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The new special educational needs (SEN) legislation in England and implications for services for children and young people with social, emotional and behavioural difficulties

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The new special educational needs (SEN) legislation in England and implications for services for children and young people with social, emotional and behavioural difficulties

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This paper analyses the first significant change to Special Educational Needs (SEN) legislation in England for over a decade, a change that promises new approaches to identification and assessment, increased parental choice and enhanced pupil outcomes. The paper aims to examine to what extent this new framework can live up to its claims in the field of emotional and behavioural difficulties. It analyses the policy context and some key details of this legislation by focussing on approaches such as person-centred planning, multi-professional collaborations and recent mental health initiatives in schools. It also explores what can be expected from the legislative requirements for collaboration between health, social care and education agencies to improve outcomes for children and young people. The paper concludes by addressing tensions between medical and social model assumptions by proposing a systemic approach to multi-agency working and an educationally oriented and integrated functional framework for identifying and assessing emotional and behavioural difficulties.

Keywords: SEN legislation; emotional and behaviour difficulties; mental health; multi-agency collaboration; functional assessment

Introduction

It is 13 years since there was a significant legislative change to the field of Special Educational Needs (SEN) in England. That was when the Labour Government introduced the SEN and disability legislation in 2001, which made some minor changes to SEN aspects, but importantly applied the disability discrimination provisions to the field of education. New governments tend to initiate legislative reviews and changes. This was also so with the Coalition Government that came into power in 2010. In this paper, we outline the policy and practice contexts in which the Government in England has reviewed provisions and moved to enact the Children and Families Act (CFA 2014). We do this with a particular emphasis on emotional and behavioural difficulties and mental health aspects as for the first time the latter term is recognised in one of the dimensions of SEN, 'Social Emotional and Mental Health'. Though this policy's evaluative and conceptual paper focuses only on England, our intention is to highlight broader issues of international interest that arise from these local national changes.

As the 'Social Emotional and Mental Health' dimension of SEN is inter-related to other aspects of SEN, such as Cognition and Learning and Communication and Interaction, and is framed within a generic SEN framework, we will start by outlining

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these generic aspects before examining the specific social, emotional and mental health aspects. The paper starts by examining the Green Paper[1] that presented the Government's thinking and plans in 2011 for the field. The replacement of Statements of SEN with Educational, Health and Care (EHC) plans and the use of person-centred planning (PCP) will be discussed in the context of the trials of these new principles and procedures in Pathfinder local authorities. We then outline some of the key elements of the 2014 CFA legislation with particular focus on new SEN and Disability Code of Practice. We analyse the moves to greater inter-service planning and inter-professional collaboration and the new Social, Emotional and Mental Health category from the perspective of the WHO International Classification of Functioning.

The new SEN framework and legislation

The new legislation needs to be understood in the context of the education policies followed by the previous Labour Government. During the period 1997–2010, there were many initiatives that followed the Labour Government's early commitment to social inclusion and its educational manifestation of inclusive education. However, despite these initiatives, SEN and inclusion policies continued to be of less importance than the standards agenda, which was reflected in various initiatives, including the Government's teaching strategy, the National Strategy, and its small-scale introduction of Academies, as schools independent of local authorities, to renew 'failing schools' in disadvantaged areas. So, there was an uncertainty and ambivalence about inclusion that arose from the continued adoption of a market oriented/parental preference-based system (Norwich, forthcoming).

During the Labour period of government, the Conservative Party was developing its SEN policy (Conservative Party 2010). This concluded that not only were SEN over-identified – especially those SENs in the non-Statement levels of School Action and School Action plus – but that inclusion was an ideology that 'failed a generation of special needs children' (17). These positions were reflected in a brief reference to SEN in the Conservative 2010 election manifesto that promised an end to the 'bias to inclusion', a phrase used in the SEN Green Paper published a year into the Coalition Government (DFE 2011).

The Coalition's Green Paper, '*Support and aspiration: A new approach to special educational needs*', claimed to propose 'a radically different system'. Its key aspirations were about better life outcomes for children and young people. Giving parents more confidence and transferring power to front-line professionals and local communities. This was to be done according to the Green Paper through:

(1) a new approach to identifying SEN,
(2) a single assessment process and for EHC plans,
(3) increased integration of education, social care and health service commissioning,
(4) a local offer of all services,
(5) parents having an option for a personal budget,
(6) giving parents a real choice of schools,
(7) greater independence in the assessment of children's needs.

These proposals showed little evidence of addressing unresolved issues from the Labour period. These key issues were about defining inclusion in a clear and realistic way (House of Commons 2006), linking the SEN and disability legislative systems, and reconciling

inclusivity with parental preference. It is also interesting that the Conservative political slogan of 'a bias to inclusion' was dropped when subjected to political, professional, and voluntary sector scrutiny. In many respects, the SEN policy was for a more user-led system with reduced local and central government involvement and regulation. This was in keeping with wider social policy directions and the adoption of an even stronger market approach to public service provision in education and health services. The Coalition presumption was that moves towards a SEN and disability provision market would improve the quality of provision. But, analysis of the Green Paper showed little detailed longer term vision of how the SEN/disability provision was inter-connected with and was dependent on the wider education service.

One of the unresolved issues was due to the lack of analysis of the current definition of SEN and the role of legally backed Statements. The continued value of statutory assessment for a Statement was not questioned, despite the critique of Statements and suggestions of alternative ideas to offer parents the option of a statutory process and not to use it generally for all pupils with significant complex needs (Warnock and Norwich 2010). Much of what was proposed was not 'radically new' but extending, integrating, and tightening up existing principles and practices. So, the single assessment in the EHC plans was an extension of the Statement to cover a wider age range of 0–25. Parents had already been involved in the assessment process, and some parents had already had access to personal budgets.

Calling the new plans 'EHC plans' could also be seen as misleading as they are basically educational plans where health and social care needs are included in so far as they relate to SEN. They are not, for example, about health provision unrelated to SEN. Whether the revised procedures will improve the support system for children and young people with SEN and their families will depend on how well education, social care and health services collaborate in the commissioning and planning of joint services. This has been a continuing issue in the field though these aspirations are now backed by new legislative provision. It is notable that the Government were persuaded through persistent voluntary organisation lobbying, under the auspices of the Special Education Consortium, to tighten up the duties about health provision as for special education provision (CFA, Section 42.3). This places a similar requirement on health commissioning bodies to provide health care provision written into the EHC plans, something which was not in the original legislation put before Parliament (SEC 2013). How health commissioning bodies will respond to this and Tribunals adjudicate cases about health provision will be seen in the CFA implementation.

What was 'radically new' was taking place in the wider education system in the governance of schools, the accountability system, the funding model for SEN and the strong moves to a user-led model. So, though there was no change to the basic inclusive presumption in the legislation that pupils with SEN will be in ordinary schools, placement was represented as a matter of private choice. What was played down was the social dimension of school inclusion as a community that provides for diversity to promote social cohesion and greater opportunities. Reducing the significance of inclusion was also evident in the new Ofsted inspection framework. Though, there was a minimal reference to evaluating 'inclusive environments that meet the needs of all pupils', under which SEN and disabled children were named, the main focus of the framework was on meeting needs and pupils' attainment progression since they started the school (Ofsted 2014). There was a silence in this framework about evaluating schools as regards their admissions and exclusions of pupils with SEN/ disabilities.

Another feature of the SEN legislative framework, which drew on recommendations from the Lamb Enquiry (2009), which reported on parental confidence in the SEN system at the end of the Labour period of government, was the idea of a 'local offer'. The 'local offer' is the information that local authorities will be required to publish about local special educational provision. The purpose of the local offer was partly to provide parents greater confidence through having clear and accessible information relevant to their children's needs. However, the local offer is meant to be more than a directory of current provision, it is also supposed to make provision more responsive to parents through a consultative and review process (Lamb 2013). The idea of the local offer represents something more than user information to enhance parent choice. It is also a gesture towards stakeholder consultation with the promise of structuring the relationship between authorities and parents. But there are several questions about the concept and practices associated with a local offer: (i) how compatible is it with the individual user model underpinning the SEN system? (ii) given the complexity of provision to be recorded in the local offer, how will it be both comprehensive and accessible to parents? and (iii) how will it come into operation in the challenging context of budget cuts and some reductions of specialist services, for example, mental health services?

SEN pathfinders

Much of the Coalition's SEN Green Paper was outlined in very general terms without much indication of how the general direction would work through more specific procedures. So, the Government initiated trials of certain elements of the proposed framework though a Pathfinder initiative. Twenty Pathfinder sites were established involving 31 local authorities to develop and trial an integrated assessment process, a single joined up EHC plan, personal budgets and services appropriate for children and young people from birth to the age of 25 years. The original idea that the Pathfinders would inform the proposed change in legislation did not come about because by the time the legislation went before Parliament, the outcomes had not been reported. The Pathfinders were extended for a year and the latest report (at the time of writing this paper) was only a process evaluation (Craston, Thom, and Spivack 2013).

This process evaluation concluded that pathfinder authorities had established new processes and the role of the key worker had been established so that families could have a single point of contact. There had been some development of personal profiles through which families and young people could express themselves and PCP approaches had been adopted. This evaluation reported that general feedback about the processes had been positive, and that changed approaches were reported to have increased the choice and control for families. However, challenges were also recognised. Many key workers found the development of outcomes-based plans challenging. There was also limited progress over implementing some key principles, such as involvement of children and young people and multi-agency. This was mainly about involving health service professionals which led to incomplete plans in many number of cases. But, the report also identified other factors, such as uncertainties about how to liaise with the Pathfinders and the balance of demands from core health work and Pathfinder demands. Key workers/coordinators were also unclear about their degrees of freedom within the planning process, and the quality assurance and review process for EHC plans had not been sufficiently developed.

There has also been a small-scale analysis of a questionnaire sent by Independent Panel of Special Education Advice to all SEN Pathfinders to find out about the scale of

their trials (Black and Norwich 2013). This questionnaire used Freedom of Information procedures to collect some basic information about the scale of the Pathfinder activity. Analysis of returns from 28 of the 31 authorities showed that EHC plans had been completed for 1507 children/young people. However two-thirds of these plans were regarding primary and secondary-aged children. Only 17% were for pupils in early years settings, and 11% were for young people in further education, the two phases for which the statutory planning was new. Furthermore, only 36% were undergoing statutory assessment for first time; almost two-thirds had prior Statements (based on data from 26 authorities). The data from 25 authorities also showed that 280 personal budgets had been completed, with 143 involving direct payments and of these, only 27% did not cover transport and equipment. This small-scale analysis raises questions about how extensively the proposed changes had been trialled.

Children and Families Act (CFA) 2014 and the new SEND Code of practice

The CFA legislation can be summarised in terms of its key principles:

(1) the participation of children, their parents and young people in decision making;
(2) the early identification of children and young people's needs and early intervention to support them;
(3) greater choice and control for young people and parents over support;
(4) collaboration between education, health and social care services to provide support; and
(5) high-quality provision to meet the needs of children and young people with SEN.

The first of these principles is reflected in the adoption of PCP in the Pathfinder developments and outlined in the SEND Code of Practice, though there is no reference to it in the Act itself. As mentioned above, the Statements of SEN have for a long period been criticised as providing 'little value in helping to meet a child's needs' and relying on a 'stressful and alienating' process for parents (Audit Commission 2002, 7) and in need of reform. So, the new Code of Practice expects that the assessment and planning process should be person centred, defining this as an approach that:

- focuses on the individual;
- enables parents, children and young people to express their views, wishes and feelings and be involved in decisions;
- is easy for them to understand and highlight their strengths and capabilities;
- enables them to communicate their achievements, interests and desired outcomes;
- tailors support to their needs and minimise demands on the family; and
- brings together relevant professionals to deliver an outcomes-focused and coordinated plan.

However, the key principles of the first two SEN Codes of Practice were person centred without the use of the person-centred label. So, one of the hallmarks of the new system is adopting and extending current principles and practices and changing their terms of reference; for example, Statement to EHC plans and communication and partnership with parents and pupils to PCP. Person-centred approaches have gained increased recognition across health, social care and education services, since the publication of the Department of Health's 2001 White Paper (*Valuing People*). So, its origins are more in

the social care and health of people with learning disabilities, and its use in the SEN field has been very limited (Corrigan 2014). Based on a small-scale study, Corrigan has recently suggested a number of facilitators and barriers to the effective use of this approach, including:

- the skill level, capacity and availability of lead staff;
- the level of training and ongoing supervision provided to lead staff;
- the strength of relationships and collaborative skills within the group;
- the ability of all members to attend throughout the process;
- the degree to which the existing ethos of schools and sending agencies was sympathetic;
- the quality of communication between settings and agencies;
- the ability to elicit the genuine voice of the child or young person; and
- the degree to which PCP approaches were compromised by funding issues.

Overall, this study found evidence of perceived improvements in levels of support and understanding and of a positive impact upon young people's motivation and achievement across social, emotional and academic domains. However, there is a difference between calling a process person centred and actually making it so. The experience of some practitioners has been that some reviews are not genuinely person centred. This can happen when a single, inflexible approach is adopted, regardless of the identified needs of the child or young person and their family. For example, to be authentically person centred, the approach may need to be adapted for a young person exhibiting highly avoidant attachment strategies and speech and language delays, or someone who has experienced severe relational trauma or whose cultural context differs significantly from predominant cultural norms. Given that some PCP models are thought to rely on implementation fidelity for their success, it may be that a toolkit comprising a range of approaches is needed to offer a genuinely personalised approach. There are already a variety of PCP models, including the MAPS and PATH models (Falvey et al. 2003), One Page Profiles (Sanderson, Smith, and Wilson 2010), Personal Futures Plans (Mount and Zwernik 1988), Essential Lifestyle Plans (Smull and Sanderson 2005) and Support Plans (see http://www.supportplanning.org/). This suggests that the most appropriate approaches might involve negotiated adaptations of schemes in response to young person and their family needs.

The fourth legislative principle concerned inter-service collaboration. Section 1.23 of the SEND Code of Practice summarises the duties under the CFA on local authorities to make sure 'that services work together where this promotes children and young people's wellbeing or improves the quality of special educational provision' (Section 25 CFA). Local authorities and health bodies are also required to jointly plan and commission education, health and social care services for children and young people with SEN or disabilities (Section 26 CFA).

One of the key developments in the third SEND Code of Practice compared with the two previous ones (1994 and 2001) is the greater detail about how inter-service collaboration works. This is provided in detail in 22 pages, which covers these aspects:

(1) the scope of joint commissioning arrangements;
(2) how local partners should commission services to meet local needs and support better outcomes;
(3) how partnership working should inform and support the joint commissioning arrangements;

(4) the role that children, young people, parents and representative groups such as Parent/Carer Forums and Youth Forums have in informing commissioning arrangements;

(5) the responsibility for decision making in joint commissioning arrangements;

(6) how partners develop a joint understanding of the outcomes that their local population of 0- to 25-year-old children and young people with SEN and disability aspire to, and use it to produce a joint plan, which they then deliver and review jointly;

(7) how joint commissioning draws together accountability arrangements for key partners; and

(8) the role of colleges as commissioners.

Figure 1 above shows how the Code of Practice represents the relationship between the individual planning in an EHC plan, the local offer and the joint commissioning undertaken by local authorities and Clinical Commissioning Groups (CCG), that arises from the Joint Strategic Needs Assessment organised by Health and Well-being Boards. It is clear from the experience so far of the Pathfinder authorities that how this idealised system will work is still to be worked out. The extended period of the Pathfinder programmes will provide some opportunity to consider these issues further. Also, as mentioned above, the Department of Health announced a new legal duty upon Clinical Commissioning Groups s to secure services set out in EHC plans from September 2014. This means that both children's and adult health professionals will have a statutory duty to engage with the new process. But as Craston, Thom, and Spivack (2013) recognise in their Pathfinder process evaluation, detailed discussions and planning are required to fully engage health professionals. Some Pathfinder authorities also had continuing concerns about how flexible health professionals could be.
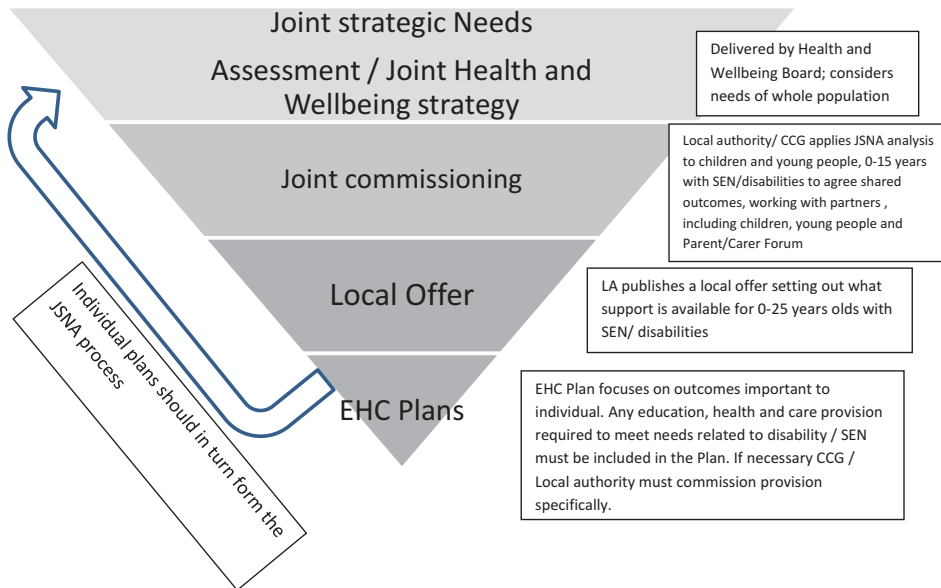

Figure 1. SEND Code of practice representation of different levels of needs assessment.
Source: DFE (2014, 32).

Inter-professional collaboration

The SEND Code of Practice states that 'local authorities **must** work to integrate educational provision … with health and social care provision where they think that this would promote the wellbeing of children and young people with SEN or disabilities' (Section 3.13). How then is this statutory duty to be fulfilled? Multi-agency groups are unique structures, each with their own socio-political context, objectives, working processes, internal dynamics and external pressures. It has often been assumed that these groups will 'just work' once outcomes have been agreed, but evidence to support this assumption is limited. For example, Townsley, Abbott, and Watson (2004) found that there were persistent multiple barriers to communication, independence, friendships, relationships, leisure and recreational activities despite multi-agency involvement. The focus of meetings was found to be multi-agency structures rather than improved outcomes for young people and their families.

Several other strands associated with successful multi-agency working weave their way through the literature, acting in dialogic relation to one another (see Eaton 2010 for a review). These are:

- strong leadership with a clear vision and a drive to get things done;
- well-managed conflicts and the absence of 'a competitive blame culture';
- opportunities for joint training; and
- time for reflective learning.

However, these strands have not all been very thoroughly investigated in multi-agency contexts. For example, it is not clear from the research what conflict resolution strategies are used within groups, what constitutes high-quality reflective learning in multi-agency groups, or whether different models of leadership within groups produce different kinds of outcomes.

Historically, a number of models of leadership have been proposed based on 'the activities of great men and women' (Rost 1997). Rost has grouped these traditional models under what he terms as the 'industrial paradigm' and leadership as a suite of relational skills, and integrated them into an ecological model. Leadership in this model leadership is an emergent process that seeks to balance the tension between human diversity and the single-minded pursuit of common goals.

A comprehensive review of literature has identified a multiplicity of barriers and facilitators to multi-agency working, but there has been no coherent framework that integrates these factors. To address this point, Eaton (2010) has organised these factors in terms of eco-systemic levels based on Bronfenbrenner (1979) – see Table 1 below for the Eco-systemic Model of Multi-Agency Working (EMMA). The EMMA model provides an idealised audit tool for professionals working with or within multi-agency groups seeking to improve outcomes. It can be used to identify strengths as well as areas for development and facilitate improved thinking about group functioning in a systematic and conceptually coherent form. What characterises the EMMA model is the inter-dependence of the various levels; so a block at one level of group functioning may have negative consequences for the group at several different levels. However, the positive side of this inter-dependence is that a small, skilfully identified and managed change may have a powerful positive effect on group outcomes.

The new Code of Practice, too, proposes that 'consideration should be given to providing opportunities for professionals to feed back on the [EHCP] process, and its implementation, to support continuous improvement' (Section 9.37). One study has

Table 1. The eco-systemic model of multi-agency working (EMMA).

System level	Leadership process	Group focus	Outcomes
Microsystem: Ethical considerations	Ethical thinking: group shares common ethical framework; individuals held accountable for decisions; willingness to take risks, to fail and to surmount obstacles; interests of young person considered	Shared **terminology** and language; challenging and clarifying language used to define a young person, their needs and their context	Prioritised, SMART change strategies, facilitated by i. joint training, ii. problem-solving tools, and iii. reflective learning
Microsystem: Roles	Inclusive thinking: expertise not associated with group fault-lines; feedback loops are not ignored; contribution of all members acknowledged; success seen as group effort; individual development valued by group; Independent thinking: all members understand reasoning behind group decisions; accepted definitions challenged; willingness to promote own point of view	Clearly defined **roles** and responsibilities; differentiated shared, core skills and domain-specific expertise	
Mesosystem: Relationships	Diverse relational thinking: dissent seen as an expression of loyalty; information flow is free and unrestricted; decisions and outcomes open to reflection; ability to balance interests of self, group and commissioning agencies Dilemmatic thinking: willingness to tolerate ambiguity; ability to combine old and new knowledge	Positive, team-oriented **attitudes** such as respect, trust, flexibility and flexibility	
Exosystem: Wider pressures	Consideration of sustainable environmental limits: surveillance of resources available and consideration of sustainability of objectives; belief in group's ability to achieve objectives	Adequate budgetary, staff and time **resources**; common lines of accountability	
Macrosystem: The philosophical context	Big picture thinking: core values and purpose are clear to all, held in common and used to challenge group when ignored Long-term thinking: fullest possible consideration given to consequences of outcomes	Shared **goals, values** and beliefs about interventions required, case prioritisation and appropriate settings; shared professional **ideologies**	
Chronosystem: Patterns of working over time	Adaptive thinking: Group structure and function is flexible and can quickly adapt to changing conditions as a result; conceptual replication avoided in new situations; new experience and expertise promote evolving patterns of working Selective thinking: selective approach to expert knowledge; ability to distinguish irrelevant from relevant information	Absence of **negative robotic thinking** in group working patterns	

suggested that underlying the functioning of multi-agency groups that are resistant to change are 'negative robotic' patterns of thinking (Eaton 2010). These are defined as established and unconscious patterns of thinking that maintain barriers to effective working. Examples encountered included ambivalent thinking about waiting lists, helplessness in the face of county-level bureaucracy and long-standing procedural frustrations. These acted as blockages to change in other areas. In contrast, when change did come about, it was as the result of a change in members' thinking and it had a knock-on effect upon the group's purpose, processes and outcomes.

Two conclusions were drawn from these findings. First, they are consistent with an eco-systemic model of inter-agency working, such as the EMMA model described above, where a change at one level of functioning affects other levels too. Second, if local or national strategies aim to improve outcomes for young people, they will need to allow professionals the reflective space to improve their thinking and to provide the professionals equipped with the skills to create that reflective space. The participants identified a number of benefits to the reflective process facilitated as part of the study, including:

- greater value placed on
  - gaining and understanding multiple perspectives
  - improving quality (over quantity) of decisions
  - opportunities for inter-agency training
- greater clarity about
  - the purpose of the group
  - diagnostic criteria
  - how to improve group functioning
- an improved ability to make links and identify trends and themes
- a more widely shared feeling of inclusion within the group
- more tolerance of other members' points of view
- wider participation of members within meetings
- a more explicit decision-making process
- a new sense that 'things don't have to be as they are'.

Social, emotional and mental health

In the final sections of this paper, we turn our attention to the implications of the new legislation for the future shape of service provision. The new SEND Code of Practice sees a shift in terminology from the Behavioural, Social and Emotional Needs identified in the previous Code to the Social, Emotional and Mental Health (SEMH) difficulties, described in the following manner:

'Children and young people may experience a wide range of social and emotional difficulties which manifest themselves in many ways. These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour. These behaviours may reflect underlying mental health difficulties … [or] disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder.' (Section 6.32)

A behaviour problem or difficulty itself is no longer seen as a SEN, in the same way that the new Code indicates that low attainment per se does not constitute grounds for learning

difficulty and a SEN. What underlies these moves is a policy of reducing the number of pupils identified as having SEN, a position which Ofsted, the inspection agency, happened to endorse just before the Coalition Green Paper was issued (Ofsted 2010). The above account of the new category of SEMH is no different from the previous behavioural emotional and social difficulties (BESD) one in which its use is not clarified with a clear process for specifying the thresholds for identifying such difficulties. If there was a problem with the BESD category, then it was its ambiguity and diverse use, something that persists with the new Code. Removing the term 'behaviour' from the new category does not mean that challenging, disruptive or disturbing behaviour will not be taken into account in using the new term.

Also, introducing the language of psychiatric disorder does not easily resolve the matter, as there are similar issues about the reliability and general validity of diagnoses. As we argue below, the educational significance of impairments and difficulties needs to be seen in functional and contextual terms. There is a gap between general diagnostic categories and the particular individual characteristics and context of children, especially in educational terms. This was why the term 'SEN' was originally introduced (Wedell 1981). Not all children identified, for example, as having attention deficit hyperactivity disorder (ADHD) have the same educational needs; other personal and contextual factors are also important to understand individual cases. This is also why the current interest in evidence-based practice cannot simply deliver what is sometimes promised in the name of 'what has been shown to work'. Specific interventions can be linked to general diagnostic categories under experimentally controlled conditions for certain samples, but these interventions might not 'work' under different conditions for other samples; this is the difference between what is called efficacy versus effectiveness (Cartwright 2007). This can lead to non-reflective practice where there is 'broad-scale and indiscriminate adoption of evidence-based practices for everyone with a specific condition (regardless of other evidence and other relevant factors)' (Tondora, Miller, and Davidson 2012). Sanderson, Thompson, and Kilbane (2006) make a similar point in their distinction between 'prescriptive' and 'responsive' PCP. Prescriptive planning is criticised for linking general within-child categories to interventions in rigid ways that take insufficient account of wider personal and contextual factors.

The tension between prescriptive versus responsive planning approaches can be seen as an expression of a well-worn and familiar tension between the medical and the social models of disability and it is beyond the scope of this paper to address this debate fully here. But, it is notable that the new Code of Practice does not recognise such issues in its easy-going pragmatism. What is more certain, however, is that professionals who adopt various versions of these models are likely to find themselves working together to draw up plans on behalf of children and young people and their families. How can these two models be reconciled? How can health, social care and education professionals using such different assumptions and language work together to promote the Social, Emotional and Mental Health of children and young people?

One attempt to address this issue was illustrated in the Targeted Mental Health Support (TaMHS) national initiative that aimed at improving the psychological well-being and mental health of children, young people and their families across England. The programme sought to achieve this outcome through the development of innovative, school-based and local models, which built upon existing intervention programmes, including those arising from the previous Social and Emotional Aspects of Learning programme. The focus was on children aged 5–13 years who are at the risk of developing mental health problems and by March 2011, around 3000 schools were involved in

delivering TaMHS projects. In a national review of the projects, Wolpert et al. (2013) identified a number of factors associated with successful outcomes as well as a number of wider issues. These included:

(1) Location: Wolpert et al. argue that locating mental health services in schools promotes inter-agency collaboration and increased access to these services – especially among disadvantaged populations and reduced time away from lessons – lessening any unintended adverse impact of attending appointments. School staff identified easy access to school-based practitioners as a key facilitator of positive change,

(2) Language: a significant barrier to effective, integrated provision was the absence of a common language across mental health and education services, exacerbated by differences in philosophy and working practice between agencies,

(3) Ownership: one dilemma presented by targeted provision is that of balancing the need for implementation fidelity (maximised through delivery by mental health professionals) with the need for school ownership and autonomy, embedded and systemic practice and reduced costs.

(4) Scope: while educational policy encourages a balance between universal, preventive provision and supplementary targeted programmes for at-risk pupils, there is very little evidence to inform this position, and that limited evidence is equivocal.

(5) Timing: the impact of TaMHS interventions was found to be clearly more pronounced in children of primary school age, perhaps exacerbated by structural, philosophical and developmental differences between primary and secondary settings and the children they serve. Wolpert et al. suggest that placing greater emphasis on the relation between children's mental health and academic attainment may help to lessen this discrepancy.

(6) Evidence-based practice: engagement in developing and drawing upon evidence-based practice was disappointing in schools, perhaps due to lack of awareness of evidence-based materials and due to lack of access to the appropriate training and materials. Wolpert et al. cite the Australian 'Kidsmatter' programme as one possible solution. This model provides participating schools with a guide to over 70 evidence-based interventions, enabling them to make informed choices that suit their local context and needs.

Some new county-wide expressions of targeted provision are starting to emerge, such as effort to develop a new Emotional, Psychological and Social Wellbeing Service for children and young people in Devon. The 12-month lead time, providing an opportunity to engage schools and other agencies as fully as possible in the design and implementation of the initiative, is to be welcomed, and there is early evidence of efforts to develop a broad range of evidence-based programmes. It is to be hoped that other lessons are also learned from the first tranche of TaMHS projects.

The international classification of functioning; an educational version

Though the alignment of SEN with diagnosed medical conditions is not made explicitly in the Ofsted (2010) position about SEN, the SEN Green Paper nor the new SEN Code of Practice, it is implicit in the language used and by the silence about an interactive causal model of SEN. The interactive model recognises the interaction of child and environmental factors in a developmental context. It has been advocated for many years and

influenced the original 1981 SEN legislation (Wedell 1981) and has for many years been adopted as the model of choice (e.g. Frederickson and Cline 1995). This kind of causal model has strong affinity to an education version of the WHO's child/young person's International Classification of Functioning (ICF CY) (Hollenweger 2011), which represents an internationally significant attempt to synthesise the social and medical models. This version of the ICF, which has been trialled in various European countries, assumes that disability arises from the interaction between an individual and the individual's personal and environmental factors. This definition implies that in order to predict the specific requirements of a child with disabilities in a given educational context, all relevant contextual variables should be considered (see Figure 2 below).

The basic ICF model analyses the disability in terms of the interaction of impairment, activity limitations and participation restrictions (shaded in grey). These are seen to be influenced by health conditions, environmental and personal factors (shaded in green). This model represents a bio-psycho-social model, an integration of medical and social models, and has particular relevance to the social, emotional and behavioural difficulty area (Cooper and Jacobs 2011) or social, emotional and mental health, to use the Code of Practice term. Hollenweger (2011) has expanded this model to include an educational vision, which implies that i) educational provision is a key environmental influence on functioning and ii) educational and developmental goals are linked to the participation aspect of disability (marked in blue). However, there has been little UK interest in the use of the ICF for educational purposes, suggesting a gap in contemporary national conceptions about how to think and develop appropriate educational identification systems.

This interactive ICF approach challenges traditional definitions of medical diagnosis and disability that conflate medical diagnostic categories with functioning in specific contexts. Diagnostic categories (as in International Classification of Diseases and Diagnostic Statistical Manual) might have clinical relevance, but their implications for functioning, learning and development are mediated through particular impairments, activity limitations and participation restrictions, respectively, that also depend on
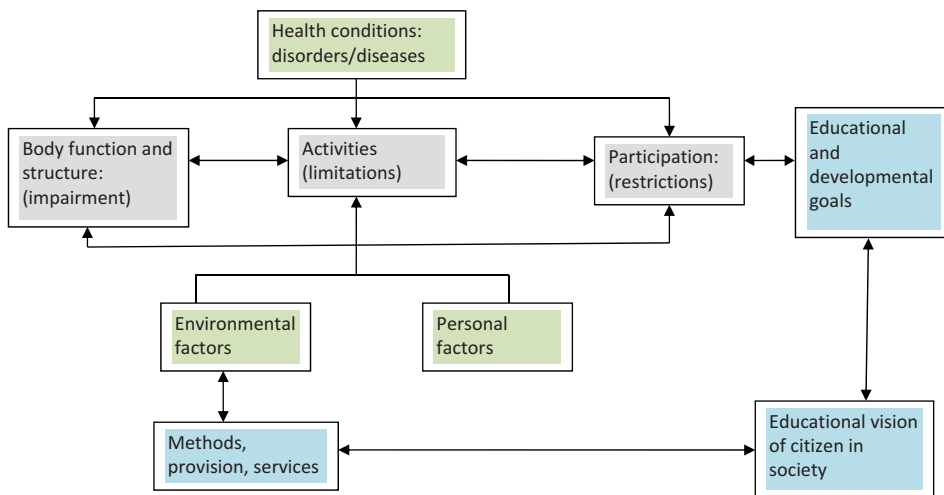

Figure 2. ICF expanded for educational use.

environmental and other personal factors. In the ICF approach, assessment is personalised, in keeping with the person-centred approach discussed above, and according to Hollenweger is one of finding solutions to a complex set of conditions with limited resources available. She suggests that education systems that respect the idea of a continuum of functioning should also offer a continuum of services based on the idea of personalising education. However, all children, she contends, have the similar needs for relatedness, autonomy and competence when engaging in learning. So, participation in education becomes the first and foremost concern when planning changes in educational settings and services. Just as the EMMA model discussed above offers an idealised model for effective inter-professional collaborations, so Hollenweger's educational adaptation of the ICF (Figure 2) may offer an idealised model for inter-agency assessment in an integrated model. That it is not widely known in the UK, even though it has some similarities to the Common Assessment Framework (DfES 2006), shows where further developmental work could be focussed in this country.

Conclusions

It has been argued that the recent process of legislative reform culminating in the Children's and Family Act and the SEND Code of Practice missed an opportunity to address fundamental questions about the definition and nature of educational need and disability (Gray and Norwich 2014). The new legislation and associated Code of Practice represent much less change than its official presentation and dissemination imply. Changing names does not imply basic change, for example, EHC plans and SEMH. We have suggested that persistent and underlying issues have not been addressed fully and that the new system does not reflect some promising international developments such as the ICF. As regards the social, emotional and mental health aspects of SEN, we have suggested that for multi-agency working to improve, there is a need to understand and address issues in multi-agency collaboration, to develop and trial more integrated models of assessment and identification and to take account of the personal and contextual factors in using 'evidence-based' interventions.

Note

1. Green Papers are consultation documents produced by the government, often when a government department is considering of introducing a new law.

References

Audit Commission. 2002. *Statutory Assessment and Statements of SEN: In Need of Review? Policy Focus*. Wetherby: Audit Commission Publications.
Black, A., and B. Norwich. 2013. *Initial Analysis of Pathfinder Replies to IPSEA Questionnaire*. Unpublished Report for IPSEA (available from authors).
Bronfenbrenner, U. 1979. *The Ecology of Human Development: Experiments by Nature and Design*. Cambridge, MA: Harvard University Press.
Cartwright, N. 2007. "Are RCTs the Gold Standard?" *Bioscience* 2: 11–20.
Children and Families Act. 2014. "Council for Disabled Children." http://www.councilfordisabledchildren.org.uk/resources/cdcs-resources/health-briefing-on-the-children-and-families-act-2014
Conservative Party. 2010. "Commission on Special Needs in Education; the Second Report." Accessed November 5, 2014. http://conservativehome.blogs.com/torydiary/files/special_needs_in_education.pdf

Cooper, P., and B. Jacobs. 2011. *From Inclusion to Engagement: Helping Students Engage with Schooling Through Policy and Practice*. London: Wiley.

Corrigan, E. 2014. "Person Centred Planning 'In Action': Exploring the Use of Person Centred Planning in Supporting Young People's Transition and Re-Integration to Mainstream Education." *British Journal of Special Education* 41 (3): 268–288. doi:10.1111/1467-8578.12069.

Craston, M., G. Thom, and R. Spivack. 2013. *Evaluation of SEND Pathfinder Programme: Processes and Implementation*. London: SQW, DFE RR295.

DFE. 2011. *Support and Aspiration: A New Approach to Special Educational Needs*. London: DFE.

DFE. 2014. *SEN and Disability Code of Practice: Statutory Guidance for Organisations Who Work with and Support Children and Young People with Special Educational Needs and Disabilities*. London: DFE.

DfES. 2006. *The Common Assessment Framework for Children and Young People: Practitioners' Guide*. Nottingham: DfES.

Eaton, A. 2010. "The Role of the Educational Psychologist in Promoting Effective Multi-Agency Collaborations." DEdPsych thesis, University of Exeter. Accessed November 5, 2014. https://ore.exeter.ac.uk/repository/bitstream/handle/10036/110333/EatonA.pdf?sequence=2 30.07.14

Falvey, M. A., M. Forest, J. Pearpoint, and R. L. Rosenberg. 2003. *All My Life's a Circle*. Toronto: Inclusion Press.

Frederickson, N., and T. Cline, eds. 1995. *Assessing the Learning Environments of Children with Special Educational Needs*. London: Educational Psychology Publishing.

Gray, P., and B. Norwich. 2014. "An Overview of Issues Emerging as the Policy Context Changes. The Coalition Government's Policy on SEN: Aspirations and Challenges." *Journal of Research in Special Educational Needs* 14 (2): 122–127. doi:10.1111/1471-3802.12027_3.

Hollenweger, J. 2011. "Development of an ICF-Based Eligibility Procedure for Education in Switzerland." *BMC Public Health* 11 (4): S7–8. doi:10.1186/1471-2458-11-S4-S7.

House of Commons. 2006. *Special Educational Needs*. Education Select Committee Report, House of Commons.

Lamb, B. 2013. *Accountability the Local Offer and SEND Reform: A Cultural Revolution? In How Will Accountability Work in the New SEND Legislative System?* SEN Policy Research Forum. Accessed November 5, 2014. http://www.sen-policyforum.org.uk/page.php?id=171

Lamb Enquiry. 2009. *SEN and Parental Confidence*. Nottingham: DCSF.

Mount, B., and K. Zwernik. 1988. *It's Never Too Early, It's Never Too Late: A Booklet about Personal Futures Planning for Persons with Developmental Disabilities, Their Families and Friends, Case Managers, Service Providers and Advocates*. Minneapolis, MN: Metropolitan Council.

Norwich, B. Forthcoming. "Changing Policy and Legislation and Its Radical Effects on Inclusive and Special Education in England." *British Journal of Special Education*.

Ofsted. 2010. *The Special Educational Needs and Disability Review*. Reference 090221. London: Ofsted.

Ofsted. 2014. *The Framework for Inspecting Schools in England under Section 5 of the Education Act 2005 (As Amended)*. Reference 120100. Manchester: Ofsted.

Rost, J. C. 1997. "Moving from Individual to Relationship: A Postindustrial Paradigm of Leadership." *Journal of Leadership & Organizational Studies* 4 (4): 3–16. doi:10.1177/107179199700400402.

Sanderson, H., T. Smith, and L. Wilson. 2010. *One Page Profiles in Schools: A Guide*. Stockport: HSA Press.

Sanderson, H., J. Thompson, and J. Kilbane. 2006. "The Emergence of Person-Centred Planning as Evidence-Based Practice." *Journal of Integrated Care* 14 (2): 18–25. doi:10.1108/14769018200600014.

SEC. 2013. "Analysis of Changes between the Draft Provisions and Children and Families Bill." Accessed November 5, 2014. http://www.councilfordisabledchildren.org.uk/what-we-do/special-educational-consortium/read-our-latest-news-stories/2013/analysis-of-changes-between-the-draft-provisions-and-children-and-families-bill

Smull, M. W., and H. Sanderson. 2005. *Essential Lifestyle Planning for Everyone*. Annapolis, MD: The Learning Community.

Tondora, J., R. Miller, and L. Davidson. 2012. "The Top Ten Concerns about Person-Centered Care Planning in Mental Health Systems." *The International Journal of Person Centered Medicine* 2 (3): 410–420.

Townsley, R., D. Abbott, and D. Watson. 2004. *Making a Difference? Exploring the Impact of Multi-Agency Working on Disabled Children with Complex Health Care Needs, Their Families and the Professionals Who Support Them*. Bristol: Policy Press.

Warnock, M., and B. Norwich. 2010. *Special Educational Needs: A New Look*. Edited by L. Terzi. London: Continuum Publishers.

Wedell, K. 1981. "Concepts of Special Educational Needs." *Education Today* 31 (1): 39–48.

Wolpert, M., N. Humphrey, J. Belsky, and J. Deighton. 2013. "Embedding Mental Health Support in Schools: Learning from the Targeted Mental Health in Schools (TaMHS) National Evaluation." *Emotional and Behavioural Difficulties* 18 (3): 270–283. doi:10.1080/13632752.2013.819253.