recruitment strategy. Once I began the analysis phase however, I was relieved I did not have the burden of additional data.

In addition to the diversity of my sample I consider here other biases which arose as a result of my recruitment approach.

### *3.6.1 Selection bias:*

The nature of the research approach undertaken impacted my ability to achieve a representative sample. Although selected EP services were selected for the study in a purposive manner, participants within those organisations volunteered and could therefore be considered (self-selecting). Sharma (2017) describes some advantages of self-selection, for example participant commitment, but also the disadvantages such as the potential for inherent bias and issues with the participant population exaggerating particular findings. My reflective diary highlights consideration that the participants who volunteered to participate in my study may have responded more positively towards the TMs tool than those who did not, an effort was made to address this with a balance of questions in both the questionnaire and interview designed to explore the limitations of the approach as well as potential benefits.

### *3.6.2 Acquaintance bias:*

Although not intentional, all five interview participants in my project were known to me to some extent, this meant I had a dual relationship. The interviews were therefore considered 'acquaintance interviews', where the interviewee is an 'insider' and with a prior relationship (Garton and Copland, 2010). Garton and Copland (2010) consider negotiating the new role as 'interviewer' more difficult than that of the 'interviewee'. In retrospect I was certainly aware of the change in dynamics but had not considered the impact of this on the resulting dialogue as such. Garton and Copland (2010) describe issues managing more tangential aspects, a desire to co-construct, and a more conversational style. They suggest the data invoked are neither more nor less valid but emphasise the reflexivity required in the data analysis. The relatively small number of EPs in England is likely to increase the likelihood of having some prior contact/acquaintance, broadening the recruitment location may have helped to minimise this.

### **3.7 Methodology**

In this section I provide critical consideration of aspects of my methodology.

#### *3.7.1 Factors influencing the chosen participant group:*

Initially I had hoped to triangulate the views of EPs, parents and the child on the use of TMs, this aimed to utilise multiple perspectives to achieve greater insight (Willig, 2013). Limitations around face-to-face working already discussed meant the child perspective was limited to a three-point visual rating scale. It was considered a questionnaire or online interview would not be appropriate for the chosen participant group due to the high likelihood of communication and literacy needs which would create a barrier to participation. Parental perspectives on the process of gathering their child's views, and the use of TMs more specifically, was given greater consideration and discussed during research supervision. It was felt that given that parents are often not present during the EP assessment and do not have access to the psychological advice immediately due to the nature of the EHC needs assessment process, this would impact their ability to comment on how the views were gathered and the success or reliability. A future consideration would be to focus specifically on the parent perspectives, for example sharing the TMs information with parents and gathering feedback.

#### *3.7.2 Developing the TMs style tool:*

I had a limited window of time to prepare the TMs tool for my project which I had been experimenting with in my own practice. Ideally, I would have liked to work more closely with EPs to develop this, instead I sought informal feedback from TEPs and EPs I have access to within my peer group and on placement. These different sources of information informally fed into the development process.

#### *3.7.3 Choosing methods and deciding on participants numbers:*

Becker (2009) acknowledges the iterative nature of qualitative research, describing how qualitative researchers "start out with ideas" (p.548) and methods are not necessarily specified in full, this provides a readiness for

change when required. Taking an iterative approach was bewildering at times and did not seem particularly congruent with the university ethics process. My previous experience of using qualitative methods of data collection was limited and I found both trying to select a suitable methodology and seeking clarity on how many participants I would need challenging. I was reassured however to find wide variation within the literature on participant numbers, with an emphasis on careful preparation and analysis (Gillham, 2008) as well depth and meaning (Dwokin, 2012) over quantity per se. I considered each participant's experience offered depth and richness, allowing exploration of the divergent and unifying aspects brought by each case.

Exploration of suitable methods included further reading around ethnography and case study approaches. The case study design, in particular a multiple case study design, was deemed a good fit for my project, aiming to build a "rich picture of an entity" (p.1), drawing on multiple perspectives (Hamilton, 2011). Alternative forms of analysis were also considered, such as interpretative phenomenological analysis (IPA) and narrative inquiry. These were not considered compatible for a variety of reasons, predominantly the philosophical grounding and distinctness from the researcher, with both seeking to construct the participant's unique account.

#### *3.7.4 Factors considered regarding the consent process:*

The safeguards in place to minimise any sense of coercion for participants were a barrier to some extent. I believe the consent process could have been made easier through the use of an electronic consent form. The university ethics application system generates consent forms, we were advised to use these because they are already populated with the information required by ethics. However, I believe the accessibility of these pre-generated documents impacted recruitment, one EP colleague asked me to print the form and bring it to a meeting, another asked the school to print the parental consent and then sent me a photographed copy of this. A form which could be easily completed from tablet or mobile device would have aided accessibility and saved participants' time.

### **3.8 Conducting the semi-structured interviews**

I had no prior experience of interviewing in a research context. While putting together the indicative schedule seemed relatively straight forward, the challenges of this phase of my research became a reality when faced with my first interview. I was conscious I was refining my interview technique with each participant which possibly meant earlier interviews were not as effective. I feel a pilot interview would have been hugely beneficial in retrospect.

I was mindful not to use up more time than agreed on interviews given participants busy work schedules. Willig (2013) notes that rapport can be disrupted by needing to attend to timings and practical elements such as the recording device, I was certainly aware of this. Managing the ambiguity of semi-structured interviewing was difficult, I felt it was important to give participants some guidance on the number of questions and timings. Some participants were more talkative than others, and each interview was managed according to the needs expressed by the participants. It did not feel appropriate to limit a discussion where the participant wanted to continue for longer than scheduled, this served to value their contribution. One interviewee commented afterwards that the questionnaire had been helpful in preparing them for the interview as they had already thought about many of the aspects we discussed, in hindsight I could have been more explicit about this in the information sent prior to the interview to help participants feel at ease.

The transcription process allowed me to reflect on the process in greater depth, I noted occasions where I had interjected, and this had interrupted the flow, or missed opportunities to explore things further. I also found people's genuine positivity towards the tool encouraging which was important given the demanding nature of research in the context of the doctorate. I noted that the latter interviews seemed to generate greater insight and I think this was purely down to my confidence as an interviewer. Again, I think a pilot would have been helpful to allow me to refine my interviewing technique and feel

more confident in this role, enabling me to explore certain aspects in greater depth.

Consideration of the effect of my own social identity on the participants, as suggested by Willig (2013), was also important given that some participants were likely to be aware of my background and own experience of using the tool. This was managed through funnelling interview questions from broader to more specific and trying to take a 'curious' rather than 'expert' stance. I noted I also qualified challenges expressed by some participants by sharing some of my own and being open to critique. I did note however in some instances I was compelled to respond to certain issues raised, although largely serving to deepen understanding this also emphasised my complex, interconnected relationship with the research.

### **3.9 The analysis processes**

The analysis phase became a particularly time-consuming aspect of the project, particularly since I had three different types of data to contend with.

#### *3.9.1 Phase 1:*

The questionnaire data analysis was relatively straight forward, although I subsequently modified the presentation of this slightly, presenting the child specific data in tabular form with a row for each child, rather than as percentages or pie charts. I felt this was important to allow comparison across cases, making it more compatible with the multiple case study approach.

#### *3.9.2 Phase 2:*

Having only done reflexive Thematic Analysis (TA) for questionnaire data previously, I was overwhelmed by how long the interview data analysis took. Gillham (2008) notes transcription can take around 10 hours per hour of interview, and approximately 5 hours to analyse. I found it very difficult to immerse myself in the data while also juggling placement activities, as a result despite many hours spent my first themes were more topic summaries,

too simplistic and prolific. In hindsight issues with my initial analysis reflected a desire to capture everything I felt was of interest in the data at the expense of the 'thick descriptions' coveted, my initial thematic map is included in Appendix 9 to demonstrate. Research supervision at this point left me with a foreboding sense of incompetence and inability to do the project justice. I moved forward by talking through my data with my tutor and a peer/colleague, as well as revisiting the TA literature which reassured me of its 'recursive nature' and that movement back and forth or indeed a change in direction are a usual part of the process (Braun and Clarke, 2021).

### *3.9.3 Phase 3:*

I had chosen content analysis for the report analysis but had not given this a great deal of thought given the uncertainty whether this element would be approved by ethics, or indeed agreed to by participants. I certainly underestimated how long this analysis would take especially for the more nuanced aspects such as coding the implicit links between the child's views and the needs, outcomes, and provisions.

## **3.10 Interpretation of findings**

This section concerns my experience of the process of writing up the findings, largely focusing on the TA but also considering the issue of anonymity.

Writing up the TA brought its challenges, requiring several redrafts to try and achieve a balance between robustness and interpretation. Braun and Clarke (2021) describe the writing phase as a core component, with the analysis and writing aspects sitting alongside one another. I found the Braun and Clarke (2006) 15-point checklist useful as a quick reference while working. Feedback from my research supervisor echoed aspects of my earlier analysis: there were too many quotes reflecting a need to include everything of relevance rather than being more discerning. For me TA was certainly an active learning process, moving between the writing process, referring to the literature for guidance, and seeking supervision.

One point of reflection with regards to the interview data was where participants had gone on to use the TMs with other children outside of the study. This led to a blurring of application and tendency to reflect on their other experiences alongside the case study in question. This subtle incorporation of other casework was somewhat unexpected, and I had to be mindful of this when analysing and interpreting the interview data to ensure the identified case remained central.

I was conscious of the small number of participants and aspects which could make them identifiable, and while I did consider this in my ethics application and caveat this in my consent form, the smaller than expected number of participants heightened this concern. The nature of this study was somewhat unconventional with the child participants forming the 'cases' but the A/T/EP providing the data for analysis. These factors influenced my interpretation and discussion to some extent, for example, not making explicit the role of the professional/s linked with individual cases, also being sensitive in my interpretation. van den Hoonaard (2003) describes how anonymity is virtually unachievable in qualitative research, with the 'presence' of the researcher impacting this. He describes the stage at which anonymity is most crucial being publication, also that in reality the combination of participants' life outside of the research and the underuse of data by the researcher are most likely to maintain anonymity rather than rules adhered to within the ethics process.

### **3.11 Personal reflections on the process**

The research process has been daunting and yet a real privilege. Being able to spend time engrossed in a topic of my own interest was a unique experience and one I am grateful for. The opportunity to develop and pursue my own research interest was one of the factors that drew me to the doctorate, however, the time constraints alongside the other commitments, both for the course and my own personal circumstances impacted the process considerably. Shield (2023) explored TEP wellbeing and identified several influencing factors including "having confidence and knowledge in

research skills” (p.13) as well as tutor support and work life balance, these certainly resonate with me.

My only previous academic experience of research was at an undergraduate level. The projects I had been involved with as an assistant EP while giving me some insight had not fully prepared me, as I undertook my doctoral research journey I began moving from ‘unconscious incompetence’ to ‘conscious incompetence’ (Rogers et al., 2013) which was a daunting place.

The proposal stage felt rushed, and I feel it would have been helpful to have completed a thorough review of the literature before developing the proposal, instead of doing this largely retrospectively. Following initial feedback on my proposal I experienced some apprehension about the project being overly simple, and not reflective of doctoral level research, as a result, I felt pressure to make my study more complex therefore adding the analysis of the EP report to the process. While I feel this insight has been valuable it also meant I had more data to analyse which added further to the stress of the process.

Another factor for me was a change in research supervisor at the end of year two, this left me a little at sea having been spurred on by her encouragement and enthusiasm for my initial idea and subsequent research proposal. I think my project waned at this point regaining ground once a relationship with my new supervisor had been established. Shield (2023) acknowledges the importance of the ‘student-supervisor fit’ and its impact on student experience and wellbeing.

The longevity of the thesis was also new to me. I found the cycle of receiving feedback and having to revisit work emotionally demanding, in part I think due to the lack of closure which contrasted with other aspects of the training. I recognise I was not always ready to receive feedback given other factors such as tiredness and stress levels and this has been a helpful point of consideration for me personally. My reflective diary also notes the issue with

trying to achieve completion with such an extensive piece of work, particularly the first two chapters.

Despite working towards a clear timeline, the analysis phase of my project took much longer than expected which created considerable pressure at the stage of writing up the empirical paper. According to Gillham (2008) it is often the writing up stage at which students stall because pulling all the material together is an intrinsically demanding task. Chunking and regular supervisory meetings, with jointly identified deadlines for different sections were particularly helpful to me at this point.

The concerns about my ability to engage in doctoral level research stayed with me throughout, making me seriously doubt my ability to see the project through to completion at times. Having a means to manage my thoughts and feelings was important, for example using Gibbs' (1988) reflective cycle as discussed earlier which I sometimes used in a written format but at other times just to support my processing mentally. As I near completion I heed the advice I have been given by previous trainees to 'trust the process'.

### **3.12 Application to practice**

Application to practice was important to me from the outset. Boyle and Kelly (2017) consider the EPs as both generating and consumers of 'evidence-based practice'. They note that academic psychologists have a tendency to focus on theory rather than outcomes, and research reports can lack details for application to practice. Boyle and Kelly (2017) describe using a 'typology of evidence' to clarify what constitutes evidence within an educational psychology context with differing research designs being more appropriate to some research questions than others. As noted earlier I was keen to use my research opportunity to contribute to the field in a practical way addressing issues of salience and appropriateness when considering my research design.

### **3.13 Future direction**

I hope to continue tackling the practical issues of working with more vulnerable populations such as those with SLCN, to ensure these children are given the opportunity to have their voices heard.

My EPS has expressed an interest in giving the TMs style tool to their EPs. I plan to make some small adjustments first, incorporating some of the participant feedback on the inclusion of additional items and colour coding of symbols for easier organisation. There is also scope here to develop some items for early years and secondary aged students. I also hope this will provide an opportunity for some further data collection at a future point. As an additional outcome of feedback from the study I have also been developing the child consent/assent form into one that can be used with children and young people who become known to our service, following best practice guidance for EPs produced by the Association for Educational Psychologists (AEP, 2022). Initial feedback from SENCOs has been positive, saying it has supported them to explain to children what will be happening during an EP visit.

Sharing practice among the wider EP community is also important, dissemination of my findings is discussed as a final point of the reflective chapter.

### **3.14 Proposed dissemination**

A summary of my findings will be shared with my participants, the EPs and parents/carers involved where this was requested on their consent forms, and with the Principal EPs of the services who took part.

I hope to publish my study within a journal specific to educational psychology such as Educational Psychology in Practice, to address the gap identified in my literature review. I am also interested in writing a feature article for The Psychologist, official publication of the BPS.

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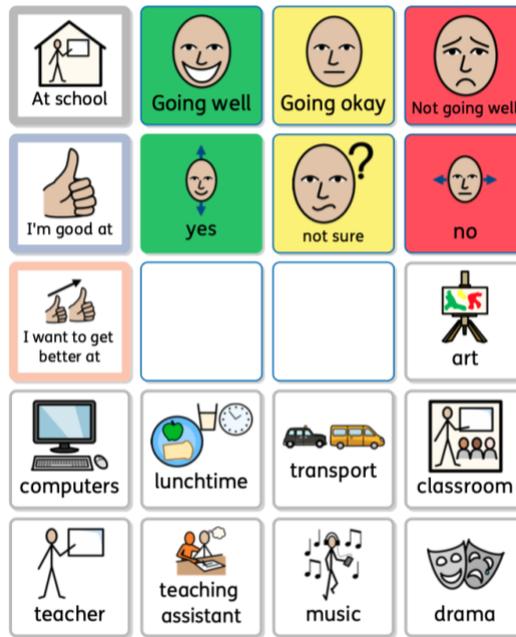
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## Appendices

### Appendix 1 – Talking Mats Materials

#### School



Created in WidgeOnline.com for Ailsa

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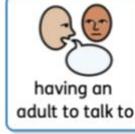
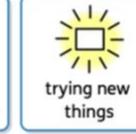
#### Wishes for the future



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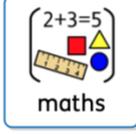
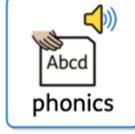
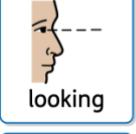
## Social and Emotional Wellbeing

 feeling happy	 feeling part of the school	 doing things yourself	 feeling safe
 feeling confident	 having an adult to talk to	 helping others	 trying new things

Created in WidgeOnline.com for Ailsa

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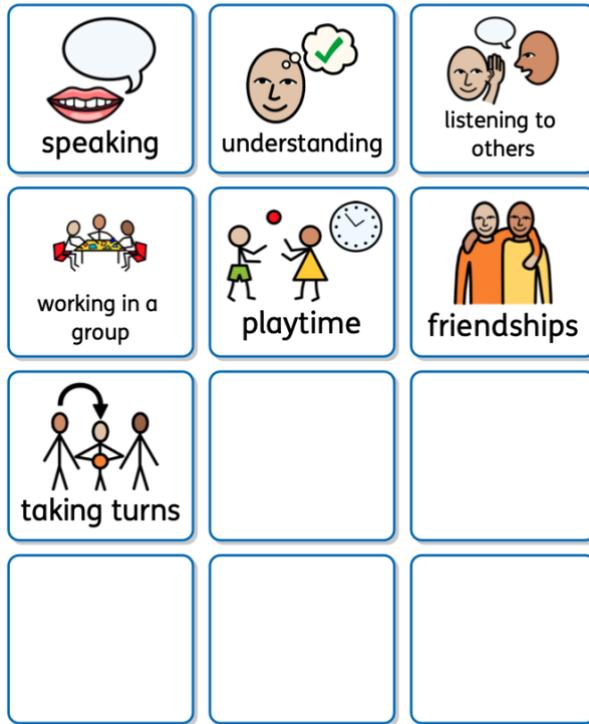
## Cognition and Learning

 reading	 writing	 maths	 phonics
 looking	 listening	 sitting	 remembering
 getting work done	 having help		

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## Communication and Interaction



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## Physical and Sensory



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*Appendix 2 – Widgit Symbols copyright permission letter*



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Bishops House  
Artemis Drive  
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27.01.2022

Dear Ailsa

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Please ensure that our copyright acknowledgment is included in a prominent (but appropriate) position.

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Kind regards

A handwritten signature in black ink, appearing to read "Vicky Andrew", with a long horizontal stroke extending to the right.

Vicky Andrew

Senior Sales & Customer Support Advisor

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### *Appendix 3 – Ethics application*

Ethics ETH2122-1176: Mrs Ailsa Taylor

Date Created 27 Jan 2022

Date Submitted 16 Mar 2022

Date forwarded to 16 Mar 2022 committee

Date of committee meeting 27 Apr 2022

Researcher Mrs Ailsa Taylor

Category PGR

Supervisor Dr Sarah Hatfield

Faculty Faculty of Social Sciences

Current status Awaiting EDU S-REC (School of Education and Lifelong Learning Research Ethics Subcommittee) meeting

---

Ethics application

Applicant and research team

Principal Applicant

Name of Principal Applicant

Mrs Ailsa Taylor

UEA account w0424412@uea.ac.uk

School/Department

School of Education and Lifelong Learning

Category

PGR

Primary Supervisor

Name of Primary Supervisor [Dr Sarah Hatfield](#)

Primary Supervisor's school/department

School of Education and Lifelong Learning

Project details

Project title

Educational Psychologists have a duty to gather the views of children for education, health and care needs assessments: Can 'Talking Mats' help?

Project start date

18 Apr 2022

Project end date

31 Aug 2023

Describe the scope and aims of the project in language understandable by a non-technical audience. Include any other relevant background which will allow the reviewers to contextualise the research.

Educational psychologists (EPs) are frequently involved in children's education, health and care needs assessments (Assembly, 1989 article 9; Children and Families Act, 2014; Department for Education and Department of Health, 2015). The study aims to look at the issues educational psychologists face when trying to gather the views of children with speech, language and communication needs.

Talking Mats are used to increase communication effectiveness (Coakes, 2006) and improve quality and quantity of information communicated (Murphy and Cameron, 2008). Although widely used in the UK research on suitability for different settings is limited (Stan et al, 2019) including educational psychology. The researcher has developed a bespoke 'Talking Mats' tool which EPs will use as part of their usual education health and care needs assessment. Afterwards they will be asked to give feedback on this via an online questionnaire and a follow-up remote semi-structured interview.

The child will also rate their experience of Talking Mats using a simple visual rating scale.

There will also be a content analysis of the report written by the EP (this will be anonymised prior to being shared with the researcher) to explore how the information from Talking Mats has been incorporated into the report.

The desired outcome is to explore the issues EPs experience when trying to gather the views of children with speech, language and communication needs alongside providing a bespoke tool to be used, considering its effectiveness both in terms of administration and applicability to the education health and care needs assessment process.

The project aims to highlight issues, and ways to improve the extent to which the child's voice is captured in matters that concern them in relation to their

education/special educational needs, adding to the research evidence base in this pertinent area and exploring a Talking Mats tool as a possible solution.

Provide a brief explanation of the research design (e.g. interview, experimental, observational, survey), questions, methodology, and data gathered/analysis. If relevant, include what the participants will be expected to do/experience.

The study has a mixed methods design combining quantitative and qualitative methods of data collection to answer the main research questions. The qualitative data will aim to provide a greater depth of information. This will be used to explore wider issues educational psychologists face while also providing critical appraisal of the Talking Mats tool the researcher has developed, in terms of its practical application and the quality of the information elicited. The quantitative data will provide ratings on specified aspects which will be analysed using descriptive statistics. The qualitative data will be analysed using thematic analysis to allow exploration of broader themes.

A content analysis will be undertaken on the report written by the EP following the assessment, looking at how the information from the Talking Mat has been incorporated into the various sections of the advice e.g. child views, needs, outcomes, provision.

Educational psychologists and trainees in 3 local organisations will be asked to use the Talking Mats as part of their usual process of information gathering and assessment. Following this they will be asked to complete an online questionnaire, followed by a semi-structured interview, as well as providing an anonymised copy of their report.

Detail how any adverse events arising in the course of the project will be reported in a timely manner.

Any adverse events arising during the course of the project will be reported to the S-REC/UREC that gave approval for the project via the UEA ethics monitor system, in line with the UEA "reporting adverse events policy" dated 1.8.21, as soon as practically possible after the adverse event.

Will you also be applying for Health Research Authority approval (HRA)?

No

Indicate if you are applying for approval for an experiment to be conducted in the School of Economics' Laboratory for Economic and Decision Research (LEDR).

No

Is the project?: none of the options listed

Does the project have external funding administered through the University's Research and Innovation Services (RIN)? No

Will the research take place outside of the UK?

No

Will any part of the project be carried out under the auspices of an external organisation, or involve collaboration between institutions? Yes

Do you require or have you already gained approval from an ethics review body external to

UEA?

No

Does this new project relate to a project which already has ethics approval from UEA?

No

Research categories

Will the project involve human participants? Yes

Will the project involve the use of live animals?

No

Will the project have the potential to affect the environment?

No

Will the project have the potential to affect culturally valuable, significant or sensitive objects or practices?

No

Will the project involve security sensitive research?

No

Human participants - selection and recruitment

How many Participant Groups are there who will receive tailored participant information?: Three

Name of Participant Group 1.

Trainee and qualified practising Educational Psychologists

Name of Participant Group 2, if applicable.

Parents/guardians of child participants

Name of Participant Group 3, if applicable.

Children

How will the participants be selected/recruited?

6-8 Trainee educational psychologist / qualified educational psychologist participants will be purposively recruited through 3 educational psychology service providers within the eastern region.

The service providers have a total estimated workforce of 70 Trainee / Educational Psychologists (taken from publicly available information) so this will be around 10% of the workforce. The researcher is aiming to recruit a minimum of 2 participants from each organisation to provide a balance.

Will you be advertising the opportunity to take part in this project to?:

None of the above (i.e. UEA's Student Insight Review Group (SIRG) does not need to be informed)

What are the characteristics of the participants?

Education psychologist participant group: All Educational Psychologists and trainees, in their 2nd or 3rd year, working within the chosen organisations will be invited to participate. Their role will need to provide opportunity to complete an education, health and care needs assessment within the specified time frame e.g. the summer term 2022.

Child participant group: Children who are primary aged children (4-11 years) with an identified speech, language and communication need who are being seen by a trainee EP/ qualified EP as part of an education, health and care needs assessment. A speech/ language/ communication need will need to have been specified in the education, health and care needs assessment referral paperwork received by the EPs.

Children with a visual impairment which would impact their ability to use the tool will be excluded, the researcher would welcome the opportunity to discuss means to adapt the tool on a case by case basis, but such participants would not be included in the data collection.

Will the project require the cooperation of a gatekeeper for initial access to the individuals/groups to be recruited? Yes

Who will be your gatekeeper for accessing participants?

The gatekeepers will be senior contacts within the services, these will be sought via the service website where the researcher does not already have contact.

Deputy principal EP for [REDACTED]

The Principal EP for [REDACTED]  
[REDACTED]

The Principal EP within the [REDACTED]  
[REDACTED]

How and when will a gatekeeper permission be obtained?

Informal permission has been sought prior to submitting ethical approval. Formal permission will be obtained once ethical approval has been received and information about the project will be shared by sending a copy of the Educational Psychologist participant information sheet. Gatekeepers will be able to request further information from the researcher via email or telephone if required.

Provide any relevant documentation (letters of invite, emails etc).

How will you record a gatekeeper's permission?

Permission will be recorded electronically within a designated folder on the researcher's university office 365 account and will be reported within the methodology section of the research report.

Is there any sense in which participants might be 'obliged' to participate?

Yes

If yes, provide details.

Participants may feel obliged to participate to some extent having knowledge/experience of the doctorate training process and the need to complete a doctoral level research project.

What will you do to ensure participation is voluntary?

The gatekeeper invite and participant information sheet make it clear that participation is on a completely voluntary basis. Sending the invitation to participate via a third party aims to reduce onus to respond. The researcher will not directly discuss participation with potential participants unless they express an

interest via the invite. The researcher will in no way pressurise or coerce individuals known to them to take part. Assurance will be given that non-participation will not affect current or future relationships with the researchers or anyone else at the University of East Anglia, or colleagues within the associated organisations.

Will the project involve vulnerable groups?

Yes

If yes, explain the necessity of involving these individuals as research participants and what will be done to facilitate their participation, or the participation of people with physical disabilities.

The project is looking specifically at increasing the participation of children with speech, language and communication needs. If needed the Talking Mat could be adapted to meet the needs of a child with a physical disability, for example using an eye tracking frame to allow choice making.

A child with limited range of movement could complete the Talking Mat through indicating symbol placement via another means such as pointing to or tapping the scale at close range. The researcher will discuss and trouble shoot any access issues with the EPs /TEPs as needed (as highlighted in the EP information sheet).

The Talking Mat tool is a visual tool and a child with visual impairment may not be able to access it, some adjustments can be made to the size and background colour for example to enable access. Where the visual impairment is more severe alternative options can be discussed e.g. braille cards, but the EP would not be asked to complete the questionnaire and interview if the resulting tool did not consist of the key components of a Talking Mat.

Will payment or any other incentive be made to any participant?

No

How and when will participants receive this material?

The EP will share the child information and consent sheet with the child before completing the Talking Mat and ask them to indicate if they want to do the mat (see document titled "child information sheet and participation form")

Include any other ethical considerations regarding participation.

EPs may not have the time available to participate due to workload and other demands, therefore it is entirely their choice.

If the child chooses not to complete the Talking Mat, or if during the assessment process the EP decides it is not appropriate to complete the Talking Mat then no further action will be taken i.e. they will not be required to fill in the questionnaire or participate in the semi structured interview.

The nature of EP work means that EPs are flexible in how they approach working with children and adapt working practices to accommodate user feedback. It is not anticipated that non-participation will impact on the education, health and care needs assessment process for that child.

The EP will have the opportunity to use the Talking Mat if they have another suitable referral within the timeframe designated for data collection.

If a child does not wish to complete the rating scale after completing the Talking Mat the EP will still have the opportunity to complete the questionnaire and semi-structured interview.

Human participants - consent options

By which method(s) will consent to participate in the research be obtained?:

Participant Information Sheet and Consent Form

Other, please specify

For children whose parents have given consent they will be given a child-friendly participant information sheet and a yes /no symbol to mark or point to indicate willingness to participate

Human participants - information and consent

Participant Information and Consent

Will opt out consent for participation in the research be used?

No

You can generate a Participant Information Text and Consent Form for this application by completing information in the Participant Information Text and Consent Form Generator tab. Alternatively you can upload your Participant Information Text and Participant Consent Form which you have already prepared.

Confirm below:

Generate automated Participant Information Text and Consent Form.

When will participants receive the participant information and consent request?

EP participants will be contacted following ethics approval for the project via the gatekeepers who will be contacted by email and asked to forward an introductory email containing the participant information sheet. Participants will be invited to register their interest and provide consent to participate in the project via the email.

How will you record a participant's decision to take part in the research?

The participant consent form will be saved within the designated folder of the researcher's OneDrive area of their UEA office 365 account.

Parental/Guardian Information and Consent

Are you asking for parental/guardian (or other responsible person) consent?

Yes

You can generate a Parental/Guardian Information Text and Consent Form for this application by completing information in the Parental/Guardian Information Text and Consent Form

Generator tab. Alternatively you can upload your Parental/Guardian (or Other Responsible Person) Information Text and Consent Form which you have already prepared. Confirm below:

Generate automated Parental/Guardian Information Text and Consent Form.

When will parents/guardians (or other responsible person) receive the parental/guardian (or other responsible person) information and consent request?

EPs/Trainees will share information regarding the project with parents/guardians of children (meeting the age and need criteria) who they are contacting as part of an education and healthcare needs assessment, this may be via telephone and with a follow up email or just by email. Parents/guardians will be invited to register their interest in participating by returning the consent form to the researcher via the email provided.

How will you record a parent's/guardian's (or other responsible person's) decision regarding consent for their child (or other vulnerable person) to participate in the research? The parent/ guardian opt in consent form will be saved within the designated folder of the researcher's OneDrive area of their UEA office 365 account.

Human participants - method

Which data collection methods will be used in the research?:

Interview

Non-anonymous questionnaire

Participant generated data e.g. photographs, paper diaries, video diaries, collage work, art pieces, songs, poems

If your research involves any of the methods (including Other) listed above, upload supporting materials.

How have your characteristics, or those of the participants influenced the design of the study or how the research is experienced by participants?

Due to restrictions around face-to-face data collection the research has been designed to tap into educational psychologists routine interactions with the target group of children.

The researcher's previous work experience as a speech and language therapist has influenced the choice of participants and the type of tool chosen.

The researcher's experience as a trainee EP gathering information for education, health and care needs assessments has also been a factor, allowing the opportunity to explore different approaches in practice. The researcher is conscious of a positivist stance around the tool chosen and has endeavoured to create opportunity for criticality within both the questionnaires and semi-structured interview questions.

The researcher has a dual role as a trainee educational psychologist working within one of the organisations identified as a collaborator and also has links with trainee educational psychologists through the university. The researcher has been mindful in how to approach potential conflict of interest or negative impact on professional relationships (hence gatekeepers have been chosen as a means to access participants).

Given that the study design requires participants to volunteer the researcher does not have any control over the characteristics of the participants (age, gender, level of experience). These factors may influence the data collected.

The researcher is keeping a research diary to aid reflection on potential biases and limitations of the study.

Will the project involve transcripts? Yes

Select ONE option below:

By hand

If yes provide details.

The interviews will be recorded on Microsoft Teams. Following the interview the researcher will transcribe the data by hand in order to immerse fully with the data. Once transcribed the recording will be deleted.

Transcripts will be provided to the individual for review by an agreed deadline e.g. 2 weeks following interview. They will have the opportunity to make amendments and submit these via email within an agreed timescale e.g. 1 week following receipt.

Will you be capturing photographs or video footage (digital assets) of individuals taken for University business? No

Is this research using visual/vocal methods where respondents may be identified?

Yes

If yes, confirm if you have included safeguards to ensure that participants are not vulnerable or underage? Describe any safeguards included.

Only trainee EP and EP participants will be engaging with video interview element. They are considered to be able to consent to this fully and conduct themselves appropriately.

If a safeguarding concern arises during the interview, depending on the nature of the concern the researcher will either:

check what actions the participant has taken and seek further support in line with the UEA safeguarding policy if appropriate

make a note of concerns and seek further support via [safeguarding@uea.ac.uk](mailto:safeguarding@uea.ac.uk) or if time sensitive by calling Student Services reception 01603 597973 and asking for a Safeguarding Officer

Will it be necessary for participants to take part in the study without their knowledge and consent at the time? No

Will deception or incomplete disclosure be used? No

Will the participants be debriefed?

No

Will substances be administered to the participants?

No

Will involvement in the project result in, or the risk of, discomfort, physical harm, psychological harm or intrusive procedures? No

Will the project involve prolonged or repetitive testing?

No

Will the project involve potentially sensitive topics?

No

Will the project involve elite interviews?

No

Will the project involve any incitement to, encouragement of, or participation, in an illegal act (by participant or researcher)?

No

Will the research involve an investigation of people engaged in or supporting activities that compromise computer security or other activities that may normally be considered harmful or unlawful? No

Does the research involve members of the public in participatory research where they are actively involved in undertaking research tasks?

No

Does the research offer advice or guidance to people?

Yes

If yes, provide details.

Guidance to EPs on how to use the Talking Mat tool both in written and video form.

Further support by email or telephone discussion can be sought if needed.

Is the research intended to benefit the participants, third parties or the local community? Yes

Provide an explanation.

The research aims to further develop an understanding of the issues that educational psychologists face when trying to gather the views of children with speech, language and communication needs. In addition it aims to add to the research around the use of a specific tool to address time and resource barriers. It is hoped that the research will inform approaches both within the organisations

participating and more widely through dissemination of the findings within the educational psychology community.

In addition, Educational Psychologists will have access to and opportunity to trial a tool they may not have previous knowledge or experience of.

Children with speech, language and communication needs who participate will have the opportunity to give opinions on aspects of their education they may not otherwise be able to express.

What procedures are in place for monitoring the research with respect to ethical compliance?

The project will be reviewed and approval given (as appropriate) by the UEA ethics committee.

In addition to this the researcher and research supervisor are adhering to the BPS (British

Psychological Society) code of ethics and conduct 2018 and the HCPC (Health and Care Professions Council) standards of conduct performance and ethics 2016.

The researcher and or the research supervisor are responsible for reporting any ethical breaches.

The information sheets provided to participants outline what to do if any concerns arise or problems are raised (contacting either the researcher, the researcher's supervisor, or the head of school).

Does the study involve the use of a clinical or non-clinical scale, questionnaire or inventory which has specific copyright permissions, reproduction or distribution restrictions or training requirements? No

Include any other ethical considerations regarding data collection methods.

Interview questions provided are indicative, these may be tailored to the questionnaire information received.

Health and safety - participants

Is there a possibility that the health and safety of any of the participants in this project including a support person (e.g. a care giver, school teaching assistant) may be in question? Yes

If yes, describe the nature of any health and safety concerns to the participants and the steps you will take to minimise these.

Educational psychologists completing face to face assessments will adhere to both their own organisational health and safety / risk assessment procedures and those of the setting within which they are seeing the child in line with their usual working practices. Participants will not undertake any risks beyond their usual working practices when participating in this project i.e. the information gathered for the project will be part of their routine contact with the child. Some participants may not be working face-to-face or choose not to see a child as part of the education health and care needs assessment, these cases would not be selected for the project.

What procedures have been established for the care and protection of participants? No additional care or protection outside of the usual support mechanisms in place within the participating organisation is anticipated to be required.

Existing mechanisms would include lone worker policy, safeguarding policy, data management and GDPR policy, access to within service supervision, and additional university supervision for trainee educational psychologists.

Describe your safeguarding protocol. What procedures are in place for the appropriate referral of a participant who discloses an emotional, psychological, health, education or other issue during the course of the research or is identified by the researcher to have such a need?

Any safeguarding concerns will be dealt with in a timely manner in line with the Educational

Psychologist's organisational safeguarding procedure and duty of care set out in the HCPC (2015) standards of proficiency for practitioner psychologists (7.3). This will involve contacting the duty designated safeguarding lead (DSL) for the setting. In the unlikely case of a home visit the EP will follow their local safeguarding procedure for example discussing with their line manager/DSL and contacting the children's advice and duty service as appropriate.

What is the possible harm to the wider community from their participation or from the project as a whole?

There is a negligible anticipated risk of harm to the wider community, a caveat will be given at the start of the semi-structured educational psychologist interviews that

researcher has a duty to report any safeguarding or fitness to practice concerns that arise as the result of the interview.

What precautions will you take to minimise any possible harm to the wider community? The researcher aims to ensure participants are fully informed of any risk to participation and the safeguards in place, through the participant information sheet and the introduction to the interview process which will be scripted to ensure all intended aspects are covered.

Health and safety - researcher(s)

Is there a possibility that the health and safety of any of the researcher(s) and that of any other people (as distinct from any participants) impacted by this project including research assistants/translators may be in question?

No

Risk assessment

Are there hazards associated with undertaking this project where a formal risk assessment will be required?

No

Work with external partners and collaborators

Provide details of the external organisation(s)/institution(s) involved with this project.

[REDACTED]

[REDACTED]

[REDACTED]

Has agreement to conduct research in, at or through another organisation/institution been obtained? Yes

Provide details.

Informal agreement has been obtained, formal agreement will be sought and recorded once ethical approval has been received.

Upload the correspondence where relevant.

Does any external Co-applicant need to seek ethics approval in connection with this project?

No

Data management

Will the project involve personal data (including pseudonymised data) not in the public domain? Yes

If yes, will the personal data collected be?: Anonymised and pseudonymised

If using anonymised or pseudonymised data, describe the measures that will be implemented to prevent de-anonymisation.

Care will be taken to redact any information which could identify the educational psychologist, such as their location, organisation or specific details about their job role.

Any quotations will be chosen sensitively to uphold anonymity, any information which could identify the participant will be redacted or omitted. The researcher will seek support from the research supervisor regarding this if unsure, in addition to this draft write ups will be checked prior to submission / publication.

Due to the qualitative nature of the data there is a small chance the educational psychologist participants may be identifiable, this has been made clear in the participant information sheet and consent form.

If pseudonyms are used these will be neutral and in no way related to characteristics of the participants e.g. ethnic background or gender.

Any information reported from the educational psychologist's report will not relate to specific details about the child, instead this information will be coded to identify themes, direct quotations will not be used.

Data pertaining to the child will be anonymised prior to being sent to the researcher.

If not using anonymised or pseudonymised data, how will you maintain participant confidentiality and comply with data protection requirements?

Will you be using secondary personal data not in the public domain?

No

Will any personal data collected be processed by another organisation(s)?

No

Will the project rely on data supplied by others (internal or external sources)?

No

Will the project involve access to records of sensitive/confidential information? Yes

If yes, provide details.

The child's educational psychology report will contain potentially sensitive and confidential information. The EP will be asked to redact any personal information from the advice prior to sending this to the researcher. Including any names, as well as any other personal information: date of birth, address, school, parent contact details etc.

As part of the content analysis information within the report will be code. No direct quotations will be used.

Will the project involve access to confidential business data?

No

Will the project involve secure data that requires permission from the appropriate authorities before use? No

Will you be using publicly available data from the internet for your study?

No

Will the research data collected in this study be deposited in a repository to allow it to be made available for scholarly and educational purposes? No

Provide details.

The data will not be held because of the small sample size and potential that participants could be identified. Raw data will not be deposited in a repository to maximise anonymity of participants.

Who will have access to the data during and after the project?

The researcher and research supervisor, where necessary.

Data will only be accessed through a secure password protected computer within a private location such as the researcher's home office. Transcription will be completed using headphones.

Where/how do you intend to store the data during and after the project?

All data will be collated and stored in the UEA Office 365 account held by the researcher. The supervising tutor will also have access.

It is not envisaged there will be any paper-based data.

How will you ensure the secure storage of the data during and after the project?

The rating scale will be recorded in the educational psychologist's session notes in accordance with their own organisational GDPR and data management policy.

Email contact between educational psychologists and the researcher will be made using their organisational email. It will be made explicit in the information sheet that no personally identifiable information regarding the child should be shared with the researcher (e.g. name, date of birth, address, school).

How long will research data be stored after the study has ended?

Research Data will be kept and remain available for access for at least 10 years following any publication in line with the UEA's research data management policy.

How long will research data be accessible after the study has ended?

Research Data will be kept and remain available for access for at least 10 years following any publication in line with the UEA's research data management policy.

How are you intending to destroy the project data when it is no longer required?

The video recordings of the semi-structured interviews will be destroyed once the transcription is completed. Once analysis is complete any identifiable data that is no longer required after the project is completed will be destroyed. The data will be deleted from the office 356 account once it is no longer required.

Generate and upload files

#### PARTICIPANT INFORMATION TEXT AND CONSENT FORM

Upload the Participant Information Sheet and Consent Form.

---

Enter Participant Group number and name.

1. Trainee and qualified practising Educational Psychologists

---

#### PARENTAL/GUARDIAN INFORMATION TEXT AND CONSENT FORM

Upload the Parental/Guardian Information Sheet and Consent Form.

---

Enter Participant Group number and name.

Parents/guardians of child participants

Enter Participant Group number and name.

Children

---

## *Appendix 4 – Participant information*

### Participant Involvement Email

Dear [INSERT]

Thank you for agreeing to participate in this study. Your participant number is [INSERT]

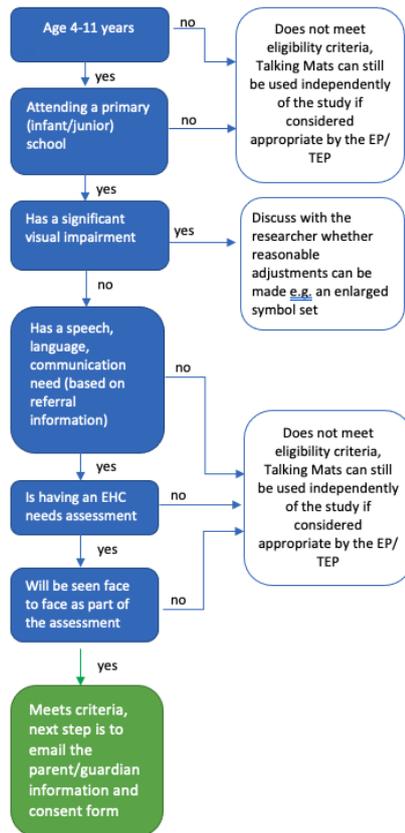
#### **Obtaining your Talking Mats pack**

To participate you will need a Talking Mats pack, this can be posted or delivered to your base (depending on location). Please advise me of the location and what would be your preference.

Once you have the Talking Mats pack and guidance information, please don't hesitate to contact me if you have any questions about the administration.

#### **Identifying a child participant**

The Talking Mats tool is being trialled with primary aged children that have a known speech/language/communication need (SLCN) and are having an education, health care needs assessment (EHCNA). Their SLCN must be stated within the EHCNA referral paperwork. Please refer to the flow chart below:



### Contacting the child's parent/guardian

Once you have identified a suitable potential child participant, please forward their parent/guardian the Parent/Guardian email with the necessary attachments. This has been sent to you titled "Parent/Guardian Research Study Information".

I will notify you once the required parent/guardian consent form has been received.

### Contacting the child's Head Teacher

Feedback from the ethics committee indicated the Head Teacher should be sent information about the study. Therefore, you will be sent an email

titled "Head Teacher Research Study Notification" to forward to the Head or Senior Leader of the school the child attends.

### **After using Talking Mats**

Once you have used the Talking Mats tool with the child participant, please complete the online questionnaire via this link below as soon as possible. Please use your participant number (INSERT) for anonymity.

<https://forms.office.com/Pages/ResponsePage.aspx?id=lydfxj26UUOKBwhl5djwkCvMtOxdm75DuLK7OuaQEuVUME9IQ1NEVEdRTlpPRzNFRVVDQkw0TkY0UC4u>

I will then contact you to arrange the follow-up semi-structured interview.

Once you have completed your educational psychology report/advice, please anonymise this (removing identifiable information such as the names, addresses, date of birth, school, parent/guardian details etc) and send a copy to [ailsa.taylor@uea.ac.uk](mailto:ailsa.taylor@uea.ac.uk) via your organisational email

Your help is hugely appreciated.

With thanks,

Ailsa Taylor

## Appendix 5 – Child information, consent and post-rating sheets

Ailsa Taylor  
Trainee Educational Psychologist  
15<sup>th</sup> March 2022

Faculty of Social Sciences  
School of Education and Lifelong Learning

University of East Anglia  
Norwich Research Park  
Norwich NR4 7TJ  
United Kingdom

Email: ailsa.taylor@uea.ac.uk  
Web: www.uea.ac.uk

### Child Information Sheet

 I  am helping a trainee  educational  psychologist  at the University of

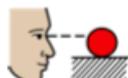
East  Anglia  with  her  study.

 The study is about  talking to  children about their  views,  wishes and

 feelings using  Talking Mats.

### What will I have to do?

If  you  want to, you can do the  Talking Mat  with  me.

 We will  look at  some pictures and  put them on the  mat.

 We will  take a photo once it is  finished.

**Can I say no?**

It is  your  choice if you  want to do the  Talking Mat or  not.

You can  change your mind at  any time.

**What if I am unhappy about the Talking Mat study?**

If you  are not  happy about the  Talking Mat  study you can  tell your

 teacher. Your  teacher will  help  by  contacting Ailsa or Ailsa's

 supervisor.

Ailsa's email: [Ailsa.taylor@uea.ac.uk](mailto:Ailsa.taylor@uea.ac.uk)

Ailsa supervisor Dr Sarah Hatfield's email: [Sarah.hatfield@uea.ac.uk](mailto:Sarah.hatfield@uea.ac.uk)

This  sheet is for you to  keep.

Child Consent Sheet

 or    
Please mark or point to your answer:



tick

     
I want to do the Talking Mat

   
Yes

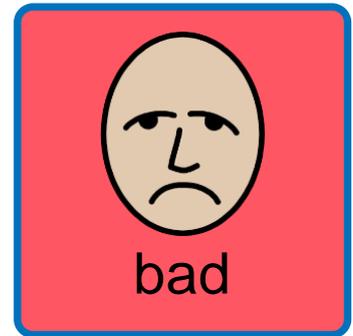
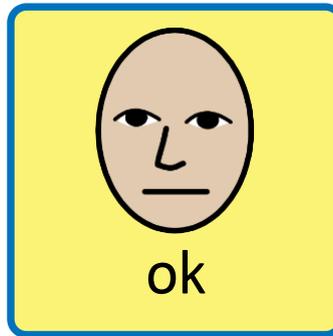
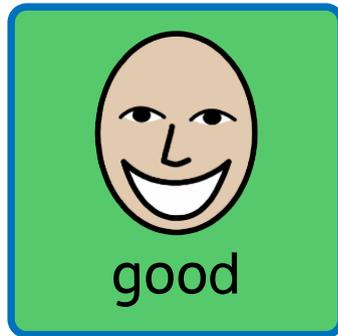
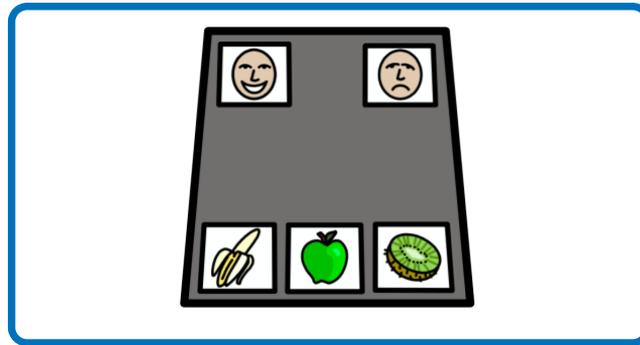
  
or

     
I do not want to do the Talking Mat

   
No

  
Thank you

# Child Rating Sheet



# Educational Psychologist Questionnaire for Talking Mats Research Project

The survey will take approximately 5-10 minutes to complete.

\* Required

## About you

1. Participant number (as per email)? \*

Enter your answer

2. What is your job title? \*

Educational Psychologist

Trainee Educational Psychologist

3. What is your level of experience? \*

I am a 2nd year trainee

I am a 3rd year trainee

I am in my 1st year post-qualification I have been qualified for 2-5 years

I have been qualified for 6-10 years

I have been qualified for over 10 years

4. What tools do you most often use to gather the views of the child?

\*

5. Have you used Talking Mats before? \*

Yes No Maybe

Enter your answer

## About the child

6. What age was the child you used the Talking Mats with?

Enter your answer

7. What needs did the child have?

Communication and interaction

Cognition and learning

Social, emotional and mental health difficulties Sensory and/or physical needs

8. How would you describe the child's speech, language and communication?

Enter your answer

9. How would you rate the child's attention and listening? \*

Very poor Poor

Fair

Good Very good

10. What Talking Mats did the child complete?

What's going well?

What are you good at?

What do you want to get better at? What are your future hopes / dreams?

11. Did the child want to add any additional items using the blanks?

Yes No

Other

12. How confident are you that the child's Talking Mats reflected an accurate picture of their views at the time?

Extremely confident Somewhat confident Neutral

Not that confident Not at all confident

13. How did the child respond to doing Talking Mats?

Enter your answer

14. Was there another adult present? If so what was there relationship to the child (e.g. TA/teacher/parent)

Enter your answer

15. What rating did the child give for their experience of Talking Mats?

Good Ok Bad

## Your experience of using the Talking Mats

16. How easy did you find using the Talking Mats?

Extremely easy Somewhat easy Neutral

Not that easy Not at all easy

17. How long did you spend using Talking Mats with the child?

up to 10 minutes up to 20 minutes up to 30 minutes

Other

18. Is there anything else that would have helped?

Enter your answer

:01

19. Did you use the information gathered within your report/ psychological advice?

Yes No

20. If yes, which sections did you include information from the Talking Mats in?

Child's views

Child's strengths

Communication and interaction Cognition and learning

Social, emotional, and mental health Sensory and physical

Outcomes

Provision

Other

21. In what format did you include the Talking Mats information in your advice?

Written Photograph

Other

23. Can you suggest any additions or amendments?

Enter your answer

24. Please add any further comments or feedback

Enter your answer

22. Would you use this Talking Mats tool again out of choice?

Enter your answer

## Follow up

25. Once you have submitted this questionnaire the researcher will contact you to arrange to follow-up interview. Please state any days/times that you are available:

Enter your answer

26. Would you like info further information about the study, once it is completed \*

Yes No

27. How would you like to receive this information? (please provide your details below as needed) \*

Email Post

28. Please provide your contact details as appropriate \* Enter your answer

## Appendix 7 – Example of content analysis

### Tools TEP/EPs used

P2- My own prepared pupil views sheets which explore favourite activities, strengths, difficulties/needs and 1-10 rating how much children like school, rating scales for lessons, Karen Treisman cards, a pupil views powerpoint with widget symbols, my ideal school activity, blob people pictures, personal construction psychology questions, person centred planning, you choose picture book, a page with strategies accompanied by pictures which help with learning / and one for what helps with feeling stressed, school well-being cards, strength cards, emotion cards.

Where appropriate I also used questionnaires with older children and young people, CAP, SDQ, BRIEF, Resiliency scales, Beck inventory, and other questionnaires.

P1 - Depending on needs I have used, systemic family drawing, open-ended questions (inspired by motivational interviewing and solution-orientated questions), ideal self and ideal school, and scaling activities including "A five could make me lose control", recently I have also started using strengths and self-esteem cards from the therapeutic treasure deck

P3 - scaling, ideal self, mainly PCP based techniques

P4-

Scaling

Interviewing

Drawing

Ideal / unideal school

Blob tree

Bears feeling cards

Scaling	Ideal self/school	Other PCP tools	Drawing	Interviewing	Other
100%	100%	100%	50%	50%	25%

## *Appendix 8 – Indicative semi-structured interview questions*

### *Introduction*

*Audio check, welcome and thank you.*

*Explanation of process: “I have some pre-prepared questions to ask you, I may request clarification or ask you elaborate on your answers, I anticipate the interview will take around 30 minutes, you are welcome to stop at any point if you feel uncomfortable.”*

*Caveat: “If you mention something which raises a safeguarding or fitness to practice concern, I am obliged to follow the appropriate university or HCPC procedure.”*

*Do you have any questions before I start the recording?*

1. What is your usual approach to gathering children and young people’s views?

- a. Can you give me some examples of different ways you approach this?
- b. What factors do you consider?
- c. What challenges have you encountered?
- d. How do you use this information?

Prompt: Where would you include it in your report?

Prompt: Does this feed into the outcomes and provision?

- e. Tell me about any occasions where you are unable to gather children’s views?

2. How common is it to encounter children / young people who have speech, language and communication needs when completing EHCNAs

- a. What challenges does this present?
- b. How do you manage this?
- c. What things do you do to support these children?

Prompt: Are there adaptations you make or particular resources you find helpful?

3. Tell me about your previous experience of Talking Mats
  - a. When have you used them?
  - b. What have you used them for?
  - c. What type of CYP have you used them with?

Prompt: if no previous experience, have you used something similar?
  
4. What was your experience of using the Talking Mat for this project?

(build on information provided in the questionnaire)

  - a. How did you find the administration?
  - b. What was the child's engagement like?
  - c. Was there anything you liked about using the Talking Mat and why do you think this was?
  - d. Were there aspects that did not go so well and why do you think this was?
  - e. What did you think about the selection of symbols? Were there any you felt were missing? What?
  - f. Did you ask the child to add any "post its"? If so, tell me how that went
  - g. Were there aspects you would have liked to explore further but couldn't? Why?
  
5. What would you have used instead of the Talking Mat with this child?

Prompt: can you describe X in more detail

Prompt: could you talk me through an example
  
6. How did you use the information from the Talking Mat?
  - a. Did you discuss the Mat with staff or parents?
  - b. What elements did you include in your psychological advice?
  - c. How was this presented? Prompt: written form / photo etc
  - d. What section of the advice did this feed into –e.g. summary, formulations, child views, areas of need, outcomes etc
  - e. What else did you do to supplement the information from the TM?

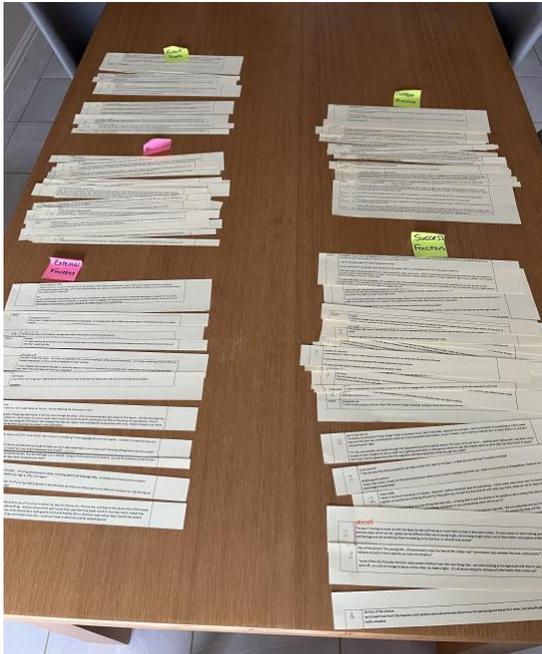
7. Do you think there would have been much difference in the quality of information gathered compared with your usual approach?
  - a. Why / why not?
8. Is there anything else you would like to tell me about?
9. Do you have any questions?

*Next steps: arrangements for reviewing the transcript*

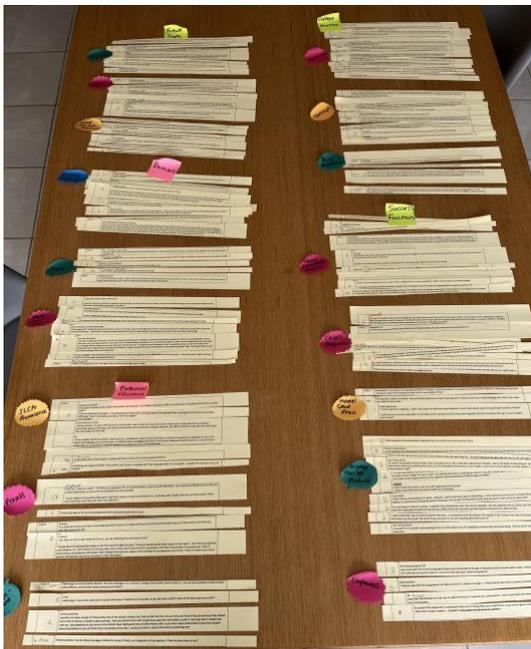
*Thanks and close.*

## Appendix 9 – Thematic Analysis

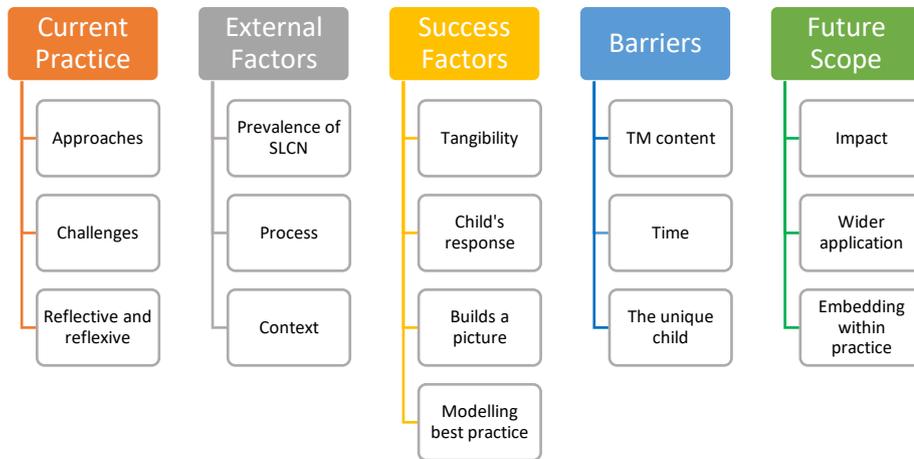
### Initial collating of quotes



### The process of identifying themes



## Initial Thematic Map



Appendix 10 – Sample of coded transcript

Appendix

Transcript coding sample			
		Initial coding	Repeat coding
P	I was thinking about the language for the children you're using it with	Accessibility of the language	Language of tool Implied child need
	yeah		
P	um yeah it it's very similar I guess on mine and maybe it's cause I'm quite rigid [laughs] I've got like and don't like	Consider like and don't like	Top scale language Adult flexibility
	yeah		
P	but that is that is slightly different isn't it?		
	Yes and I did way up the different options I think yeah		
P	yeah and then I felt going well and not going well perhaps then becomes very similar to strengths and it could be better like	overlap with mats	Tool function/ purpose Importance of efficiency
	m-m		
P	Are, are they crossing over I don't know that's why I was just thinking about how but it's some yeah and then actually have to think about what have I said to those children but what going well means yeah	Using the same explanation of what "going well means"	Adult explanation Adult skill as facilitator
	I think I've used good and not good to simplify it with children as going well erm but I think I was trying to move away from like or don't like because that would be different, you don't necessarily, you can like something but it's not necessarily great for you at school at that time and I think it was trying to sort of differentiate between those two things		
P	and you can actually go onto a th- [pause] yeah like having three layers almost and that's almost too much isn't it but really erm so I guess erm yeah[pause]		Considering purpose Considering the subtleties of presentation to the child
	it's useful to think about in terms of the sort of discussion and future considerations though I think		

P	And maybe it's my rigidity around how I've already had like and don't like so I felt that I wanted it to be a bit like that but then it was more than that so then that took	Own rigidity – getting use to something different	Adult flexibility Adults have different preferences
	yeah		
P	more to talk about but I think it's again think about what you want it for isn't it really erm I think they are both valid pieces of information do they like it do they feel they're good at it do they feel actually the lessons are going okay or they're a disaster or they're left by themselves or whatever but I think it probably depends on the erm developmental stage of the young person in terms of how much nuance yes	Both valid pieces of information preferences and how it's going Engagement with scale depends on the child's development / understanding	Considers purpose Scope to obtain different levels of information  Child need Individual factors
	yeah absolutely that's the word in my head		
P	yeah yeah I think that was it erm but I've yeah like I said I'm-I'm using it regularly it's, as like I said at the beginning my motivation to do it was to just get the resources	Application to EP practice	Has incorporated into own practice
	Yeah that's great, I'm glad you feel like that about it		
P	So yeah you know, I'm keen I guess I've got these ideas I'm just keen to you know use it more and develop it so i-it's sort of I guess it's always going to be emerging anyway isn't it you'll think, and that's why it's good to have the blanks as well isn't it that, and I've used one of those think somebody said I think I may, I think that was it the young person insisted we put drama [laughs]	Things need ongoing development  EPs will use tools in slightly different ways	Scope for development Importance of flexibility / adaptability  Provides opportunity for flexibility in the moment  Child empowered / directs adult
	Yeah a separate one		
P	on a separate one but yeah [pause] I've said more than enough probably		

## Appendix 11 – Overview of codes

	A	B	C	D	E
1		P3	P1	P2	P5
2	3 views	Ability to focus	Ability to gather information without using o	(link to ladder of participation)	
3	3 length)	accessibility (pro)	Accessible for children who can't or don't w	Access issues for children with SLCN	
4		Drawing as a tool	Accessibility (pro)	Accessible for the CYP concerned	Acknowledges impact of adult-child dynamics
5	3 fully linked with views in report	Importance of exploring interests	Aids comprehension (pro)	Activities	Advantage of not making pre judgement
6		'picture tells a thousand words'	Application beyond just views (pro)	Adapted from early years resource	AEP / EP skill in determining how much to probe this
7	page CYP (strength)	(PCP)	Application beyond SLCN – SEMH (pro)	Age	AEP / EP provided opportunity despite limited 'hope?' (EP s
8		1. A discursive approach won't necessarily b	Assessment of lang skills (pro)	Age	AEP effort to build rapport
9		Able to expand	Attention span (con)	Agency / empowering the CYP	AEP focus is different – longer term
10		Able to inadvertently gather info on senso	breadth (pro)	Agency of the CYP	AEP identifies other casework where the tool has applica
11		Additional information gathered	Broaden practice (pro)	Aided intelligibility	Aided clarification
12	11 (ness)	Addresses social communication barrier	Builds on communication (pro)	All sections were too long	Aided communication
13	11 (ness)	Aide memoir	Child dislikes (pro)	Appeal of technology	Aided CYPs reflection
14	11 (ness)	Allowed deeper insight	Child engagement (pro)	Appeal to CYP	Aids communication
15	11 (ness)	Allowed further exploration	Child interests (pro)	Approach gathering young children's views diff	Allow for personalisation
16	11 (ness)	Allowed further info gathering	Child's interests	Avoid harm	AEP allow you to tailor other tools to meet need
17	11 (ness)	Also a tech version	Child's views	Balance of gathering info and CYPs needs	Allows person using to make decisions
18	11 (ness)	Alternative formats e.g. iPad (area for dev	Classroom practice	Best/worst about school	Allows you to work in a Child-led way
19	11 (ness)	Approach differently	Cognitive skills	2. Branded TMs for older age group	Alternative focus
20	11 (ness)	Blank level 4 (why?)	Collaborative outcomes	Broad ranging category	Anxiety
21	11 (ness)	1. Bought tools	Communication skills	Challenge lack of familiarity poses	Appeal of the visual layout
22	11 (ness)	C&I as an underpinning skill	Complex needs	2. Challenges of having to share resources	Application across a range of different CYP
23	11 (ness)	Can see value of the tool in own practice	Complexity (con)	Change in practice since being given TMs pack	Approx 50% CYPs have SLCN
24	11 (ness)	Can't always prepare	Complexity (con)	2. Changes due to remote working	As an AEP opportunity to spread info gathering over a long
25	11 (ness)	Child drawing	Comprehension (barrier)	Child friendly approaches used in some schools	Attention is a factor in engagement with typically used tool
26	11 (ness)	Child-led	Comprehension (con)	Child perspective on provision	Attracted child's interest
27	11 (ness)	Child-led (strength)	Develop practice	Choose parts	Benefit of it being a process
28	11 (ness)	Child-led approach	Develop practice (pro)	Clarity	Best guess
29	11 (ness)	communication can be a barrier	Discussion level (con)	Collaborative	Blanks allow exploration of further interests inc outside of sc
30	11 (ness)	Concrete	Discussion methods	Comfortable (CYP)	Blanks allow you to end on something positive
31	11 (ness)	Considering use within service (strength)	Drawing	Communication skills/ needs	Breadth of information
32	11 (ness)	core values around child voice	EAL	Concrete	Breadth of information
33	11 (ness)	CYP expresses issues with self esteem	Emotions (dev)	Contextualised	Broader application (intervention)
34	11 (ness)	CYP volunteered further info	Engagement (pro)	Continue to personalise tools	Broke down barriers
35	11 (ness)	DIST	EP Flexibility	COVID adaptations /developments	Can be hard for students verbalise their feelings about scho
36	11 (ness)	Drawing is flexible / accessible	EP recommendations	CYP empowered	Can focus on certain aspects
37	11 (ness)	Drew out CYPs specific interests	Explore sensory needs	CYP has agency	Can have application beyond EHCPs e.g. as part of interv
38	11 (ness)	Eased rapport	Exploring strengths	Deepening understanding	Can open up conversation
39	11 (ness)	Emotive	Facilitating their communication	Different materials for different age ranges	Can provide area to focus on
40	11 (ness)	Enabled exploration of interests	Feedback to staff	Different tools according to age	Challenge of gathering views without an established relatio
41	11 (ness)	EP could have drawn additional items	Flexibility (approach)	Digital resource	2. Challenges of time limited EP role
42	11 (ness)	1. EP or YP draws	Formulation (pro)	Discussion	Checking correct procedure
43	11 (ness)	EP responsibility	Games (YPs enjoyment)	Does support align with need?	Child-led
44	11 (ness)	EP skill in interpreting that info	Generated interest from staff	Doesn't have to generate ideas	Child's motivation
45	11 (ness)	Exceeded expectations	Generic (con)	Double checking information with teacher	Choice
46	11 (ness)	1. Exploration through discussion	Increased info about child (pro)	Easier to record	Chunking
47	11 (ness)	External pressures (time)	Increased opportunity	Elaborated	Communication barrier
48	11 (ness)			Emotional regulation strategies	Concern AEP will get it wrong
49	11 (ness)	Familiarity eased willingness to engage	Increased sense of EP competence	Engagement	Confusion around (because AEP did not receive info that EP
50	11 (ness)	Flexibility in the moment	Informed formulation	EP autonomy	Considers application for group work
51	11 (ness)	Flexibility on part of EP	Informed recommendations	EP preferences	Could be built on (lack of opportunity for this)
52	11 (ness)	Flexibility required	Integrated with holistic picture	EP skill	Currently no barriers experienced
53	11 (ness)	Flexible (strength)	Interests	Expanding on info given	CYP used with had communication needs
54	11 (ness)	Gives clear context	Intuitive (pro)	Explaining tasks	CYP's ability to access info we hold about them / produce ab
55	11 (ness)	Going well / not explores through discussi	Issues at home	Exploring preferences and support	CYP's engagement exceeded expectations
56	11 (ness)	Good engagement from CYP	Kinaesthetic (pro)	Facilitated communication	Deepening understanding
57	11 (ness)	Greater specificity (area for dev)	Knowledge about the child	Facilitating communication important with all	Desire for suitable tool
58	11 (ness)	Highlighted sensory needs	Lack of confidence	Familiarisation	Develops over time
59	11 (ness)	Hints at controversy	Lack of confidence	Favourite tools	Difference between AEP/ EP role
60	11 (ness)	Impetus is EP dependent	Language level	2. Finding out information already known by sc	highlights difference in views (school v. child)
61	11 (ness)	Implies challenge of pursuing some CYP's vie	Less abstract (pro)	First section only	Discussion and direct questioning were ineffective
62	11 (ness)	Importance of CYP's wider interests	Mapping recommendation onto views	Flexibility / meeting individual needs	Discussion between AEP/TEPaids self-reflection
63	11 (ness)	Importance of personalisation (area for dev)	Minor adjustment (dev)	Functionality	Does not require conversation
64	11 (ness)	Importance of spontaneity	Modelling good practice	Further development – add what helps and do	Easier for key adults to have their views heard
65	11 (ness)	Info about CYP's social communication	More concrete (pro)	Games	Empathically positive
66	11 (ness)	Informed assessment	Need to familiarise (TMs)	Gathering the right information	Empowered
67	11 (ness)	Insight into range of needs (C&I and SEMH)	No experience (TMs)	Good overview	Enabling
68	11 (ness)	Intimates the child's views should be but al	Organisation after use (con)	Guides EP thinking / planned activities	Enabling conversation
69	11 (ness)	Interacts with the ass asking photos to EHCPs	Organisation after use (con)	Has incorporated into practice since	Enabling wider discussion
70	11 (ness)	Kinaesthetic activity	Other areas	2. Have to pare down	Engagement unpredictable
71	11 (ness)	Lack of familiarity with use	Over a 3-	How engaging materials are	EP as facilitator
72	11 (ness)	Language as barrier	Overall picture	Impact of EP involvement	Exceeded expectations
73	11 (ness)	Less note taking (strength)	PCP methods (facilitate)	Impact on engagement	Expectation versus reality
74	11 (ness)	More effective than usual methods	Practical appeal (pro)	Impact on relationships	Fear of failure
75	11 (ness)	More in depth exploration of certain needs	Preferences	Impact on wellbeing	Fear of missing something
76	11 (ness)	More information than usual approach	Previous practice	Impact on wellbeing	Fed in to 4 areas of SEND as per stat ax
77	11 (ness)	Nearly all CYP will have some communicat	Reflection on administration	Importance of mode of activity	Feedback for the child (area for development)
78	11 (ness)	need for facilitation	Reinforced actions	Importance of positive experience for the CYP	Feeling insecure
79	11 (ness)	Non-sensory means	Reinforced knowledge	Importance of the CYPs wellbeing	Flexibility
80	11 (ness)	Non-verbal communication	Relevance (con)	Importance of visuals	Flexibility in terms of length
81	11 (ness)	Opened up further conversation Child led	Report	Increases volume of information gathered	Flexible
82	11 (ness)	Personalisation	Repetition	Info used for interpretation, hypothesis making	Forward thinking
83	11 (ness)			Information already recorded	Further application needed