

Service Report Card Quarter 2

2016-2017

Educational Psychology Service

Section 1: Brief description of the service

The Educational Psychology service is a statutory service and has a core team of 6fte educational psychologists (1 fte principal, 1 fte senior and 4 fte maingrade) and a 0.5fte clerical officer.

What We Do

Each psychologist has responsibility for a cluster of schools and we offer a regular school visiting programme. The number of visits allocated is dependent on the size of the school and level of need. Access to our core EP service is through schools. We also cover schools offering specialist provision to pupils within the authority. We also work with pre - school children and their families and some learners attending schools/provision outside the county borough boundaries. We also undertake various duties, including statutory work, on behalf of NPT CBC Education Leisure and Lifelong Learning Directorate (ELLL).

We offer a range of services including: Consultation, Assessment, Observation, Training, Therapeutic Work and Research and Policy Advice. Please see our website page for more details.

We apply psychological knowledge of child development, learning and behaviour to promote the positive development of, and improve outcomes and wellbeing for, children, young people, families and organisations. This can be achieved through direct work and interventions or can also be achieved indirectly through work undertaken with significant others such as teaching and support staff, other agency and third sector staff, parents, carers and pupil peers. We conduct regular consultations and problem solving sessions with these significant others to explore any barriers to pupils' learning and wellbeing in order to create positive outcomes for all.

Who We Work With

We work mainly with teaching and support staff in all schools in NPT: mainstream secondary, mainstream primary and special as well as Learning Support Centres and Pupil Inclusion Centres.

We also work directly with children and young people; parents & carers; other LA staff outside and within the Inclusion Service; other agencies such as Social Services and Health partners as well as third sector staff.

More direct recipients/customers of our service include schools, children, young people and their families as well as management within the ELLL Directorate.

Section 2: Overall Summary of Performance for 2015-16 Financial Year

Service: (2015 – 2016 Academic year targets) We piloted a different working practice of Consultation Clinics in 23 schools where the focus is on improved early identification and intervention of pupils' needs. This way of working had a direct impact in reducing the number of formal 'referrals' to the service from a three year average (2012 – 2015) of 457 to 427 for 2015-16, a reduction of 6.56%. From this pilot work we have created a data capture system using Survey Monkey which will be implemented fully from September 2016. This measures not only service output but also provides information on an identified number of pupil indicators. We have also developed a measure to gauge the impact of this work on school staff in being able to understand and meet the needs of their pupils. Both of these 2015 - 16 targets have therefore been achieved as their development is complete. This data will determine some of the service priorities detailed in Section 3 below.

Financial: The EP service had an overspend of 1% on its budget for this financial period (£3,529).

Employee: The average FTE working days lost due to sickness was 2.2 days and no staff left due to unplanned departures. One (0.6fte) member of staff has been on maternity leave from January 2016. This accounts for 10% of the core EP service.

Customer: As part of the National Association of Principal Educational Psychologists (NAPEP) benchmarking criteria, questionnaires regarding the service provided by the EP Team are sent to all Head teachers, SENCOs and a sample of 30% of parents/carers on an annual basis. This uses a scale of 0 – 5 with 5 being the highest. Over the past 4 years, including 2015 – 16, the maximum scores of 5 have been achieved across all 3 questions for both Head teachers and SENCOs in schools. In particular Question 3 is of importance as it provides information about the impact of the EP service on the service user, including the child/young person. For parents/carers maximum scores had been achieved for questions 1 and 2 since 2012, although question 1 decreased to 4.5 for 2015 – 16. Question 3 has continued to score 4 across this 4 year period for parents/carers. As well as the quantifiable ratings, comments are analysed, discussed during staff performance appraisals and acted upon to improve service delivery, where appropriate. We are encouraged by these positive responses, but recognise that the number of respondees overall has decreased over time. We will be seeking to reverse this downward trend in response rate. There were no compliments or complaints recorded during this period. (Please also see Section 7 below).

**Section 3:
Service Priorities 2016-17 (Academic Year)**

Priority	Actions to deliver priority	Officer Responsible	Timescale	What will be different? Measures and/or Outcomes
<p>1: To increase the number of Consultation Clinics from the pilot phase of 23 schools to all schools as part of the regular school visiting programme</p>	<p>Ensure schools understand revised EPS working practice:</p> <ul style="list-style-type: none"> • Produce new guidance for schools • Presentation to LLAN, NAASH, SENCOs <p>Staff development - EP staff to shadow pilot phase practitioners to observe practice</p> <p>Finalise EPS documentation / paperwork to ensure consistency across EPS</p> <p>Use the newly created data capture system to record the uptake of Consultation Clinics</p>	<p>Principal EP / EP TEAM</p>	<p>Sept 2016 – August 2017</p>	<p>Consistent EP service delivery to schools across NPT CBC</p> <p>Reduction in formal (School Action Plus) ‘referrals’ to the EPS (Target from 459 per annum to 400 pa by August 2018)</p> <p>Increase in uptake of Consultation Clinics from 23 to 67 schools</p> <p>New data capture system records uptake and impact of Consultation Clinics</p> <p>More school staff accessing EPS resulting in improved early identification and intervention of pupils’ needs at School Action</p>

				More school staff upskilled resulting in improved pupil outcomes
2: To provide the Local Authority with a richer picture of our schools and clusters of schools through improved data collection and analysis to ensure that schools receive appropriate support and challenge	<p>Implement and embed the newly created data capture system across all EPS work in schools</p> <p>Collate and analyse data to provide information on an identified range of pupil indicators</p>	PEP / EP TEAM	Sept 2016 – August 2017	<p>Using pupil indicators, school and cluster level concerns and issues will be identified</p> <p>This will complement data captured elsewhere resulting in improved availability of data across all inclusion service areas to ensure that schools receive appropriate support and challenge</p> <p>This will determine future work focus and priorities in schools for the EPS from September 2017 onwards</p>
3: To monitor the impact of the delivery of the Consultation Clinics	Implement and embed the recording of the school staff self-efficacy measure pre and post consultation	PEP / EP TEAM	Sept 2016 – August 2017	<p>School staff are more able to understand and meet the needs of their pupils = pre & post consultation measure</p> <p>More pupils have their needs addressed earlier resulting in improved pupil outcomes</p> <p>Pupils' progress can be tracked</p>

				and monitored throughout the Graduated Response as detailed in the SEN Code of Practice for Wales
4: To establish the role of the EPS within the behaviour and wellbeing continuum to ensure best possible outcomes for pupils with Social Emotional and Behavioural Difficulties (SEBD)	<p>Work in partnership with newly appointed staff in the Wellbeing / Behaviour service to identify common client group and promote joint working</p> <p>Wellbeing manager to attend targeted EP team meetings</p> <p>EPS to contribute to Wellbeing and Behaviour Strategic Group which will monitor, review and evaluate provision for pupils with SEBD</p> <p>Collaborative working between EPS and Wellbeing service in school settings</p>	PEP / Manager Wellbeing / EP TEAM	Sept 2016 – August 2017	<p>Provide better support for pupils with wellbeing/behaviour needs resulting in reduced risk incidents and/or exclusions from school</p> <p>Reduced risk of work duplication</p> <p>Reduction in formal (School Action Plus) ‘referrals’ for externalising behaviours to the EPS. (Target from 77 to 55 by August 2018)</p>
5: To support the development of a cluster Additional Learning Needs (ALN) planning tool to facilitate collaborative planning with schools.	Review working practice and EP service delivery in partnership with other Inclusion Service teams to address service demand	Co-ordinator for Support for Inclusion / service area managers	Sept 2016 – August 2017	<p>Efficient use of resources through reduced duplication of service delivery</p> <p>Improved data across all inclusion service team identifies</p>

	Coordinated and collaborative approach to the planning and delivery of services to schools on a cluster basis			<p>areas of strength and areas of development within each cluster, ensuring schools receive appropriate support and challenge</p> <p>There will be an overall reduction in the number of individual referrals to inclusion service teams and potential for training needs</p> <p>Effective links across service areas established resulting in improved outcomes for children</p>
<p>6: To minimise the impact of reduction in core staffing levels and EPS cover available to schools due to exceptional level of maternity leave.</p> <ul style="list-style-type: none"> • 10% (0.6 fte) from Dec 2015 – July 2016, • 43% (2.6 fte) from August 2016 – January 2017, • 33% (2.0 fte) from January – April 2017. 	<p>Secure savings for financial year through absorbing 0.6fte (10%) workload for April 2016 – January 2017</p> <p>Use savings to enable cover of 2.0 fte (33%) from September 2016</p> <p>LA requirement/duty of Statement writing outsourced</p>	PEP / EP TEAM	Jan 2016 - April 2017	<p>All schools receive their allocated visits</p> <p>Local performance indicators maintained and statutory deadlines met</p> <p>Maintained wellbeing of staff as potential negative impact of reduction of core staffing on other EP team staff, (workload pressure, stress, ill health), is minimised</p>

Section 4: Service Performance Quadrant 2016-17

Under the **Corporate Improvement Plan 2016 – 2019**, Objective 2, Better Schools, Brighter Prospects, aims to raise educational standards and attainment for all young people. In particular to:

- Ensure literacy outcomes are improved.
- Ensure numeracy outcomes are improved.
- Improve the performance of pupils entitled to Free School Meals (FSM) in literacy & numeracy.
- Improve pupil attendance.
- Provide better support for pupils with behaviour needs.

The Inclusion Service Business Plan 2016 – 2017, under Principle 2, identifies the need for a review of working practice and workforce capacity within the Educational Psychology Team in order to capacity build within schools to meet the needs and improve outcomes of pupils at school action and school action plus.

Priority 1 of the **Inclusion Service Business Plan** aims for:

- Improved early identification and intervention – evidenced by referrals, consultation requests and requests for statutory assessments.
- Improved and consistent use of data to monitor outcomes for children and young people and identify future areas for development.
- Improved and consistent use of data across all service areas to ensure that schools receive appropriate support and challenge

All of the EP Service priorities ultimately aim to contribute to the improved outcomes for learners as detailed in the Corporate Improvement Plan. These EP Service priorities also support, and make explicit reference to, the achievement of the aims detailed in the Inclusion Service Business Plan 2016 – 2017.

Priority 1: To increase the number of Consultation Clinics from the pilot phase of 23 schools to all schools as part of the regular school visiting programme

Measure	2014-15 Actual (Full Year)	2015-16 Actual (Full Year)	Comparative Performance	2015-16 Qtr. 2 (cumulative)	2016-17 Qtr. 2 (cumulative)
Service Measure 1: Reduction in Formal (School Action Plus) 'referrals' to the EPS by August 2018 to 400 per annum (12.8% reduction) (Priority 1)	459	427	Not applicable	Annual	Annual
Service Measure 2: Increase in uptake of Consultation Clinics from 23 to 67 schools by August 2017 (Priority 1)	New	Academic year 23 schools	Not applicable	N/A Pilot	Termly end of Autumn term not yet available

<u>Year</u>	<u>Referrals/Formal requests for EP service</u>
April 04 – March 05 (Baseline)	263 referrals
April 10 – March 11	436 formal requests
April 11 – March 12	482 formal requests
April 12 – March 13	458 formal requests
April 13 – March 14	455 formal requests
April 14 – March 15	459 formal requests
April 15 – March 16	427 formal requests

Table 1 Total Number of Referrals/Formal Requests to the EPS 2010 – 2016 (Baseline 2005)

The referral/formal requests for consultation in Table 1 data evidences that there has been an increase of 74.5% in the number of pupils receiving EPS intervention, increasing from 263 to 459 per annum in 2015, since the introduction of the consultation model of service delivery in April 2005. This consultation model of service delivery has enabled us to address this increased demand without a corresponding increase in staffing. Working this way is therefore smarter and more efficient.

The overall number of formal requests for consultation has remained fairly static over the three year period 2012 – 2015 and appears to have reached a plateau. Although more efficient than the pre-2005 way of working, it does remain fairly time intensive and we recognise some of the work is reactive rather than proactive and preventative. From September 2015, therefore, we have piloted the different working practice of Consultation Clinics as part of our service delivery in 23 of our schools. This enables improved earlier identification and intervention of pupils' needs resulting in more pupils having their needs addressed earlier, leading to improved outcomes through capacity building in schools. It also results in more school staff accessing the EPS. Whilst there will always be a place for direct intervention with pupils by the EPS, we would expect there to be a reduction in demand for referrals/formal requests as a direct consequence of providing Consultation Clinics. The Consultation Clinic way of working did have a direct impact in reducing the number of formal 'referrals' to the service, during the pilot period, from a three year average (2012 – 2015) of 457 to 427 for 2015-16, a reduction of 6.56%. The Inclusion Service Business Plan also identifies how improved early identification and intervention will have a direct impact on requests for statutory assessments. We did identify a few anomalies in how some of these were being recorded for the EPS and the new data collection system will now reduce the likelihood of this reoccurring.

Priority 2: To provide the Local Authority with a richer picture of our schools and clusters of schools

As can be seen from the Table 1 above and Table 2 below, the EP service has maintained a system to record the number and type of referrals/ formal requests being made by schools. We aim, through the provision of Consultation Clinics, to support even more school staff and more children and young people, however we did not have a way for robustly recording this very important work. The need to do so was clearly identified through our service self-evaluation. Consequently, one of the priorities detailed in our 2015 – 2016 report card was to: *“develop a whole EP service recording system to capture the number of school staff accessing pre-formal consultation service sessions, including an identified number of pupil indicators”*.

This target has now been achieved as its development is complete. From September 2016, we will implement and embed the newly created data capture system across all EPS work in schools. Once a baseline has been established, over the next academic year, new service level targets will be set on an annual basis. We will report on the use of the pupil indicators to identify

school and school cluster level concerns and issues. We will also report on how this will result in improved collation and analysis of data across all inclusion service areas to ensure that schools receive appropriate support and challenge. This will also contribute to the development of the cluster ALN planning tool detailed in Priority 5 and the Inclusion Service Business plan.

Priority 3: To monitor the impact of the delivery of the Consultation Clinics

Measure	2014-15 Actual (Full Year)	2015-16 Actual (Full Year)	Comparative Performance	2015-16 Qtr. 2 (cumulative)	2016-17 Qtr. 2 (cumulative)
Service measure 3: Post measure improvement in school staff being more able: <ul style="list-style-type: none"> • to understand needs of pupils • to be able to meet need of pupils (Priority 3)	New	New measure from September 2016	Not applicable	N/A	Academic year measure Termly end of Autumn term not yet available

Another of the priorities detailed in our 2015 – 2016 report card was to: “*evaluate the use of a self-efficacy tool as a measure of the impact our service is having (through Consultation Clinics) with a view to adopting it service wide to complement those already measured through the school (Head Teacher (HT) and SENCO) survey and Parent survey for EPS*”. (See Section 7 Customer Quadrant).

This target has now been achieved as its development is complete. From September 2016, we will adopt it service wide. We will report on the effectiveness and impact of this way of working and evaluate whether school staff are more able to understand and meet the needs of their pupils as a result of Consultation Clinics. We will also measure the impact of this work through measurement of pupil outcomes and reference them to targets set within the Corporate Improvement Plan 2016 – 2019.

Priority 4: To establish the role of the EPS within the behaviour and wellbeing continuum to ensure best possible outcomes for pupils with Social Emotional and Behavioural Difficulties

Measure	2014-15 Actual (Full Year)	2015-16 Actual (Full Year)	Comparative Performance	2015-16 Qtr. 2 (cumulative)	2016-17 Qtr. 2 (cumulative)
Service measure 4: Reduction in formal (School Action Plus) 'referrals' for externalising behaviours to the EPS by August 2018 to 55 per annum (28.6% reduction) (Priority 4)	72	77	Not applicable	Annual	Annual

Reasons for Referrals / Formal requests (School Action Plus)	April 12 – March 13	April 13 – March 14	April 14 – March 15	April 15 – March 16
General Learning Difficulties	119	100	107	116
Profound/Multiple LDs	1	1	2	0
Specific Learning Difficulties	54	53	49	18
EBD (E) / Internalising	43	31	21	18
EBD (AO) / Externalising	55	52	72	77
Attendance	5	4	6	1
Speech and Language	35	29	42	50
Social Communication	38	36	47	40
Medical Difficulties	8	4	5	5
Physical Difficulties	2	5	2	1
Hearing Impairment	3	2	1	4
Visual Impairment	1	1	1	3
Multi- Sensory Impairment	0	0	0	0
Formal/Statutory Assessment	65	58	51	53
Exam Concessions/Access Arrangements	20	54	45	41
XX Other	6	13	5	0
Mover In	3	12	3	0
No need recorded on database	0	0	0	0
TOTAL	458	455	459	427

Table 2 Number of Referrals/Formal Requests to the EPS 2012 – 2016 by category of need

As can be seen from Table 2, referrals for behaviour overall account for just over 20% of our referrals over a four year period. We have seen a downward trend in referrals for Internalising difficulties over that period, but an increase for those with Externalising/Acting Out difficulties. This trend partly reflected the reduction in staffing and support available to schools for behaviour and has informed the way forward for the establishment of a wellbeing/behaviour service and a continuum of support for children and young people with Social Emotional and Behavioural Difficulties, (see Inclusion Service Business Plan). Consequently, one of the priorities detailed in our 2015 – 2016 report card was to: *“work in partnership with new staff in the wellbeing/behaviour service to promote joint working, identify common client groups and to monitor the levels of referral to our service for this category of need”*.

In order to establish our role within the behaviour and wellbeing continuum, that 2015 – 2016 priority has now become an action for the EPS with the creation of the Wellbeing/Behaviour Service from June 2016. We will report on the number of formal (School Action Plus) ‘referrals’ for externalising behaviours being made to the EPS, with a target from the current 77 to 55 by August 2018. We will also measure the impact of this work through measurement of attendance and exclusion rates from school and reference them to targets set within the Corporate Improvement Plan 2016 - 2019.

Priority 5: To support the development of a cluster ALN planning tool to facilitate collaborative planning with schools.

The EPS, following the pilot of delivering Consultation Clinics to 23 schools, has already reviewed its working practice and will implement changes to service delivery in relation to this aspect of work.

Led by the Co-ordinator for Support for Inclusion, and as detailed in the Inclusion service Business Plan, the EP service will also support the development of a cluster ALN planning tool to facilitate collaborative planning with schools which will be introduced from the Autumn term 2016.

Local Performance Indicators

The EPS has a range of local performance indicators:

- Provide School Action Plus reports where appropriate, within 6 working weeks of completing individual assessments. A School Action Plus report will not only help in identifying a learner's needs but will also make recommendations to help meet the identified needs. These recommendations will then be incorporated into an IEP by the education setting, reviewed in follow up visits with the EP and result in improved monitoring towards the outcomes for the learner. For 2015 – 2016, from Table 3, it can be seen that the completion rate within 6 weeks has dropped from over 98% to just over 91%. Some of this will be attributable to the 10% reduction in staffing due maternity leave from December 2015 and that workload being absorbed by the team. (See section 6).
- Provide Psychological Advice / Appendix D within 6 weeks of date of request. This is also a Statutory PI and contributes to the WAG's Core Indicator EDU/015. It is also used in the NAPEP Wales benchmarking information. The recommendations in an Appendix D may be incorporated into the objectives in either the Statement of SEN or Note in Lieu, against which a learner's progress is monitored and reviewed. Some of the delays with completion of the Psychological Advice / Appendix D are due to what are deemed to be statutory exceptions and are beyond the control of the EP Team and may therefore be disregarded. *The data for 2014 – 2016 does not include delays which are attributable to statutory exceptions. As can be seen from Table 3, the completion rate within 6 weeks has risen slightly from just below 81% to 83%. An examination of the data also showed that some of the reasons for delay were beyond the control of the EP team and, although not statutory exceptions, if disregarded increased the % completion rate. EP staff were asked to prioritise this LPI deadline above that of the School Action Plus reports as it contributes to a Statutory PI.
- Draft Proposed Statements of SEN within 2 weeks of date of request. This indicator also contributes to meeting statutory timescales. On completion of Statutory Assessment there is a four week time limit from the receipt of all advices to the LEA deciding whether to issue a Statement of Special Educational Needs. The EPS provide Proposed Statements within two weeks of date of requests from ALNST/ LEA. From Table 3 it can be seen that the completion rates within 2 weeks remains consistently high, above 97%. For 2015 – 2016, the outsourcing of this task therefore did not have an adverse effect on this LPI. (See section 6).

- 100% of draft Statements quality checked. This target has been achieved throughout 2013 – 2016.

Year	Psychological Advice / Appendix D		Draft Proposed Statement		School Action Plus report	
	%	Count	%	Count	%	Count
2015 – 16	83.0%*	88/106	98.3%	117/119	91.3%	265/289
2014 – 15	82.1%*	92/112	97.3%	73/75	98.2%	339/345
2013 - 14	80.8%	100/125	98.3%	114/116	98.1%	365/372

Table 3 Local performance indicators: % completion within agreed timescales

Where targets are not met, the reason for the delay is recorded and discussed within the EP Team. Explanations for failing to achieve the target are recorded and appropriate remedial action taken where required.

Corporate measure (CM01):

a) Number of transactional services fully web enabled and b) Number of transactional services partially web enabled

The EP service delivery does not lend itself to having any fully or partially web enabled transactional services. However, we have developed a dedicated EP service webpage on the NPT CBC website where detailed information regarding our service, including leaflets for parents/carers and children, are available.

Measure	2014-15 Actual (Full Year)	2015-16 Actual (Full Year)	Comparative Performance	2015-16 Qtr. 2 (cumulative)	2016-17 Qtr. 2 (cumulative)
Corporate measure (CM01): a) Number of transactional services fully web enabled	N/A	N/A	Not applicable	N/A	N/A
b) Number of transactional services partially web enabled	N/A	N/A	Not applicable	N/A	N/A

**Section 5:
Financial Quadrant 2016-17:**

Summary of financial performance.....

Measure	2014-15 Actual (Full Year)	2015-16 Actual (Full Year)	2016-17 Qtr. 2 (projected to year end)
Corporate Measure (CM02): % revenue expenditure within budget Revenue Budget £	2.9% underspend -£11,164 £385, 559	1% overspend £3,529 £387, 781	0% over/underspend On Budget £384, 781
Corporate Measure (CM03): Amount of FFP savings at risk	n/a New	£0	£0

Section 6: Employee Quadrant 2016-17

Priority 6: To minimise the impact of reduction in core staffing levels and EPS cover available to schools due to exceptional level of maternity leave

The Educational Psychology service has a core team of 6fte educational psychologists. One member of staff accounts for 16.6% of staffing. We are experiencing an unprecedented level of maternity leave as follows:

Time period of maternity leave	% service absent	FTE absent
December 2015 – July 2016	10%	(0.6 fte)
August 2016 – January 2017	43%	(2.6 fte)
January – April 2017	33%	(2.0 fte)

This exceptional level of maternity and resultant temporary reduction in 2.6 of 6 FTE within the team could have an adverse effect on business continuity and maintained wellbeing of staff (due to increased workloads etc). A priority action has been put in place so that the impact on the service is minimised resulting in a maintained level of service delivery to schools and ongoing wellbeing of staff.

The Action for securing savings for the financial year through absorbing 0.6fte (10%) workload for April 2016 – January 2017, has been partly achieved to date and is on target to be met by January 2017. In order for this to occur, and minimise the risk of work overload, the LA requirement/duty of Statement writing has been outsourced during term time. In order to secure additional savings, core staff undertook this Statement work during the summer school holiday period. The savings have enabled us to

recruit two staff to enable cover of the 2.0 fte (33%) staff on maternity leave from September 2016. We will continue absorbing 0.6fte (10%) workload until January 2017.

Significant improvements in sickness absence were achieved for 2015 – 2016 with sickness levels falling below both Directorate and Council levels. These low levels have been maintained over the two quarters of 2016 – 2017. No staff left due to unplanned departures.

Measure	2014-15 Actual (Full Year)	2015-16 Actual (Full Year)	2015-16 Qtr. 2 (cumulative)	2016-17 Qtr. 2 (cumulative)
Corporate Measure (CM04): Average FTE (full time equivalent) working days lost due to sickness absence				
Educational Psychology Service	14.5 days	2.2 days	0.7 days	1.5 days
Total Service FTE days lost in the period	87	13	4	9
ELLL Directorate	9.4 days	9.0 days	3.9 days	3.8 days
Council	9.4 Days	9.7 Days	4.2 Days	4.6 Days
		2015-16 Actual (Full Year)	2015-16 Qtr. 2 (cumulative)	2016-17 Qtr. 2 (cumulative)
Corporate Measure (CM11): Staff engagement Measure		New	New	
Corporate Measure (CM05): % of staff who have received a performance appraisal during 2016-17 (Target 100%)		100%	0	0
Number of staff who have received a performance appraisal				

during 2016-17			
Corporate Measure (CM06): Number of employees left due to unplanned departures	0	0	0

Section 7: Customer Quadrant 2016-17

Year 2015 - 16	Parent n=24/125	Head n=19	SENCO n=16	Year 2013 - 14	Parent n=23/128	Head n=28	SENCO n=29	Year 2012 - 13	Parent n=35/175	Head n=33	SENCO n=28
Question 1	4.5	5	5	Question 1	5	5	5	Question 1	5	5	5
Question 2	5	5	5	Question 2	5	5	5	Question 2	5	5	5
Question 3	4	5	5	Question 3	4	5	5	Question 3	4	5	5

Table 4 EP Service evaluation: National Association of Principal Educational Psychologists Benchmarking Criteria

As part of the National Association of Principal Educational Psychologists (NAPEP) benchmarking criteria, questionnaires regarding the service provided by the EP Team are sent to all Head teachers, SENCOs and a sample of 30% of parents/carers on an annual basis:

- Q1. To what extent did the EPS provide services as expected or agreed?
- Q2. To what extent did the EPS treat you professionally and courteously?
- Q3. To what extent did the service make a positive difference?

This uses a scale of 0 – 5 with 5 being the highest. As can be seen from Table 4, over the past 4 years, including 2015 – 16, the maximum scores of 5 have been achieved across all 3 questions for both Head teachers and SENCOs in schools. For parents/carers maximum scores had been achieved for questions 1 and 2 since 2012, although question 1 decreased to 4.5 for

2015 – 16. Question 3 has continued to score 4 across this 4 year period for parents/carers. As well as the quantifiable ratings, comments are analysed, discussed during staff performance appraisals and acted upon to improve service delivery, where appropriate. We are encouraged by these positive responses, but recognise that the number of respondees overall has decreased over time. We will be seeking to reverse this downward trend in response rate.

In particular Question 3 is of importance as it provides information about the impact of the EP service on the service user, including the child/young person. As detailed in Priority 3, from September 2016, we will adopt a self-efficacy tool as a measure of the impact our service is having through Consultation Clinics. This will complement the information provided in Question 3 of the EP service survey. We will report on the effectiveness and impact of this way of working and evaluate whether school staff are more able to understand and meet the needs of their pupils as a result of Consultation Clinics.

Measure		2015-16 Actual (Full Year)	2015-16 Qtr. 2 (cumulative)	2016-17 Qtr. 2 (cumulative)
Corporate Measure (CM07): Total number of complaints		0	0	0
Internal		0	0	0
External (from the public)		0	0	0
Corporate Measure (CM08): Total number of compliments		0	0	0
		0	0	0

Internal External (members of the public)		0	0	0
Corporate Measure (CM09): customer satisfaction measure/s	Question 1 Question 2 Question 3	Please see Table 4 above	Yearly collection as part of the National Association of Principal Educational Psychologists (NAPEP) benchmarking criteria	