

An Evaluation of the Impacts of the Social Communication Emotional Regulation and Transactional Support (SCERTS[®]) Model on Multidisciplinary Collaboration

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Abstract

This paper outlines the beginning of the author's research for a PhD thesis. The purpose of this research is to evaluate the impacts of the SCERTS[®] assessment model on the partners in a multidisciplinary collaborative (MDC) effort to support autistic learners with severe or profound, and multiple learning difficulties (SPMLD). Research supports the efficacy of the model in the context of schools in other countries [1]. Research has also shown the model to have positive impacts on the development of skills, knowledge, and values. Can the model accomplish the same level of success in England's special schools? In the UK there exist fundamental differences between the sectors of education, health, and social care. These differences often create barriers to the effectiveness, sustainability, and cohesiveness of MDC approaches [3] [4]. A second aim of the research is to better understand the barriers and bridges that exist to the implementation and the maintenance of a true MDC approach. This may also give insight into the steps that policy makers could take to insure better outcomes for learners.

This type of approach is deemed essential to support autistic SPMLD learners and their families [5] [6]. In respect of the voices of autistic academics and authors, person first phrasing is avoided wherever possible [7]. The author also uses the term 'learner' in preference to the labelled phrases.

A shared aim of government, parents and professionals is that learners achieve the best possible outcomes and quality of life [6]. In order to achieve this, most learners will require the support of families and a variety of professionals from multiple disciplines at different points and durations throughout their lifetimes.

This research evolved from the author's personal experience as a teacher working with special educational needs (SEN) learners the context of schools in the United States (USA) and England. It is a multidisciplinary study supported by literature from the disciplines of education, health, government, and social policy.

1. Introduction

Autism is medically considered to be a lifelong neuro-disability that manifests in various degrees of intensity and severity. It is characterised by developmental needs in the areas of social communication and interaction, emotional regulation, sensory issues, and repetitive behaviour [8]. The US Centre for Disease Control (CDC) now estimates that 1 in every 68 children are autistic [9]. The prevalence the UK are estimated at a rate of 1 in every 100 [10]. Of these an estimated 70% are found to have co-existing physical or neurological conditions and 50% are found to have intellectual disabilities citation [6]. This puts many learners within the SPMLD range the majority of which, are found in the estimated 1,500 special schools throughout the country. These complex needs require the support of specialised workers in the education and health sectors.

The multifaceted needs of the learners require consistency in approaches and strategies across all environments to maximize their success. Most of the learner's time is either spent at home with family or in school settings. During school hours, teaching staff focus on strategies to enhance learning in cognition, communication, and understanding. Health workers aide in this development at school sites and are required in varying degrees based on the individual's needs and resources. This support is commonly given by professionals in speech and language, occupational and physio therapy, dieticians, nursing, and educational psychology. More complex issues may require additional workers.

Without collaboration well intentioned professionals within both sectors may give repetitive assessments or implement strategies and interventions that are not applied consistently. This may result in a fragmented approach [1]. Parents and learners report lack of collaboration leads to poor communication and affects their wellbeing [11] [12].

To optimise provision and minimise the fragmentation and dilution of strategies a consistent, cohesive, and sustainable joint approach is advised [4]. In turn this enhances the learner's

ability to access a purposeful and meaningful education and develop life skills across environments. Optimising independence and achieving the best possible outcomes for all concerned [13].

2. Multidisciplinary Collaboration

The concept of joint working has been theorized, debated, practised formally and informally within and between disciplines for over fifty years [15]. There exists a terminological quagmire of terms used to describe joint working efforts. There are two that represent true collaboration: transdisciplinary and multidisciplinary collaboration.

The transdisciplinary approach to working with SEN learners is a US concept. Dr. Mary Bruder's, Professor of Paediatrics defines a transdisciplinary approach as '*...a framework for allowing members of an educational team (including health workers) to contribute knowledge and skills, collaborate with other members, and collectively determine the services that most would benefit a child.... involves a greater degree of collaboration than other service delivery models*' [16]

The preferred term used for this research is MDC as defined by the late Dr. Penny Lacey, SPMLD lecturer the University of Birmingham, England. Lacey's support of collaboration spanned over thirty years. She defined it as: '*members of multiple disciplines and agencies including families, carers, and the individual with profound multiple learning disabilities, working jointly towards providing the highest quality of life possible for that person*' [17] In her last book Lacey continued to describe collaboration as '*...the most advanced working together, implying sharing and joint purpose, mutual trust, and support...*' [15]. Lacey's definition parallels Bruder's in essence but is reflective of an English context.

For the past thirty years UK policy makers, parents, and professionals have supported the use of joint working. According to research successful collaboration between the sectors has seen marginal success [15] [3]. Overall it is seen as lacking in the sustainability and cohesiveness necessary to optimise support [3].

Some academics and professionals who were once proponents of joint working have become disenchanted and question the plausibility of true collaboration in the UK [18] [4]. Another study in the health sector concluded that parents benefited from a MDC approach even if it lacked cohesion [12]. Others report temporary success only to have to abandon or redirect their efforts in cycles of austerity due to government funding cuts. Therefore, resulting in staffing reductions and larger caseloads [15].

3. Government policy and recent legislation

Recently legislation and guidelines have been introduced that impacts MDC efforts. They are from the National Institute for Health Care and Excellence (NICE) in collaboration with the Social Care Institute for Excellence (SCIE), the Children and Families Act 2014 (CFA) and the Special Educational Needs and Disability code of practice (SEND).

NICE/SCIE published guidelines for the management and support of children and young people on the autism spectrum. It is put forth in sections 1.1.2 and 1.1.3 that all services **should** be coordinated by a multi-agency strategy group and support provided through multidisciplinary or local teams made up of health, mental health, learning disability, education and social services [6].

The CFA and SEND code of practice were put in to place in 2014 [19]. The new law and code of practice are place an emphasis on the rights of the learners and their families. Statements of special needs are now being replaced by an inclusive Education Health Care plan (EHC). Parents and learners voices are to be included in the planning and development of their EHC. Pertaining to joint working, it states that local authorities **must** facilitate the development of joint arrangements for multidisciplinary work across education, health, and care for joint outcomes for individuals with SEND age 0-25 [19]. There has been little guidance on how local authorities and the sectors are to achieve this.

4. Barriers or Bridges

There are factors that can either build bridges or barriers in an MDC effort. When looking at the health and social sectors Cameron et al. broke these into three broad categories: organisational, cultural, and contextual [4].

Organisational issues include developing common aims, understanding and respecting different roles, minimising differences, having a co-location and adequate funding. The common aim is to work together to identify the desired outcomes for the learner and their families.

To accomplish this the skills and knowledge of all partners need be equally valued and a horizontal hierarchy established [20]. This encourages mutual respect and allows the focus to remain on the learner. This is a challenge in the UK where vertical hierarchies within the sectors create friction and power struggles [20].

Cultural aspects include minimising paradigmatic positioning, developing trust, respect, and learning to work with others. Creating a commonly understood language is imperative.

Professionals need to value and embrace the skills of those from different disciplines and parents [15]. For example health partners ‘show and tell’ parents and teachers new strategies, enabling them to employ them in the context of school and home. Sharing knowledge and skills creates a culture of partnership.

Contextual issues may include the promoting and developing relationships between the agencies and practitioners, limiting reorganization of services, and mitigating possible funding cuts [4]. Co-funding needs to be well managed, transparent, and protected from budget changes assuring the sustainability of the MDC effort [4].

5. The SCERTS[®] model

SCERTS[®] was developed to enhance the social communication and emotional abilities of autistic learners and is underpinned by a transdisciplinary approach [1]. It originates in the US and introduced in the UK during the last decade. It is a research based comprehensive educational assessment framework designed to assess and support the development of learners in their core area of needs. The model is inclusive of parents, learners, teaching staff, and health workers as partners working together to achieve common outcomes [1].

6. Methodology

This research uses the SCERTS assessment model to evaluate its impact on the skills, knowledge, and values of partners in a MDC approach in addition, to explore the perceived barriers and bridges to cohesive and sustainable MDC in the context of English special schools. The aim of SCERTS[®] is to provide a framework that promotes consistency across all environments thus avoiding repetitive assessments and fragmentation of strategies [1].

The majority of research supporting the development and efficacy of the model has been conducted in the US where the organizational, contextual, and cultural structures are different than in England.

For example, in the USA the funding for SEN provision in each state flows from the Department of Education to the local school districts. They are then responsible for the employment of necessary health workers. Therefore friction between roles is mitigated by a common employer and school culture. There is also a high rate of inclusion and special schools are rare. The majority of SEN pupils are found in their local mainstream schools, where classrooms are allocated for SEN learners with the aim of full inclusion.

The Ministry of Education in New Zealand funded a longitudinal study to evaluate the use of the SCERTS[®] as a framework for their early

intervention autism intervention project. The impact the model had on their knowledge, skills, attitudes, and values was assessed. In their findings they found that the framework was consistent with their guidelines and fit their cultural and contextual needs. It was concluded, that the collaborative approach had a positive impact on parents, professionals, and learners [2].

Considering the wide use and promotion of the model there is little research to support SCERTS[®] effectiveness and impacts in the context of UK special schools. There has been one published case study on the impact of SCERTS[®] on building MDC [21]. The school had a TAC approach in place prior to the study. The study concluded that the use of SCERTS had positive impacts on the involved partners. This was a residential school and they hired their own health workers. Therefore, the context was not typical of special schools. A second, was a pilot study on the implementation of the model and the consequent change in learners’ development at a special primary school [22]. Other studies in the UK relate to the development of software based on the expected developmental outcomes of the SCERTS[®] model [23].

In the UK SCERTS[®] is included on the Department for Education (DfE) training site as a research based intervention [24]. The National Autistic Society (NAS), also lists it as a research based intervention and uses it in their schools [25]. A Google search using the key words SCERTS and local authorities and special schools revealed that it is a recommended framework by various local authorities and used by several special schools throughout the UK.

This research asks the following questions.

- *Where is the SCERTS[®] Model being used and what other approaches to support MDC are commonly employed?*
- *How has the use of SCERTS impacted the knowledge, skills, attitudes, and values of the partners?*
- *What do partners view as bridges or barriers to the development of a cohesive and sustainable MDC approach?*

The research is based on a modified version of the research design used by the New Zealand study [2]. Their project used the Success Case Method (SCM). The SCM was developed by Brinkerhoff and was originally used in the business sector [26]. The first step of research is a census survey of special schools in England. The purpose of the census is to identify what approaches are being used to promote joint working and MDC and where SCERTS[®] is used. This will provide a purposive sample of SCERTS[®] users and identify other approaches used. The data may be also be useful to a second proposed project.

Following the census an impact questionnaire will be sent to the partners at the special schools

were SCERTS has been used. The returned questionnaires will then be ranked according to perceived success into low, moderate, and high success.

From these two cases will be selected from each category and semi-structured interviews conducted with all partners. At the time of the semi-structured interviews participants will also be asked if they would participate in a narrative interview. The element of this design is anticipated to create robust findings both qualitative and quantitative in nature.

7. Conclusion

It is logical that a collaborative approach inclusive of the learner and parents is the best way to achieve the best possible outcomes for learners. It is also evidenced that there are research based strategies and interventions that best support the diverse developmental and physical needs of the learners. These strategies have a common thread. They need to be applied consistency across the context of home, school, and other environments. In order to do this a MDC approach provides a method to share the skills and knowledge to make this possible.

The CFA and SEND legislation referring to the mandatory use of a MDC approach is ethically and logically sound. The differences that inherently exist within and between the health, education, and social care sectors in the UK need to be reconciled and mitigated before sustainable progress can be made. Without the dedication and commitment of all parties, fragmented or eclectic approaches may continue. Instead of creating synergistic support more professionals and parents will become sceptics and doomsayers of the approach. It's a bit like utopia. Everyone wants to go there but no one believes it is possible to attain.

Precious and limited funding is being used by schools for training in interventions that may or may not work in the context and culture of English special schools. Interventions have been developed in the US that are research and evidence based practice in that country. It is important for practitioners and policy makers to recognise that these operate under different organizational, cultural, and contextual structures. Therefore, they need to be researched in the context prior to full implementation.

The SCERTS model is built on years of research in the US and has demonstrated the ability to act as a framework that positively impacts partners e.g. parents, professionals, and learners in other cultural context. This research will evaluate its success in the context of English special schools. The research will also build further evidence into what the partner's perceive to be the

barriers and bridges to using a MDC approach and to their wellbeing in the process.

It is the aspiration of the author that through this research next steps can be illuminated that can help policy makers and professionals continue to work towards creating cohesive and sustainable MDC provision throughout England.

8. References

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