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McKean, C., Law, J., Laing, K., Cockerill, M., Allon-Smith, J., McCartney, E., & Forbes, J. (2017). A qualitative case study in the social capital of co-professional collaborative co-practice for children with speech, language and communication needs. *International Journal of Language and Communication Disorders*, 52(4), 514-527. <https://doi.org/10.1111/1460-6984.12296>

Published in:
International Journal of Language and Communication Disorders

Document Version:
Peer reviewed version

Queen's University Belfast - Research Portal:
[Link to publication record in Queen's University Belfast Research Portal](#)

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Co-professional collaboration for childhood SLCN

A qualitative case study in the social capital of co-professional collaborative co-practice for children with speech language and communication needs

Key words: SLCN, Child Language, Partnership working, inter-professional working, social capital, collaborative practice

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Declaration of Interest

The authors declare no competing interests.

Acknowledgements

This research was jointly funded through a Newcastle University Humanities and Social Sciences Faculty Early Career Research Fund Award to C. McKean and an award from the North Tyneside Learning Trust (registered charity (1143299)). The authors thank the participants in the study who volunteered their time so willingly and enthusiastically.

Abstract

Background: Effective co-practice is essential to deliver services for children with speech language and communication needs (SLCN). The necessary skills, knowledge and resources are distributed amongst professionals and agencies. Co-practice is complex and a number of barriers, such as 'border disputes' and poor awareness of respective priorities, have been identified. However social-relational aspects of co-practice have not been explored in sufficient depth to make recommendations for improvements in policy and practice. Here we apply social capital theory to data from practitioners: an analytical framework with the potential to move beyond descriptions of socio-cultural phenomena to inform change.

Aims: Co-practice in a Local Authority site was examined to understand: 1) the range of social capital relations extant in the site's co-practice; 2) how these relations affected the abilities of the network to collaborate; 3) whether previously identified barriers to co-practice remain; 4) the nature of any new complexities which may have emerged; and 5) how inter-professional social capital might be fostered.

Methods & Procedures: A qualitative case study of SLCN provision within one Local Authority in England and its linked NHS partner was completed through face-to-face semi-structured interviews with professionals working with children with SCLN across the authority. Interviews, exploring barriers and facilitators to interagency working and social capital themes, were transcribed, subjected to thematic analysis using iterative methods and a thematic framework derived.

Results: We identified a number of characteristics important for the effective development of trust, reciprocity and negotiated co-practice at different levels of social capital networks : Macro – service governance and policy; Meso - school sites; Micro - intra-practitioner

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knowledge and skills. Barriers to co-practice differed from those found in earlier studies.

Some negative aspects of complexity were evident but only where networked professionalism and trust was absent between professions. Where practitioners embraced and services and systems enabled more fluid forms of collaboration, then trust and reciprocity developed.

Conclusions & Implications: Highly collaborative forms of co-practice, inherently more complex at the service governance, macro-level, bring benefits. At the meso-level of the school and support team network there was greater capacity to individualise co-practice to the needs of the child. Capacity was increased at the micro-level of knowledge and skills to harness the overall resource distributed amongst members of the inter-professional team. The development of social capital, networks of trust across SLCN support teams, should be a priority at all levels - for practitioners, services, commissioners and schools.

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What this paper adds'

What is already known?

Previous research has highlighted the need for collaboration between practitioners delivering services for children with SLCN. But a number of barriers to co-practice, such as 'border disputes' absence of clear collaborative agreements and a poor awareness of respective priorities between professionals, have been shown to affect such collaborations.

What this study adds

We employ social capital theory to show how effective collaboration can best be fostered at different levels (macro, meso, micro) within the educational and health systems and provide key messages for practitioners, schools and commissioners for the effective development of trust, reciprocity and negotiated co-practice.

Clinical implications of this study

A framework is presented identifying the dimensions of networks which are most relevant to co-professional co-practice relations and social capital. LAs, schools and external services could apply the framework to reflect on the nature of their collaborative networks. In this way they could identify specific goals to promote the development of the strong ties which are required for optimal co-practice.

Background

For children and young people to achieve their full potential the development of robust language and communication skills is crucial (Law et al., 2009). Communication and language development involve a complex interplay amongst child, family, community and societal factors, changing in significance as children develop. Services tasked with supporting language development for all children and ameliorating the problems of those with speech language and communication needs (SLCN) must therefore be able to 'cut-across' contextual and age-related boundaries. Such complexity cannot be tackled by professionals working in isolation: policy documents in the United Kingdom and beyond urge children's services to 'join up' their efforts to promote better outcomes for all children (DfES, 2004, The Scottish Government, 2012, DfE, 2015, Children and Families Act, 2014). As children age they move from health visitors to nurseries; from foundation stage to formal education, and from primary to secondary school and onward. They transition amongst professionals and organisations where necessary knowledge, skills and resource are distributed. Making 'joined up' systems work effectively is difficult: many barriers to effective practice have been identified and findings are mixed as to whether current models of service integration (Pugh, 2009) and collaboration (McCartney, 2009) bring tangible benefits for children and families (Forbes and Watson, 2012, Pugh, 2009).

For complex, co-professional, interventions to be evaluated and developed, they must first be understood. We would argue that improved insights are needed in particular on social relationships amongst practitioners. Frameworks that lack this analysis, for example 'systems' approaches (McCartney et al., 1998) can hamper attempts to understand and improve practice and to make recommendations.

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This study reports findings from the 'Language for All' research programme, a case study aiming to understand the nature of co-professional working for children with SLCN in one Local Authority (LA) in England. Co-professional practice was analysed at system (macro) level, and at social-relational knowledge (micro) and practice (meso) levels (Forbes and McCartney, 2010). Here we present an analysis of practice with a specific focus on the co-professional social capital of the staff involved.

What constitutes co-practice for SLCN?

In England, the context for this study, key staff involved in child language development include educational psychologists (EPs), school and nursery teachers, and speech and language therapists (SLTs). At least since the inclusion of children with special educational need into mainstream schools became the default position (DfE, 1994), educational and social policy in England has mandated ever-increasing integration and co-practice amongst these professions. The 'Every Child Matters' agenda (DfES, 2004) and, more recently, the Children and Families Act (2014) have brought further integration between services and a broadening of professional remits to include preventative interventions delivered through partnerships with LAs. Such collaborative practice requires application of a wide range of professional skills and knowledge, and the development of interventions that enhance activity and participation (WHO, 2001) in addition to those ameliorating identified impairments (Gascoigne, 2006, Forbes and McCartney, 2012). This complexity means that professionals work together in a variety of ways. D'Amour et al. (2005) undertook a literature search on collaboration in the health field, and identified five underlying concepts that underpinned writing on collaborative practice: sharing, partnership, power,

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interdependency and process. There was wide diversity in how these were developed in practice, but the relationships amongst professionals were highly important. Malin and Morrow (2007) traced this in a study of a Sure Start centre for young children and their families, interviewing a cross-sector range of professionals similar to those in the "Language for All" study, suggesting role change as part of moves towards service integration. However, terminology describing the ways in which professionals work together is far from agreed (McCartney, 2009), and in this study respondents are reflecting on a wide variety of practices across disciplines, agencies, and sectors, and in co-practice relations that work across such groups and previous divides (Forbes, 2009). Where possible, therefore, this paper interchanges the terms 'co-professional working' or 'co-working' to discuss all situations where individuals from different staff categories work together.

Despite, on the whole, acceptance by health and education professionals that co-professional working is a 'good thing' (Gascoigne, 2006), investigation of co-working from the 1990s onward has reported barriers. At the (macro) level of services these include reports of 'border disputes' regarding where funding responsibility lies, and lack of consultation between agencies during strategic planning (Law et al., 2001); at the (meso) level of operational partnerships in schools and networks an absence of clear collaborative agreements (McCartney et al., 2010) were noted; and at the (micro) level of practitioners' knowledge and skills for co-practice a lack of a common language, limited awareness of the connection between oracy and literacy, and poor awareness of respective priorities (Law et al., 2000). The principal co-practice approach that emerged in mainstream schools involved outside-school professionals assessing, and advising school practitioners on how to meet the language and learning needs of individual children, transferring "just enough

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knowledge” (Forbes and McCartney, 2012, p.282) for a child’s needs to be met. This has been referred to as a ‘consultative’ model, although what exactly constitutes a ‘consultation’ relationship in such models is highly variable (Law et al.2002), and some teachers (Dockrell and Lindsay, 2001), SLTs (Law et al., 2001) and parents (Law et al., 2002) have significant reservations about this approach.

In England, concerns about, and barriers to, co-working triggered governmental reviews of provision for children with SLCN (Law et al., 2000, Bercow, 2008), culminating in a Better Communication Research Programme (BCRP) (Lindsay et al., 2011). This generated and disseminated research evidence with direct relevance to improvement of policy and practice. As a result, many localities across England have aimed for greater integration - systemic, structural, and of practices - between health and education support for SLCN.

It is timely therefore to understand these new approaches. To gain an ecologically valid understanding of the complex phenomenon of co-professional working, we conducted a detailed, large-scale qualitative case study in one LA. In addition to considering barriers to co-practice we aimed to identify new practices that had developed to overcome them as a result of recent policy and research, and to consider whether new complexities have emerged as a result of efforts to integrate services. Complexities may constitute a potential threat, leading to gaps and incoherence in service and provision, or alternatively present a positive moment for practitioners’ learning through new ‘joined-up’ ways of working (Forbes and Watson, 2012).

Social-relational aspects of co-professional working

This paper also addresses a gap in the evidence on social-relational aspects of co-professional working. Co-working is patently a social practice: its functions, structures and

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processes are conducted through social relationships and the natures of those relationships are crucial to its success or failure. As Field (Field, 2003, p.2) stresses, social relationships 'really do count' for everyone. Forging strong reciprocal relationships based on shared norms and trust are key to people 'getting by' and 'getting on'. Although previous research acknowledges trust and mutual regard as important (Gascoigne, 2008, Law et al., 2001, 2002), we argue that social-relational aspects of co-practice have not yet been explored in sufficient depth to make recommendations for improvements in policy and practice. We therefore use social capital theory as a theoretical perspective and analytical framework with the potential to move beyond descriptions of socio-cultural phenomena to inform change (Bourdieu, 1986). This allows examination of co-professional practice in SLCN, and moves the field forward through its application to empirical data from practitioners.

What is social capital?

Social capital, the glue that holds groups and society together, has interested several social theorists. (Putnam, 1995, p.664-665, emphasis added) defines it as comprising the:

"...features of social life –networks, norms and trust – that enable participants to act together more effectively to pursue shared objectives. The norms include reciprocity, cooperation and tolerance... Social capital, in short, refers to social connections and the attendant norms and trust."

These three key components, networks, norms and trust, can be defined as:

- Networks: durable ties or social relationships of 'mutual acquaintance or recognition' (Bourdieu 1985), which emerge through interactions between the

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members of a group, defined through commonalities which may include their geography, profession, religion or culture.

- Norms: the (mostly unwritten) rules, values and expectancies that characterise a network's members. These may be behavioural (requiring certain actions) or affective (relating to how we feel about the network).
- Trust and reciprocity: the necessary mutual regard amongst members of a network required for it to function co-operatively.

Further, networks and their attendant norms and trust may be sub-characterised as bonding, bridging or linking (ONS, 2002). The Office for National Statistics (*ibid.* p3) outlines the defining characteristics of these three sub-types of social capital:

- bonding social capital - characterised by strong bonds e.g. among family members or among members of an ethnic group; good for "getting by".
- bridging social capital - characterised by weaker, less dense but more cross-cutting ties e.g. with business associates, acquaintances, friends from different ethnic groups, friends of friends, etc; good for "getting ahead".
- linking social capital - characterised by connections between those within a hierarchy where there are differing levels of power. It is different from bonding and bridging in that it is concerned with relations between people who are not on an equal footing.

In addition to the components and sub-types of social capital described earlier, theorists have identified levels at which social capital operates (see, for example, Halpern, 2005).

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Using the example developed by Forbes and McCartney (2010) for children's services, the three levels are:

- macro: e.g. relating to service policy and governance
- meso: e.g. relating to a school, clinic or children's services site
- micro: e.g. relating to individual practitioners

Forbes and McCartney (2010 p. 326) conceptually mapped these components, types and levels of social capital and their inter-relationships, with specific application to work relations in children's public services. Here, LA SLCN policy and governance (macro level) arrangements provide the context, and one aim is to understand the (micro level) knowledge and skills that SLCN support practitioners need. However, the main analytical focus in this paper is at the meso, institutional (school) level of Forbes and McCartney's conceptual map. At these levels bridging and linking networks between practitioners are explored and the nature of the norms, trust and reciprocity in school networks analysed.

The study

The paper analyses the perspectives of co-working of in-school staff (head- and deputy-head teachers, special educational needs co-ordinators (SENCOs), class teachers and teaching support staff (teaching assistants: TAs)) and the main external partners involved in supporting children with SLCN (SLTs, EPs, Health Visitors (HVs) and specialist LA peripatetic language and communication teachers (LCTs)). It explores the qualities of co-practice relations that promote the social capital necessary for successful collaboration in the form of reciprocity and trust. We addressed the following research questions:

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1. How can the range of social capital relations in the study LA site be categorised, analysed, and understood?
2. How do these relations affect co-professional working amongst the staff network to meet the needs of children with SLCN?
3. Do the barriers to co-practice identified in the 1990s and early 21st century remain within this network, or have new practices developed to overcome them?
4. Have any new complexities emerged as a result of efforts to integrate services?
5. What insights can be gained as to how co-professional social capital might be fostered?

Research Design and Methods

The study took place in one Local Authority in England and its linked NHS partner between October 2013 and May 2014. A qualitative approach was adopted involving face-to-face interviews with key professionals working with children with SLCN across the authority.

The case study site

The case study site is approximately 82 square kilometres in area. At the time of the empirical study in 2014 the population was 202,152, including 42,712 children and young people between 0-18 years. Around one in five children were living in poverty with 30% of areas in the LA ranked within the most deprived 25% in England. All of the schools in the area bought into the Service Level Agreement of support provided by the LA school improvement service, and 98% of the fifty-six primary schools were judged good or outstanding by OFSTED (the school inspectorate). The site has a long-standing history of collaboration between the NHS and the LA Children's Services Directorate, facilitated by

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coterminous boundaries between the organisations and relative stability in staffing in key posts.

Epistemic stance

The a-priori choice to utilise social capital theory to explore the phenomena of interest places the epistemic stance of the study between the two extremes on the inductive versus deductive theoretical continuum, being partly data driven and partly theory driven (Guest et al., 2012). Data were collected and analysed with reference to an initial set of social capital theory themes, however an inductive stance was retained throughout data collection and analysis. We remained open to the emergence of new themes and/or sub themes during analysis and allowed interviews to inform the development and elaboration of the topic guide as data collection progressed.

Researchers

Professional backgrounds of the research team include speech and language therapy, teaching, children's services policy and governance, and health and educational research. This mix enabled rich interpretation of the data and prevented the privileging of any one individual professional culture or experience.

Schools

Prevalence rates of speech and language impairments are significantly higher in areas of social disadvantage although the formal identification of children having SLCN varies significantly between schools (Lindsay et al., 2011). Recruitment of schools was completed through the LA who identified schools varying in their free school meal (FSM) and SLCN rates and approached a number of schools to ask them to consider participation in the research. Schools volunteered to participate, and eight were recruited. Using FSM as a proxy for social disadvantage, three had similar rates of FSM and identified SLCN; one had

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relatively high SLCN rates compared to FSM, and four relatively low SLCN rates compared to FSM.

Participants

Once schools had agreed to participate individual staff volunteered to take part. The aim was to recruit key staff in each school: the Headteacher, the SENCO, and a class teacher. In some cases higher -level teaching assistants who had a key role in supporting children with SLCN were also interviewed. The LA facilitated access to the range of other professionals who provide services to children under nine years (EPs and HVs) – who work with children in more than one school - and the Local NHS Trust supported access to SLTs. For the latter three professional groups details of the study were circulated via email by service managers with professionals asked to volunteer. 33 participants were recruited across the target professional groups (see Table 1).

Table 1 Participant numbers in each professional group

Role	Number
Headteacher (HT)	8
SENCO (some also classroom teachers)	8
Classroom teacher (CT)	5
Higher level teaching assistant (HLTA)	2
Health Visitor (HV)	2
Speech and Language Therapist (SLT)	4
Educational Psychologist (EP)	2
Language and Communication Teacher (LCT)	2

Ethical approach

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Ethical approval procedures were completed through [Anonymised] University and research governance approval obtained from the NHS trust. NHS ethical approval is not required for this study design. A set of ethical protocols was put into place for the fieldwork which complied with the British Educational Research Association (BERA) guidelines with respect to fully informed consent, opportunities to withdraw, confidentiality and anonymity. Electronic data and audio files were anonymised and stored on a secure server at the host university, and paper files were stored in a locked cabinet, in a locked office.

Data collection

Semi-structured interviews were conducted with all participants exploring perceived barriers and facilitators to co-professional working, together with social capital themes taken from ONS guidance on its measurement (ONS, 2002). These themes included the degree to which professionals felt they could rely on one another; where they gained their personal support; whether they felt able to influence practices at macro, meso, and micro level; the degree of 'linking' social capital of professionals at different levels across agencies' hierarchies, and whether they were able to ask for and receive support.

Interviews were conducted in a dialogic style using topic guides rather than pre-defined questions, enabling both participant and researcher to explore areas of interest without losing focus. This enables data to be generated that may not have been anticipated. As the interviews progressed, participants were presented with selected views of participants from earlier interviews and asked to comment on them. Each interview lasted approximately one hour. With the exception of Headteachers, participants also participated in an interview where a 'critical incident' methodology was applied (Borgen et al., 2008).

Prior to this interview participants were asked to reflect on the case of a child with SLCN where co-professional working worked well and a case where it did not. These reflections

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formed the basis for discussion. The 'critical incident' interviews were usually conducted in a second interview. However, due to time constraints, for health visitors and some SLTs both interviews were condensed into one, longer interview. One school could not participate in the second round of interviewing, so data from three school staff respondents are from one interview only.

Data analysis

Interviews were transcribed verbatim and subjected to thematic analysis using iterative methods following Braun and Clarke (2006). Data were coded by:

- 1) Initial coding: the first author generated initial codes, beginning with the a-priori themes drawn from social capital research (Networks: bonding, bridging, linking, formal/professionally mandated, informal/self-chosen; Co-practice facilitators/barriers, and Norms. These were added to, elaborated and refined inductively as comments arose in the data.
- 2) Searching for themes: the first author generated an initial set of themes based on the codes and a first conceptual map of their interrelationships.
- 3) Reviewing themes 1: the research team discussed, challenged, and developed the themes. A reliability check was conducted with a second author coding a randomly selected subsample of quotes using a coding dictionary.
- 4) Reviewing themes 2: agreed themes were further reviewed and revised and a new conceptual map derived by the first author, with subsequent confirmatory coding by another member of the research team
- 5) Stakeholder feedback: aspects of the findings were reported to stakeholder groups (e.g. Headteachers, the SLT service) as a means to judge the validity, credibility (Miles and Huberman, 1994) and transferability (Lincoln and Guba, 1985) of the findings.

Below we present the final thematic model which emerged.

Results and Discussion

The primary focus of analysis is the nature of co-professional practice amongst school staff and external partners supporting children with SLCN, and the qualities of co-practice relations that promote the reciprocity and trust necessary for successful collaboration. Results and discussion relating to research questions one and two are first presented, describing the social capital relations uncovered in the case study site and discussing how they relate to the abilities of the network to collaborate.

The nature of Social Capital and its relationship to successful co-practice

Drawing on the social capital framework of Forbes and McCartney (2010) the dimensions of networks relevant to successful co-practice were identified with a particular focus on the social capital components of norms and trust and reciprocity within those networks. Factors were identified at macro, micro and meso levels and a framework developed (Figure 1). To reflect the school focus of analysis, findings are presented here in the order 1) meso level - the school sites in this study; 2) the micro level - intra-practitioner stocks of knowledge, skills, values and norms, and emotions (such as trust, respect, confidence, regard and so forth) for co-practice and 3) important macro-level contextual factors which influenced co-practice. Figure 1 represents the themes identified at each level.

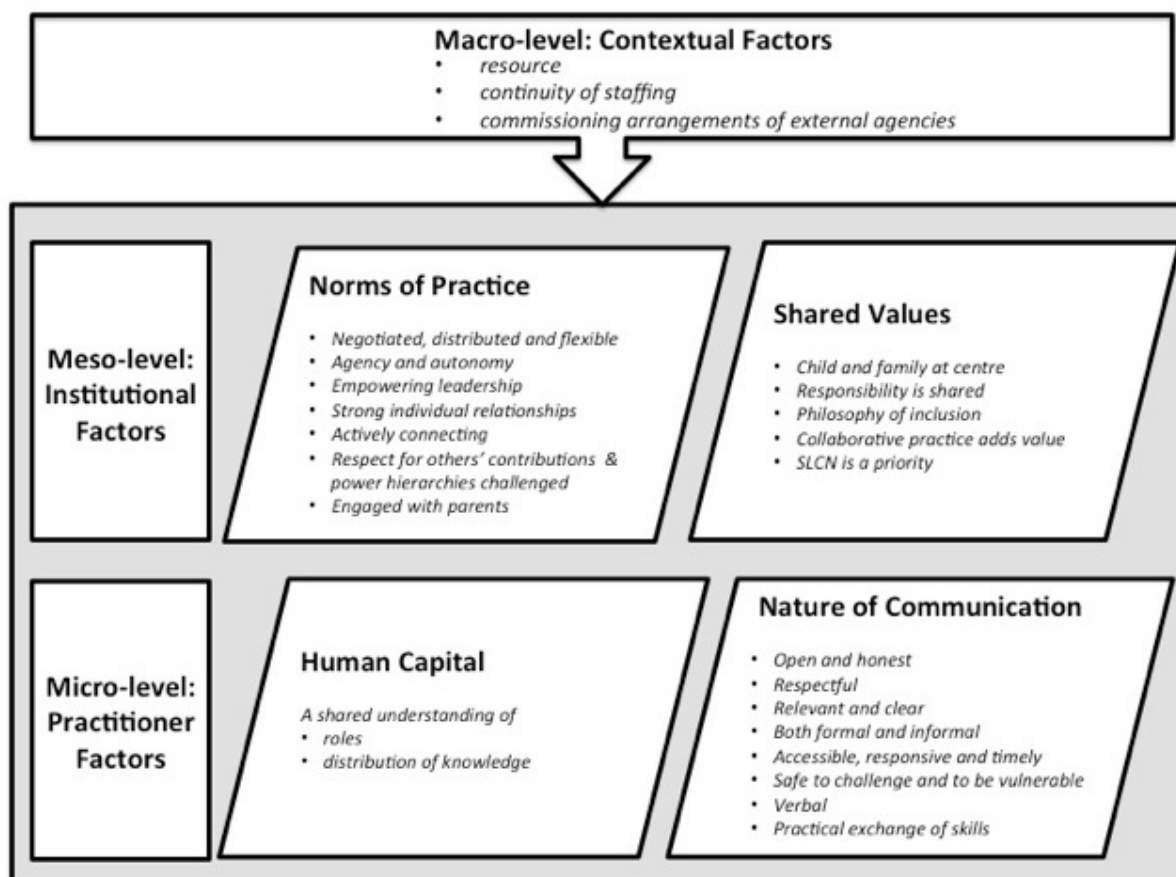


Figure 1. Dimensions of networks in the LA relevant to co-professional co-practice relations and social capital (cf. Forbes & McCartney 2010 p. 326)

Meso level characteristics of successful co-professional practice

We identified characteristics of joint working that promoted a culture of reciprocity and trust between practitioners. These have been subdivided into practice norms and shared values, outlined below with illustrative quotations: editorial clarifications appear in square brackets.

Practice norms. Seven norms of practice constituted a self-reinforcing loop, resulting from and creating increased levels of trust and reciprocity (see Figure 1).

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Negotiated, distributed and flexible actions: trust was highest where co-professional 'action' for a child was distributed and negotiated amongst professionals. SLTs and specialist language teachers modified their approach according to the needs of the child and the family, and also, importantly, with respect to the distribution of knowledge and skills in the professionals supporting the child – that is in the 'setting'.

SLT (2): Yeah, we tailor them [programmes of work]. And we tailor them according, absolutely, absolutely, ... for the child, actually, but then very much so according to the needs of the setting... so we would sit down with them, we would cherry pick the sort of the two most crucial ones for that child and we would do that in negotiation with them. Whereas some of our other settings, you know, we know that they're running a narrative group, and we know that running Time to Talk, so actually it's okay for us just to say, you know, "This child needs this. That child needs that".

This negotiated, distributed action occurred when professionals had sufficient flexibility to modify their practices, whereas agencies employing rigid processes regarding where and when children were seen and how time was commissioned were perceived as difficult to work with:

HT (8): Educational psychology, we tend not to use them [EPs] so much they are stretched and we are stretched with their time, to be honest we tend to involve them much later on when it comes to statutory type things and that is not ideal and I wish we could use them for advice and things but we physically can't get them in the building enough

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SENCO (1): CAMHS [Child and Adolescent Mental Health Services] will just discharge them [families] if they don't turn up for the first appointment which can be a little bit frustratingso sometimes it would be helpful if for families like that if they could have their initial meeting at school because we can always get them here.

Where services were inflexible co-practitioners began to question the values of the professionals involved, particularly whether the child and family were truly their primary concern. Such doubts often resulted in the erosion of trust.

Agency and autonomy: co-practice worked best where staff had a sense of agency and autonomy with respect to their abilities and responsibilities to meet the needs of children. There were many examples where head-teachers and school staff articulated this with respect to their responsibilities for initiating and implementing programmes of work:

SENCO (5): I think we use them [other agencies] for like a lot of support, but the majority of the time I think, well, it is, it's just up to [school] staff to then take like their [external agency's] advice on board and then just deal with it.

However, non-school practitioners reported that initiating action to effect change and taking responsibility to develop practice was not the case in all schools:

SLT (3) then there's the settingswhere you kind of spend a couple of hours, but you think, "Actually, I could have another child in this setting in two months time and we'll be no kind of further forward", you don't kind of feel that they'll [school staff] build on that training.

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Whether or not schools showed a sense of agency was closely linked by staff to shared values regarding SLCN.

Empowering leadership was required for staff to have the necessary autonomy to negotiate and to act. This leadership style was shown by the majority of teams in our study with the exception of a small number of rigid, hierarchical management models.

INTERVIEWER: Do you feel you can influence [provision] in any way, perhaps?

EP (1): I'm not sure I could....because of the kind of management structure that our service has, its very much a top down model of service management, so no, I'm not sure I could.

Strong individual relationships: unsurprisingly, 'bridging' across professional boundaries was easiest where individual staff had worked together for extended periods and/or liaised very frequently:

HLTA (6): and the professional that I, from outside of school, that I work really, really well with is the speech and language therapist, and that is literally because we just liaise all of the time.

Conversely where relationships were not strong or maintained this could damage relationships of trust and confidence between staff.

SENCO (1): It's easier if you are seeing the same face all the time.....that helps and like I say with EPs it's been a different face every year erm...

Actively connecting: practitioners were aware that sustained long-term relationships characterised by high levels of mutual confidence are not always possible. A number

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mourned the loss of co-located services but acknowledged service pressures that make such models impossible. Activities to develop relationships, such as cross-agency professional development, were highly valued as opportunities to build co-professional knowledge and 'ties' of trust. Practitioners expressed concern that recent decentralisation of services put social capital network-building opportunities at risk.

Respect for others' contributions, with power hierarchies challenged: only very rarely did professionals feel that an inappropriately hierarchical power dynamic existed such that one professional behaved as though their views held more value than others. Where this happened, however, trust and respect evaporated. Conversely, relationships where the differing skills and knowledge of each professional received equal value promoted trust. These power dynamics were mostly negotiated at an inter-personal, micro-level. At a macro-level, some formal LA processes manifested specific power relationships, for example requiring application to a panel to authorise additional resources to support a child:

HT (1): it [the request] always goes to a panel who decides, so that, there's a bit of frustration there, because, you know, you, it's almost like sending off your exam and sort of, "Well, we've filled in all the paperwork, I think I've done it right, I think I've got..." ...and then it comes back, "No, just carry on the same", we go, "Oh no."

Engagement with parents: co-working improved where the team worked closely with parents. The participation of parents and their capacity to be active partners facilitated communication between professionals.

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Shared values. We identified five shared values that supported optimal co-practice when reported (see Figure 1). Where there were violations in the norms of co-practice described earlier, practitioners suspected that others did not share these values as essential underpinnings to co-practice, and so trust was eroded.

Child and family at centre: this was the most frequent 'shared value' mentioned in the data:

SENCO (8): ultimately we all have the child at the forefront of what we are trying to benefit so it's not like we are on different sides erm... it's purely yes there is a need and we want to do the best we possibly can for this childand it's always about negotiating how best both parties can do that. ...So I just think there is a mutual respect and we all have the child at the forefront of what we are trying to benefit.

The belief that others shared this value was centrally important for trust and reciprocity to develop and be maintained. Where professionals were not willing and/or able to problem solve together for the benefit of the child, co-practice partners began to suspect the child and family were not their primary focus:

HT (6): I just think you need sensible people, you know. A lot of people get caught up with rules and regulations and they can't do it. We're dealing with families, at the end of the day, let's just get the job done.

Responsibility is shared: if action for a child is to be distributed between school and other staff, school leadership teams must engender a sense of ownership of the responsibility to tackle SLCN within their school staff. For a minority of head-teachers in our sample, however, there was a sense that too much was being asked of schools:

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HT (3): Our role is about being a social worker, it's about being a health visitor, it's about being a teacher somewhere in the midst of that, and I think that's one of our issues that I feel, at the moment, we're picking up so many other people's roles in school.

Other head-teachers assumed agency and autonomy and clearly believed that schools had a key role to play:

HT (6): but we just absolutely overloaded the speech and language team, and it was a case of, "We'll have to prioritise, and they won't get seen till spring, and they won't get seen till summer", and that's just not good enough, and because by that time, if we'd not got a programme in, they could be worse, and that's where we decided to use our pupil premium funding to pay for [higher-level teaching assistant].

Head-teachers differed in their choices of how to deploy school resources to meet children's SLCN needs. As in the earlier example, some schools prioritised resources to build support capacity within their teaching staff whilst also pursuing external funding. Others however used their funds for assessment by external agencies rather than building capacity within their school, looking externally, e.g. to the EP service, for the needs of the child to be met. Assessment procedures to access this service potentially resulted in delaying the provision of support.

HT (3): I invest an extra four thousand pounds a year in educational psychologist because I see that's a desperate need for us. I don't think it's a great use of

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my money, but I think I have to use it in order to get, I suppose, the key to the golden door of intervention

Philosophy of inclusion: the principle of inclusion was never explicitly called into question in these data. In the rare cases where doubts were expressed about a child's placement or a school's responsibility to meet the needs of a child, an affective component was evident relating to staff anxiety about whether they were sufficiently skilled, supported, empowered or resourced to meet an individual child's needs.

Collaborative practice adds value: within this sample this belief was almost universally accepted:

SLT (4): when you are all on the same page and you are all involved in making decisions and making a plan and then stick to it I think the change can come very quickly and it can be a very positive experience.

SLCN is a priority: this was also a broadly accepted value:

CT (D): I'll put up my hand and say every teacher in the school understands the need for language and vocabulary, because if they [children] haven't got the verbal communication, they can't write....

Although LCTs and SLTs reported that this understanding was not universal:

LCT (1) I think some teachers, not many, but some teachers just don't get it.

However, views amongst head-teachers were mixed as to whether this belief affected their choices regarding use of resources or whether competing priorities 'got in the way':

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HT (7): I actually see speaking and listening as a very important part of children's development. The problem with that is.....as a head-teacher, is that I've got priorities that are put on me that kind of come in, you know, get in the way. So, you have to be, you have to hang on to that.

HT (3): And it's almost, are you brave enough to say, "Right, we'll accept we're going to have poor results [in Statutory Assessment Tests in later school years] for a couple of years while we plough everything in to early years to try and solve everything at that stage" but it's a brave head-teacher who'll allow the top end to slip.....

Micro level characteristics of successful co-practice

Human capital. At the micro-level, trust and reciprocity between practitioners was affected by human capital (Coleman, 1988), that is the education, professional training and expertise of the professionals involved (see Figure 1).

Themes were:

Shared understanding of roles: as identified in previous research, clarity regarding roles was perceived to support co-professional working (Pugh, 2009). However, our data also suggest that clarity should not be confused with rigidity or with entirely non-overlapping role delineation. Indeed, overlap in roles and flexibility mandated negotiation, and it was through this negotiation that trust and reciprocity developed (cf. Sennett, 2012).

Shared understanding of distribution of knowledge: despite high levels of competence and confidence in school staff regarding their own ability to meet the needs of children with

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SLCN, teachers did report some occasions when they felt they were being asked to work beyond their knowledge and skills competencies (McCartney et al., 2010).

SENCO (2): we are not specialised, some of us are trained to deliver speech and language and deliver the programmes but you need that more specialist underlying knowledge for it.

SLTs recognised that this might occur and staff may need more support:

SLT (3): I think we kind of need to be on the phone more, checking with them...[school staff]. I think sometimes the onus is kind of put on them to kind of shout if they're having difficulty with it.

SLTs also commented that staff with the greatest need for support were least likely to communicate this need:

SLT (2): I think, unfortunately, anecdotally, I feel that the schools where they feel under-confident often aren't the ones that actually ask for help.

Despite the awareness in the respondents, there was no report of overt efforts to gain a shared understanding of the scope and limits of skills and knowledge in co-practice partnerships. Explicit discussions around what to do when someone felt staff were being asked to work beyond their competencies were also rare.

Nature of communication. Eight themes were identified with respect to the qualities of communication which result from and promote trust and successful co-practice (Figure 1).

Honest, respectful, relevant and clear communication supported staff in building professional confidence in one another.

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Accessible staff who responded to others in a timely manner built trust, as professionals felt they could rely on one another. Differing NHS, school and LA systems and contractual working conditions could make this responsiveness difficult to achieve.

Formal and informal communication about work and non-work topics strengthened relationships amongst practitioners and reinforced bridging relations of trust between professionals.

Feeling safe to challenge and to be vulnerable developed optimal co-practice, where professionals could challenge and disagree with one another and acknowledge the limits of their own knowledge and skills without any reduction in the respect afforded them by others:

LCT (1): I know them really well and they know me really well, so you can build up that kind of openness and honesty, and I can go to a Head or a SENCO in some of my schools and say, "It's not working really well in there", and they're not threatened by me saying that, they're not feeling it as a criticism, they're recognising that, actually, I'm there with them to say, "Right, what can we do?", and they take that.

SLT (1): I don't have to go and ask them ...because they come and tell me.... "I don't think my story telling is going very well, what can I do to get the children engaged?" So they come and tell me what the issues are.

These are examples of the benefits which can arise from new conditions of complexity in SLCN support networks (Forbes and Watson, 2012). Systems where people are pushed towards open, fluid, bridging forms of practice bring with them less essentialised and

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reductive ways of thinking and acting across the co-professional space, producing greater willingness to take risks.

Verbal communication: whereas written reports and emails were valued as means to record decisions, clarify points, answer specific questions or give information, verbal communication was required where negotiation and decision making occurred, and where joint-problem solving, the highest level of collaboration (Elksnin and Capilouto, 1994), was involved:

SENCO (5): we've always felt that it would be more beneficial that the people that make the decisions would actually come into the setting.

INTERVIEWER: what characterises unhelpful relationships...?

SENCO (4): ...not being available to come to meetings, in fact, being very difficult to get in touch with, very difficult to get hold of, so a kind of like, you know, vacant, absence from meetings and just being a name on a report and not actually being able to speak to them.

Practical exchange of skills: staff often reported they particularly appreciated and benefited from subject disciplinary and co-practice context-specific knowledge and skills (Gibbons et al., 1994) being exchanged through observation, demonstration and feedback, rather than only through programmes or advice. Such behaviour change practices more closely align to models of coaching than those of consultancy:

HLTA (7): I'd done lots of different courses and things, but I think you learn best when you actually either do it yourself or you're seeing something modelled. So

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...whenever [SLT] was in working with a child, I would just say to her, "Can I just sit and watch you doing whatever you're doing?" and she would be like, "Yeah, definitely" and that, that way I've sort of built up a really good relationship with [SLT], and watched her a lot. And there were even times when I got [SLT] to come in and just sort of watch me doing what I was doing, just to make sure I knew what I was doing, what I was supposed to be doing.

SLT (2): Because, actually, there the teaching assistants have gone into [specialist provision], they've seen how it works, properly, when you're using a visual timetable and ... strategies properly, they get it, you know, suddenly sort of the penny drops.

Macro level: Contextual influences

Three contextual factors were identified as of primary importance:

- sufficient resources of time and skills for staff to liaise and support children with SLCN. This allowed the development of trust which can potentially maximise developing and deploying human and social capital resources.
- stability and continuity in staff roles and relationships was also a key facilitator of trust and reciprocity, and of mutual professional confidence within and across individuals.
- models of commissioning services external to schools were crucial. Highly rigid models served to erode trust. Lack of flexibility and negotiation, autonomously accepting responsibility, and committing minimal staff resources led others to

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question whether professionals operating such models had the needs of children and families 'at the centre' of their priorities.

What insights have been gained to inform practice?

The following considers practice and policy and how co-professional social capital might be fostered. We discuss, in turn, barriers to co-practice, the fostering of co-professional social capital for schools and external services and issues for commissioners of services.

Barriers to co-practice

Earlier barriers to co-work outlined above (cf. Law et al., 2000) were not reported in these data, suggesting either that this case study is an exception to a broader national picture or that these barriers have been largely overcome in recent years.

Notably, we found that the importance of language and communication for children's educational and social progress was widely acknowledged by educational staff in our sample and, although not universal, SLTs and LCTs also reported it to be the majority view in primary schools across the case study site. The issue of a lack of a common language was never raised as a problem, and staff across all services appeared to have adopted a shared understanding of the umbrella term SLCN and of sub-components within that (Bercow, 2008).

The 'border-disputes' between NHS Trusts and LAs reported in the early 21st century (Law et al 2001) were not present in our data. This may be due to responsibility and allocation of much of the resource for SLCN support having been devolved to schools, requiring negotiations on bridging and linking relationships between individual schools and external services, and between individual practitioners (e.g. SLTs and SENCOs). The devolved

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negotiation regarding resource allocations brought with it both positive and negative complexity. Collaborative agreements recognised as meeting the needs of individual children were negotiated and agreed between many professionals (McCartney et al., 2010), whilst inflexible service delivery models made such agreements difficult to negotiate with others. However, some aspects of the 'rules' of collaboration remained implicit rather than explicit, such as what to do when asked to work beyond one's perceived competencies.

New complexities

The potential negative aspects of complexity - gaps and incoherence in services - were evident where services, practitioners, or schools remained unable or unwilling to take on new practice norms of 'networked professionalism' (Nixon et al., 1997) and trust beyond their own 'home' profession. That is, they demonstrated strong professional in-group bonding social capital, which may be exclusive of other agencies' professionals and so unhelpful. The positive benefits of complexity however are clear in the data. Co-practice relationships, where practitioners embraced open, fluid, bridging social capital forms of practice, brought with them less reductive ways of thinking and acting across the co-professional space, a greater willingness to take risks and, as a result, a greater capacity to individualise practice to the needs of the child and to work truly collaboratively (Elksnin and Capilouto, 1994).

Although bringing clear benefits, this new 'networked inter/professionalism' (Forbes and Watson, 2012) also brings uncertainties that require further research. For example, it is possible that the focus of effort becomes more on the team than on the child, whereas integration of services should be a means to the end of good outcomes for children, not an end in itself (Pugh, 2009). Answers to key questions for all practitioners - what does it feel

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like to be a child or young person using this service and are we improving child outcomes (Pugh, 2009) – were not evident.

Related to this, it is unclear what tensions (if any) exist between supportive co-practice and the delivery of effective interventions. Might negotiated, distributed models of co-practice unintentionally collude to 'paper over the cracks' of under-resourced services, leaving practitioners feeling good but children receiving ineffectual interventions in terms of their treatment fidelity and dosage? ("What can you manage? What's manageable for you?") Services must routinely audit child language outcomes and the experiences of children and families.

Further, devolved negotiation regarding resource allocation may make funding vulnerable. Rigid service allocation models were unpopular within collaborating networks, but are often an attempt to offer equitable allocation of limited service and to provide value for money. Head-teachers are buffeted by many competing priorities and require clear evidence as to where best to target their limited resources.

And lastly the finding that parental involvement facilitated co-practice points up a potential, albeit unintended, consequence of service complexity; that of increasing inequalities of access for parents. Parental capacity to participate as active partners within such complex and potentially difficult to navigate systems may be limited. If so, in a retrograde step, their recently won space for participation and agency may be constrained by a lack of micro-level social capital knowledge and skills.

Insights regarding the fostering of co-professional social capital

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The findings of this qualitative case study from a single co-practice site cannot be generalised to all co-professional work, but findings may be transferrable and applicable to other similar co-practice contexts (Lincoln and Guba, 1985). Below we identify key learning which services, schools and commissioners of service could consider with reference to potential transfer and application to their specific context.

Key issues for services and schools

Practitioners must recognize and understand the complexity that constitutes a new co-practice norm – and be emotionally comfortable in participating in and making use of fluid and so unpredictable support networks. Optimal co-professional practice would be supported by head-teachers and service leads regularly auditing the co-practice skills and ties of their collaborative networks, and considering if the qualities of optimal co-professional practice are present.

Our data suggest that developing explicit collaborative agreements between schools and external partners is possible and beneficial to co-practice, but requires effort and flexibility. They also suggest that human capital factors such as prior knowledge, skills, learning and qualifications often remain implicit within these collaborations. We recommend that a standard component of collaborative agreements should be an explicit discussion of what to do if practitioners feel they are being asked to work beyond their competencies.

In this study the most valued co-professional practice relationships went beyond the traditional view of a consultative model. Relationships reported as optimal for the exchange of knowledge and skills were highly collaborative and more closely aligned to coaching models, involving joint problem solving (Elksnin and Capilouto, 1994) and utilising observation, demonstration, and feedback. We concur with Gascoigne (2006) that,

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where relevant “the term ‘consultative’ model be replaced by a more accurate description of the service being delivered.” (Gascoigne, 2006, p. 18) to support practitioners in identifying and nurturing the specific co-practice behaviours which produce optimal skill exchange.

Key learning for commissioners of services

At the macro level, service commissioners cannot rely on overly rigid meso-level service models if effective co-practice is to occur. Such models create contexts that deny practitioners the micro-level capacity, permission and/or autonomy to negotiate and ‘flex’ to meet the needs of individual children and schools. Instead, they appear to create barriers to the development of the necessary relations of trust.

Further, commissioners should not underestimate the importance of apparently mundane issues in the development of social capital, such as creating opportunities for co-professional networking and co-construction of professional knowledge (Forbes, 2009) outwith arrangements for a specific child; deploying staff to maximise continuity, and funding administrative support to facilitate accessible and timely communications across agencies with radically different systems (McCartney et al., 2010).

Limitations

As with all qualitative research the findings of this case-study are particular to the specific context. For example, the fact that the LA had only one NHS Trust partner, the relative stability of staff member in this region, long standing relationships between SLT and Educational staff, all could play a role in the nature of co-working, possibly providing a more positive picture than in other contexts. However, as mentioned earlier, generalisability is not the goal of such research. Through detailed description of the

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context, transfer – that is the critical reading and application of the findings to similar co-practice contexts - may be possible (Lincoln and Guba, 1985). Issues of sampling must also be considered. As participants volunteered it may be that those with particularly positive or negative experiences chose to take part. Furthermore, for one school not all interviews were completed. However, data analysis suggested that saturation had been reached without these data and so this is unlikely to have affected the findings.

Conclusion

Where practitioners and services were highly collaborative and engaged in complex practices that were less predictable than those in the past, clear benefits arose. These included greater capacity to individualise practice for the child, and a greater potential to harness and implement the resources distributed amongst members of the co-professional team. To flourish, however, this new 'networked inter/professionalism' requires to develop the necessary social capital – the 'glue' that coheres SLCN collaboration. This means that the development of bridging and linking forms of social capital norms, values and trust across networks must become a priority for practitioners, services, commissioners and schools. How to do that is often difficult to operationalise. The framework presented here, identifying the dimensions of networks which are most relevant to co-professional co-practice relations and social capital, represents a possible tool with which to improve co-practice. LAs, schools and external services could reflect on the nature of their collaborative networks and the presence or absence of the specific dimensions. In this way specific goals could be identified to promote the development of the strong ties which are required for optimal co-practice.

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