An Exploratory Analysis of Educational Psychologists’ Understandings of Ethnic Minority Cultural Factors within Assessments for Autistic Spectrum Condition

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Abstract

The global epidemiology of Autistic Spectrum Condition (ASC) is not thought to vary as a function of ethnicity. However, evidence suggests that the identified prevalence of ASC may be inconsistent across ethnic groups in the UK. In the UK, educational psychologists (EPs) often play a key role in the ASC identification process. Given the believed value of accurate identification of ASC to a child’s education, and the importance of providing minority ethnic groups with an equitable service, the following study explores how EPs incorporate ethnic minority cultural factors (EMCF) within ASC assessments.

A multiple embedded case analysis was conducted with three EPs. Each was highly proficient in ASC assessment and brought experiences from both different geographical areas, and from service delivery through varied providers; a local authority (LA), a social enterprise, and private practice. Participants’ responses in two semi-structured interviews were recorded and transcribed verbatim. A documentary analysis of the existing LA pathway for the assessment of ASC was completed. This was complemented with a quantitative demographic analysis of data relating to the regions in which each participant EP was working.

Interview transcripts were analysed thematically, and findings are presented through thematic maps. Content analysis of the existing policies revealed considerable variation between LAs in how ASC is assessed in school age children. Integration of findings revealed six considerations made in ASC assessments with EMC children, potentially impacting upon their consultations with parents, and their direct work with the child. Further examination suggests that the EP’s work context can influence their considerations through four avenues. It appears that EPs’ understanding of EMCF within ASC assessments is influenced by professional experiences and opportunities within their local context.

The study extends understanding how EPs consider EMCF in their assessments for ASC. Findings are discussed with regards to their implications for theory, practice and future research.
Declaration

No portion of the work referred to in the thesis has been submitted in support of an application for another degree or qualification of this or any other university or other institute of learning.

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“The God who made the world and everything in it, this Master of sky and land, doesn’t live in custom-made shrines or need the human race to run errands for him, as if he couldn’t take care of himself. He makes the creatures; the creatures don’t make him. Starting from scratch, he made the entire human race and made the earth hospitable, with plenty of time and space for living so we could seek after God, and not just grope around in the dark but actually find him. He doesn’t play hide-and-seek with us. He’s not remote; he’s near. We live and move in him, can’t get away from him! One of your poets said it well: ‘We’re the God-created.’ Well, if we are the God-created, it doesn’t make a lot of sense to think we could hire a sculptor to chisel a god out of stone for us, does it?” Acts 17:24-28

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Section 1: Introduction

1.1 INTRODUCTION

This chapter considers the context in which the research occurred and provides information on the rationale underlying the research. It also includes an outline of the methodology and an overview of the remaining chapters.

This research forms part of the professional training to qualify as an educational psychologist (EP). The research was supervised within the structure of a university in the UK, in the same area as where the researcher is based for their fieldwork placement. The city served by the Educational Psychology Service (EPS) in which the researcher is based is ethnically diverse, and this diversity reflected in the schools that the service works alongside. The researcher’s decision to pursue research in this area stems from their interest in ASC and supporting individuals from minority groups.

The researcher’s professional background has been formed in mainstream settings, working with children and young people directly, and building capacity with staff. Through these experiences, the researcher noted a great variety in the understanding of, and support provided to, children with autism, Asperger’s, and other conditions that might be termed Autistic Spectrum Condition. For the purposes of this research, these will be referred to as Autistic Spectrum Condition (ASC) wherever possible, with the exception of when the researcher is quoting a participant. The welfare and progress of children with ASC appeared to be greatly influenced by the extent that the adults around the child understood their differences and their needs; the accurate and early identification of ASC appeared to have great bearing on their outcomes.

Prior to commencing the professional doctorate, the researcher was able to work in many diverse communities. Employment in London consisted of serving in a multi-ethic community with many first generation immigrants, and working in both primary and secondary schools. This provided first-hand experience of some of the obstacles experienced by minority groups in accessing support, and samples of how differences can be misinterpreted by the cultural majority. Consequently, the researcher has sought to enhance their understanding of education and child development as understood in different cultures, including in East Asia, East Africa and the Middle East. Exposure and experiences of working with children and young people in these settings have consolidated the researcher’s opinion that supporting children in the UK who are from minority cultures is of high importance.
Consequently, as a product of the author’s interest in ASC and minority cultures, they pursued a line of research that might help to enhance the delivery of culturally fair assessments for ASC. In many Local Authorities (LAs), a formal diagnosis is a prerequisite for accessing additional support. In some LAs, applications for a statement of special educational needs (SEN) are not considered without a demonstrable complexity, of which ASC can form part (a statement of SEN is a legally binding formal document detailing the needs of a child). For the foreseeable future, the assessment process of ASC will yield some false positives, and some false negatives, however this is typically regarded as undesirable.

1.2 RATIONALE
The aim of this research was to ascertain the ways in which Educational Psychologists (EPs) consider ethnic minority cultural factors (EMCF) in their ASC assessments. A systematic review of the literature addressed four review questions.

- What are the features and prevalence of childhood autistic spectrum condition (ASC)?
- What evidence is there that EMCF may mediate the development of ASC?
- What assessment processes and practices are utilised to identify ASC and how might these incorporate EMC considerations?
- What is the role of the EP in assessments for ASC (including the incorporation of EMCF)?

ASC is characterised by a triad of impairments in the areas of social communication, social interaction and social imagination. The literature reviewed indicates that the prevalence of ASC can vary within a particular country, and can be associated to a greater or lesser extent with factors including socio economic status (SES) and ethnicity.

Though little research that specifically addresses the impact of culture on ASC was found, cross-cultural research into other disorders such as schizophrenia is more readily available, indeed the American Psychological Association has provided population or culture specific guidance for clinicians and service providers (Whaley & Davis 2007). Three mediums by which EMCF might mediate the development of ASC were identified and considered, namely, language, parent-child interaction and early schooling. Diagnostic assessment for ASC will often comprise a consultation with parents, the use of a psychological assessment with the child and the clinical judgment of a practitioner.
EPs have been shown to be involved in multi-disciplinary approach to ASC assessment (Waite & Woods, 1999) and are aware of the potential impact of contextual factors on a child’s development. The SEN Code of Practice (DfES, 2001) states that children ought to be considered in the context of their home, community and culture, and Bronfenbrenner’s Ecological Systems Theory (Bronfenbrenner, 1979) can be used by EPs to explain the importance of considering a child’s environment in assessments, not least when assessing for ASC. For instance, the extent to which play is encouraged at home will influence a play based assessment, the quality of parental responses at interview will be influenced by the extent to which there is a shared understanding with the EP, and the child’s view of adults will affect how they perform on an Autism Diagnostic Interview. An assessment for ASC is influenced by the child’s environment which in turn is influenced by culture, and EMCF.

There is some evidence to suggest that the identified prevalence of ASC can vary within a country, and differ according to ethnicity (Marchant, Hussain & Hall, 2006).

This would be considered undesirable so long as the absence of intergroup differences is still maintained. EPs, as with any individual involved in the assessment process, may exert an influence on whether the status quo is maintained or challenged. Though the interaction of culture with psychological assessment has been established, and substantial research conducted into how ASC can be accurately identified, there is no research explicitly investigating how EMCF are considered by EPs. In order for the researcher to make a contribution to the knowledge base, the following two research questions were developed:

- In what ways do EPs report that ethnic minority cultural factors impact upon their assessments for ASC?
- In what ways do EPs report that their work context influences their assessments of ethnic minority children with possible ASC?

Findings will have direct relevance and applicability to the placement provider with which the researcher serves and will provide a foundation for other EPs seeking to advance accurate assessments of children from all groups with suspected ASC.
1.3 METHODOLOGY

This study is an exploratory multiple embedded case study. Within each case study data was gathered from multiple sources, allowing for the combination of information regarding the perceptions and constructions of EPs with contextual information. Three EPs experienced in the assessment of children with suspected ASC participated in two short semi-structured, face to face interviews. This data was triangulated with, and set in its context alongside, data from other sources. Specifically;

- Statistics regarding the demographics of the area in which the EP works, and
- Local Authority (LA) information regarding the assessment procedure for ASC.

This research was primarily qualitative in nature and approached from a social constructionist perspective. The researcher was primarily presenting items for exploration and investigation, as opposed to presenting objective truth. Ethical approval was sought and obtained through the researcher’s university and participants had the option of receiving a one page summary of the research findings.

The first interview was piloted with an EP experienced in ASC, and adjustments made to the first interview schedule. Each interview was fully transcribed prior to undergoing a thematic analysis (Braun and Clarke 2006). Documents such as the LA pathway for ASC assessment and statistical information regarding demographics were analysed through content analysis (Mayring, 2004).

1.4 THESIS OUTLINE

The structure of the remaining chapters is as follows:

Chapter 2 forms the review of literature undertaken by the researcher. It introduces the key concepts, clarifies terms used, and provides an overview of how the researcher arrived at the research questions identified.

Chapter 3 details the overall methodology of the research. This section explores the underlying paradigm as well as the ontological, epistemological and axiological views of the researcher. The research questions are presented alongside the methods for data gathering and data analysis. Ethical issues are considered here.
Chapter 4 provides the results of the research. Each case is first considered as a separate entity before a concluding cross case synthesis.

Chapter 5 presents the discussion of findings, outlining implications for theory, implications for practice and implications for future research.
Section 2: Literature Review

2.1 INTRODUCTION

This review details the exploration of literature conducted by the researcher, and thus demonstrates how the rationale was arrived at. It offers a critical evaluation of the relevant literature relating to ASC, ethnic minority cultural impacts on child development and EP assessments. The resultant knowledge gap is identified and discussed along with the aims of the research.

Four review questions were formulated to guide the literature review and this chapter is structured to reflect these questions;

- What are the features and prevalence of childhood autistic spectrum condition (ASC)?
- What evidence is there that EMCF may mediate the development of ASC?
- What assessment processes and practices are utilised to identify ASC and how might these incorporate EMC considerations?
- What is the role of the EP in assessments for ASC (including the incorporation of EMCF)?

2.1.1 Strategy

The review strategy was focussed, though not exclusively so, on online content. Academic databases such as ERIC, SCIENCE DIRECT, Sage Full Text Index, and PsychInfo were searched using the key terms Autism, culture and assessment/diagnosis.

In actuality various combinations of suspected synonyms of these words were searched. The researcher presumed that other terms might be used in place of autism, such as ‘Autistic, Asperger’s, PDD, ASD or ASC’. Similarly, studies of interest to the researcher might have avoided the term culture, instead opting for ‘race, ethnicity or cultural’. In addition some peer reviewed journals were searched individually for relevant articles, these included, Educational Psychology in Practice and the Journal of Autism and Developmental Disorders.
2.2 WHAT ARE THE FEATURES AND PREVALENCE OF CHILDHOOD AUTISTIC SPECTRUM CONDITION (ASC)?

2.2.1 ASC Key Features

Autistic spectrum condition (ASC), refers to a set of medical diagnoses including; autism, Asperger’s syndrome, Rett’s disorder and pervasive development disorder - not otherwise specified (PDD-NOS) (American Psychiatric Association, 2000). What unites the conditions is a triad of impairments namely; social interaction, communication and imagination. Initial studies estimated the prevalence rate of ASC at approximately 4-5 per 10,000 (Wing & Gould, 1979), however estimates have increased over recent years, and among the UK school age population, the prevalence rate is estimated as 0.9% (Office for National Statistics, 2005).

The author believes that the accurate identification of ASC is of high importance. In their experience as a trainee psychologist, the identification of ASC can provide staff in educational institutions with a framework to aid their understanding and support of the child. It can allow for the understanding of underlying needs, enabling schools to tailor their support of an individual. A diagnosis of ASC can lead to the provision of additional financial resources, provide access to specialist schools, and enable parents to attend support groups. However it is a label that stays with a student throughout their life, and may lead to inappropriate provision if a child is misidentified as having ASC. Accurate assessment for those both with and without ASC is of paramount importance.

2.2.2 International Prevalence of ASC

A recent review of epidemiological surveys of ASC and PDD concluded that there is not evidence of PDD prevalence differences by geographical region (Elsabbagh, Divan, Koh, Kim, Kauchali, Marcin, Montiel-Nava, Patel, Paula, Wang, Yasamy, and Fombonne, 2012). They note however that there is little evidence from low-income countries and the power to detect effects is “seriously limited in existing data sets” (p160). Relating to ASC, their review indicated a mean prevalence of 0.19% in Europe, 0.22% in America and 0.12% in the Western Pacific (based on studies since 2000). No studies were found relating to Africa or South East Asia that met the review criteria. The authors noted that these findings ought not to be thought to reflect ‘world-wide’ estimates, but instead to be an indicator of the current state of evidence from differing geographical regions. Inasmuch as the identified prevalence will be influenced by among other things, the awareness of ASC within an area, and the capability/motivation of practitioners to assess.
However there exists little research that specifically addresses the impact of culture on ASC. The review found three studies, one of which (Kang-yi, Grinker & Mandel, 2013) is summarised in Section 2.4.1.4. Lotter (1978) conducted a brief, anecdotal survey of prevalence in five African countries. Of 1300 children screened, nine were identified (of a larger group of 30 who had ‘autistic-like-behaviour’) with ASC using western criteria (using the Creak (1961) criteria), with a gender ratio similar to western sample. However, a comparison of the behaviours of the identified children led to the conclusion that there were prominent features (as conceptualised by western thought) of ASC that were uncommon in Africa.

Probst (1998) looked at the stresses and demands of ASC as experienced by parents of 160 children with ASC in Brazil, Germany, Greece and Italy. His research led to the conclusion that parents’ feeling of coherence was an important facilitator of adaptation for parents of a child with ASC. Owing to the exploratory nature of the study, and the lack of cross participant matching between countries, it is hard to draw generalisable conclusions as to any cultural differences in this area.

2.2.3 Within Country Prevalence

However, the prevalence ASC is not necessarily consistent within a given country and it possible that in some instances, variation in prevalence rates reflects differences in the usefulness of diagnosis, rather than the epidemiology. One reason for this is that the usefulness of an ASC diagnosis can vary not only between countries but also within countries. For example, Skellern, McDowell and Schutler (2005) established major variability in diagnostic rates between Australian states. The prevalence of ASC in Queensland far exceeds its neighbours, and it is the only state where a diagnosis is necessary to confer eligibility for services. Conversely, in America, a diagnosis of ASC may inhibit accessing services (Grinker, Yeargin-Allsopp & Boyle, 2011). In different American states, access to services is provided under different criteria, and some services are only accessible to those with a label of intellectual disability. Consequently for a clinician to conclude for a diagnosis of ASC they would inadvertently be denying the individual access to particular services. It is conceivable to this researcher that in other countries, there may be regional variations in the understanding of ASC, leading to different values placed upon its assessment. In parts of India, where there are minimal ASC-related services, a diagnosis of ASC may be technically or scientifically appropriate but serve no purpose other than to confuse the family, and possibly teachers or service providers. Grinker et al. (2011) puts it aptly; “Illness categories are beneficial only if there is something one can do with them” (p. 118).
2.2.3.1 Differences Associated with Gender

ASC is thought to develop with a higher preponderance in males. Ehlers and Gillberg (1993) observed a boys:girls ratio of 4:1 in their large scale Swedish study. Their findings are consistent with Kanner’s (1943) study, in which the observed ration was also 4:1. Furthermore in their review of studies since 2000, Elsabbagh et al. (2012) corroborate that ASC appears more prevalent in males relative to females and with a ratio ranging from 1.33 to 16.0.

Wing (1981) found that there were up to fifteen times as many males as females with high-functioning ASC. However, when examining people with ASC and learning difficulties the ratio of boys to girls was closer to 2:1. It appears therefore, that although girls are less likely to develop ASC, when they do they develop ASC, they show a greater severity of impairments.

2.2.3.2 Differences Associated with Socio-Economic-Status (SES)

Although Grinker et al. (2011) argue that SES does not influence whether someone has ASC, there is evidence that receiving a diagnosis of ASC is associated with a high SES background. This correlation was affirmed by the research of Stone (1987) when 50% of paediatricians asked indicated that they affirmed an association between ASC and high SES. A similar trend is observed in America; Mandell, Novak and Zubritsky (2005) noted that children with ASC near the poverty line may receive the classification one year later than those with an income greater than 100% above the poverty level, and that children are likely to receive a diagnosis 5 months earlier if they live in urban areas compared to children residing in rural regions.

2.2.3.3 Differences Associated with Public Perception

There may be many reasons for shifts in classifications which do not have their roots in an advance of scientific methods. For instance, public attitudes to mental health, insurance definitions and political factors (such as those relating to returning military veterans), can all lead to differences in assessment in different nations. One such instance is the removal of Asperger’s syndrome from the DSM V (Wing, Gould & Gillberg, 2011). This decision has not been predicated on any particular scientific discovery, it is not to say that the behaviours once associated with the condition no longer exist. However, the way such behaviours are thought of has led to a change in categorisation, which will in turn lead to falling prevalence rates in future assessment. In this instance, as public attitudes have become more acclimatised to ASC, with the strengths of such individuals more widely accepted, the stigma of this label (autism) decreases. As the Asperger’s profile fits the autism
profile, a separate category is now considered unnecessary, whereas once it was deemed to serve a purpose.

2.2.3.4 Differences Associated with Ethnicity

Research by Mandell, Ittenbach, Levy and Pinto-Martín (2007), reported that African American children in Philadelphia County who ultimately received an ASC diagnosis, were more likely to be given an initial diagnosis other than an ASC at their first specialty care visit, usually Attention-Deficit Hyperactivity Disorder (ADHD), adjustment disorder or conduct disorder (CD), before later being diagnosed with ASC. When these children were given a label of ASC, it was approximately two years later than American children of a Caucasian ethnicity. Additionally African American children were more likely to be classified as autistic, rather than having Asperger’s syndrome or PDD-NOS. Research from the Centre for Disease Control (2006), suggests a similar pattern with children from a Hispanic or Asian descent.

Differences can also be found in the experience of ethnic minorities in the UK. Marchant, Hussain and Hall (2006) collected data from 13 Local Education Authorities (LEAs) regarding the ethnic make-up of children provided with a statement of special educational needs (SEN) where the primary need was identified as ASC. Although a statement indicating a primary need of ASC is not equivalent to a diagnosis of ASC, it serves as a useful proxy indicator of ASC identification, as a formal diagnosis is considered a necessary precursor to the indication of ASC as the primary area of need on such a document. Combining this data with information regarding the number of Asian/Asian-British students in the LEA, the researchers were able to calculate the prevalence within ethnic groups. The overall proportion was 0.19%, however for students identified as Caucasian, the proportion was 0.23%, compared to 0.078% in the Asian community. The researchers calculated that a child of Asian heritage was up to one third as likely to receive a an ASC SEN statement as a child of Caucasian-British heritage; (odds ratio 0.32-0.49 at the 95% confidence interval – the level of significance was not stated). It seems therefore that the odds for an Asian/Asian-British child receiving a diagnosis of ASC are definitely lower than half that of a Caucasian child, and indeed may be as low as a third.

As there are over 150 LEAs in the UK, caution must be taken when extrapolating these findings nationwide. In the afore mentioned study LEAs were only contacted if they were home to a minority population of over 10%, and information regarding the geographical distribution of the findings was
not provided. Conceivably, all of the 13 LEAs that participated may have been located in the North West of England, or London.

However evidence from the Pupil Level Annual School Census (PLASC) data for 2004 suggested that the observed difference is not anomalous. Lindsay, Pather and Strand (2005), researching on behalf of the Department for Education and Skills found evidence for the underrepresentation of particular Asian groups among those with statements for ASC in their analysis of 6.5 million pupils in maintained schools. This was evident even after controlling for SES status, gender and year group.

Fig. 2.1 is a graphical representation of the odds-ratios relative to Caucasian-British, of students from varying ethnicities classified at either School Action Plus, or receiving a statement where the primary need was indicated as ASC. The statistical significance of these findings was not calculated.

![Fig. 2.1: The odds ratios for children of different ethnicities classified at School Action Plus or who have a statement for ASC (Lindsay, Pather & Strand, 2005).](attachment:image.png)

There are a number of possible reasons for why such a difference may have emerged, seemingly throughout the UK. It could be that ASC is not as prevalent in the Asian/Asian-British families investigated. It could be that the ASC phenotype is different in Asian/Asian-British families, and is thus not as readily identified. Another hypothesis is that practitioners involved in assessment feel the label is less useful for the Asian/Asian-British community, and are inclined to conceptualise development differently. It could be that psychologists who see the child are reluctant to ascribe a lifelong label to a child when there are unresolved questions regarding the development of English as an additional language. It may be that professionals when consulting with parents from an ethnic
minority are less able to gather useful information, compared to consultations within the ethnic majority. The following section will evaluate the evidence that ethnic minority cultural factors may mediate the development of ASC.

2.3 WHAT EVIDENCE IS THERE THAT EMCF MAY MEDIATE THE DEVELOPMENT OF ASC?

2.3.1 Defining Ethnicity and Culture

The relationship between culture and ethnicity has been highly relevant to this research. The adoption of the correct term was a crucial stage in forming the scope of this study. Ethnicity and culture are perceived to be linked, and both terms were investigated by the author as they sought to define the remit of the study.

Culture, whilst not synonymous with ethnicity, often correlates with it; that is to say distinctive social groups will often share learned traditions and aspects of lifestyle. Culture is defined (Frederickson & Cline, 2009) to encompass;

“the learned traditions and aspects of lifestyle that are shared by members of a society, including their habitual ways of thinking, feeling and behaving. This term is often based on an unjustified assumption that there is a high level of cultural cohesion and homogeneity in the social group that is being described (especially when it is a group of which one is not a member)”. (Frederickson & Cline, 2009, p6)

However, ‘culture’ was considered too broad of a term for this research. A psychological definition of culture recognises that it is a far wider term than merely ethnicity. Cities may be said to have particular cultures, as might religions, residential estates, sports fans, indeed one might speak about EP culture. Culture as a term, was not specific enough to capture the thoughts and processes that the researcher intended. A psychological definition of ethnicity, however, was sufficiently specific. Frederickson and Cline (2009) define ethnicity as:

“a label that reflects perceived membership of, and a sense of belonging to, a distinctive social group. The crucial distinguishing feature of an ethnic group vary between different contexts and change over time. They may include physical appearance, first language, religious beliefs and practice national allegiance, family
structure and occupation (Thomas 1994). A person’s ethnic identity may be defined by their own categorisation of themselves or how others see them”. (Frederickson & Cline, 2009, p6)

Consequently, whilst this research focuses on ethnicity, it acknowledges that issues of culture will often be associated with ethnicity – distinctive social groups will often share ways of thinking, and traditions. Nonetheless, such an association has difficulties. For instance, Gupta and Fergusson, (1992) urge caution with the consideration of ethnicity as part of culture. They believe that wealth, and relative wealth, may exert a greater effect than present research allows for. For example a rich man in India may be more culturally similar (in respect to lifestyle choices and healthcare attitudes) to his German counterpart than he is to a poor man of the same racial group. The author agrees that ethnicity and culture are two terms that should be equivocated with great caution. For this reason although the purpose of this study relates to primarily issues of ethnicity, EPs’ (potentially differing) understandings of ethnicity and culture will be explicitly explored in the interview and analysis.

2.3.2 The Universality of ASC

Cohen and Volkmar (1997) claimed that ASC is the foremost developmental disorder of children where there exists an internationally accepted diagnostic criterion – a statement that if true, adds further weight to the viability of cross cultural research. Mandel and Novak (2005) implored researchers to investigate “cultural differences in the behavioural phenotype of ASD” (p. 113) along with the recognition and interpretation of symptoms associated with ASC.

Nonetheless, eight years later, Kang-yi, Grinker and Mandel (2013) stated that there exists little research into the effects of cultural context on the presentation of, and diagnosis of, ASC, despite a resurgence in its popularity in research. The assumption, as conceptualised by Daly (2002), appears to be that ‘as ASC is a neurobiological condition, any social meanings associated with the condition are largely irrelevant when considering assessment and diagnosis’.

Such an assumption is not devoid of merit. Lord, Risi, and DiLavore (2006) did not find any difference by race in verbal measures on the Autism Diagnostic Interview (ADI) or on the Autism Diagnostic Observation Schedule (ADOS). Similarly, Dhadphale (2002), looking at the symptoms of infantile ASC in Kenya noted that there are no essential differences in features of childhood ASC when compared to western countries.
However to date it remains an un-validated position. Observations from Sell’s clinical practice indicate that African American children with ASC appear to have less frequent deficits in eye contact or nonverbal behaviour than Caucasian children (Sell et al., 2012). Furthermore, it appears that African American children with ASC are more likely to have delayed language compared to their Caucasian peers (Cuccaro, Brinkley, Abramson, Hall, Wright & Gilbert, 2007).

Grinker et al. (2011), whilst acknowledging findings pointing towards homogeneity, argue that although the core symptoms of ASC are believed to remain constant across different cultures “…experts to date know little about how genetic heterogeneity and cultural differences interact to influence the kind and range of impairments that are essential to or associated with ASD, its prevalence, course or familial patterns” (p. 114). Observed differences in prevalence, or experience of assessment, between different ethnicities may be due to behaviours presenting differently in students from minority backgrounds. Although there are many conceivable reasons why the ASC phenotype may vary in different cultures, research points to relevant cultural influences in the areas of parent-child interaction, schooling, and language.

2.3.3 Parent-Child Interaction as a Mediator of ASC Presentation

Haight and Miller (1993) have argued that parents may facilitate their child’s development of pretend play. Parental attitudes towards play, and pretend play, are therefore highly relevant when play is used as a means of assessing differences in a triad of communication, interaction and crucially imagination.

O’Reilly and Bornstein (1993) showed that when caregivers encourage play, their child’s play is more sophisticated compared to when children merely initiate play with their mothers. Furthermore, there appear to be cross-cultural differences in the extent to which children or mothers initiate play.

- Rogoff, Mistry, Goncu and Mosier (1991) reported that Turkish parents consider themselves play partners for their children and actively participate in and promote pretend play with their children.
- Braedekamp (1987) argues that in American families, play is thought of as a more appropriate medium (than direct teaching) when interacting with young children
- In Italy play is thought to be an inevitable facet of child development and not to require adult involvement (New, 1994).
• Farver and Howes (1993) found that little value is attached to play by Mexican mothers, who, consistent with their beliefs, will seldom play with their children.

• An investigation into the play styles of Argentinian and American parents (Haight, Wang, Fung, Williams & Mintz, 1999) showed that the South American mothers engaged in more social play with their children compared with mothers in the U.S. They also expressed more verbal praise towards the toddlers.

The extent to which parents initiate play with their child may influence the way in which the child responds to adult interaction as part of a formal ASC assessment. Moreover there are also ethnic-cultural differences in the type of play that is encouraged by parents and shown by children.

• Schulze, Harwood, and Schoelmerich (2001) reported that relative to their European and American counterparts, Latino mothers place a greater emphasis on interpersonal social development and less emphasis on goals related to developing autonomy. Consequently the manifestations of social, communication and behavioural impairments as measured by diagnostic instruments may exhibit a different pattern for children raised by Latino mothers compared with children raised by European mothers.

• Cote and Bornstein (2005) investigated play with five different cultural groups (Japanese, Argentines, Japanese immigrants to the US, Argentine immigrants to the US, and European immigrants to the US). They showed that (relative to immigrant families) Japanese mothers solicited more symbolic play, and Argentine mothers demonstrated more symbolic play. By contrast, immigrant children engaged in more exploratory play. Irrespective of the direction of causality, these studies point to cultural differences in an area of child development assessed when ASC is hypothesised (Borenstein, Haynes, Pascual, Painter & Galperin, 1999). This study also pointed to ethnic differences in the extent to which the immigrant families would be shaped by acculturation in their play behaviour. The Japanese participants seemingly bearing greater similarity to their country of destination (U.S.) than the Argentine participants.

Though parenting styles could vary for many reasons, it is not inconceivable to think that the pattern of social relationships in a country, or culture would exert an influence on parenting. One difference between Korean social relationships and western social relationships, is the extent to which they are based on a degree of hierarchy of differences, including gender, age, and social role (Howe 1988; Min 1997; Park & Cho 1995). It has been argued that the principles behind parent-child relationships
and child rearing practices in Korea place a high value on parental control regarding the lives and choices of their children (Park and Cho 1995; Hong 2006). It is of no surprise therefore, that there have also been significant differences in play and socialisation demonstrated between children in Korean and Anglo American home units. It appears that Korean children spend a greater proportion of their time in pretend play and parallel play than their Anglo-American counterparts, children in Anglo American homes are more frequently involved in an activity that consists of some degree of social communication. Farver and Lee-Shin’s (2000) investigation contrasted behaviour shown by children of Korean immigrants with behaviour of children from Anglo American parents. Compared to Anglo American children, Korean children engaged in mostly parallel play (46%) and solitary play (29%). The researchers also found that, in comparison to Anglo-American children, Korean children were more cooperative and showed more neutral affect. Anglo-American children were found to be more negative and aggressive in pretend play, but also exhibited more shared positive affect. Although this study observed Korean-American children, not Korean children residing in Korea, the study findings likely reflect Korean parenting style since the parents involved had all at one stage immigrated from Korea.

An examination of factors associated with theory of mind, suggest that developmental goals can be achieved in different ways. In Korea, authoritative parenting is reported to be positively associated with greater development of theory of mind (Vinden, 2001). However, this was contrasted with findings with Anglo-American families; such a parenting style is found to be negatively associated with the development of theory of mind in Anglo-American children. This research throws into question the notion of ‘good parenting’. Even if the desired achievement of certain developmental outcomes transcends culture, the way to arrive at this point may vary depending on the ethnic culture of the family. Evaluations of parenting styles should therefore account for the complex interactions between attitudes and behaviours that occur within specific socio-cultural contexts.

2.3.4 Early Schooling Cultural Factors as a Mediator of ASC Presentation
From the researcher’s own experience, there appears to be significant variation in the early schooling experiences of children depending on the country in which they are raised. In discussion with colleagues, such an observation has rarely been met with surprise; it appears that, anecdotally, at least, the EP community is aware of that pre-school and early-school experiences can vary across ethnic cultures. Nonetheless, the authors’ review elicited little research specifically addressing the ways in which varying pre-school cultural differences might lead to differing patterns of development. One exception would be the research of Stoker (1970) which indicated that unstructured environments may not always be suitable for immigrant pupils, who might struggle to
cope with the wide range of activities on offer. This author posits that such a desire for structure, of
difficulties in the absence of structure may be conflated with behaviours indicative of ASC.

Research has indicated that Korean pre-schoolers show advanced inhibitory control relative to their
international counterparts (Oh & Lewis, 2008). They hypothesise that this stems from family
practices in Korean culture; specifically a strict set of rules pertaining to social engagement between
children and elders, and the enforcement of appropriate etiquette is believed to be a contributory
factor behind differences in cognitive function. It may be that parenting and teaching customs of
Korean adults have a beneficial influence on the development of children’s social skills, including
theory of mind.

Differences in cultural attitudes towards development may contribute towards this greater level of
inhibition that Korean children appear to possess. Whole class teaching methods that emphasise
the authority of the teacher are the method of choice of most Korean teachers (Kang-Yi, Grinker &
Mandell, 2013). Additionally, a clear separation of play time and work time, encouraging extrinsic
sources of motivation and a focus on worksheet completion are all believed to be factors of the
school environment that contribute to a predictable, socially secure environment. It appears that
the structure of Korean schools, from pre-school to high school are likely to suit the needs of
students with ASC, or at least ASC children who could be thought of as ‘high-functioning’. Considering that Korean schooling has a high emphasis on rote learning, few
alterations to daily schedules and minimal transitions, such a finding may not be surprising (Kim,
Leventhal, Koh, Fombonne, Laska, Lim, Chun, Kim, Kim, Lee, Song, Grinker, 2011). However, it may
also serve to mask the condition in children, who when later faced with immigration exhibit less
adaptability to a western school environment. Additionally, though such an approach would be
expected to deliver gains in the development of some aspects of executive function, it may not
promote an insight into others internal states; though the core features of ASC may be consistent, its
presentation may be mediated by ethnic cultural factors.

2.3.5 Language as a Mediator of ASC Presentation

Central to the diagnostic criteria for ASC is the extent to which the child is able to use language for
social interaction. However, the process and nature of language acquisition does not appear to
ubiquitously transcend culture. Duranti and Ochs (1996) note that, dependent on culture, the
opportunities for learning certain aspects of language can present earlier or later. For instance,
some syntactic operations in Samoan are reserved for very formal occasions where children are not
present. Consequently a child’s lack of grammar in this regard does not owe to a developmental
delay but rather is a function of cultural practices – their acquisition of language has been shaped by cultural practices associated with their ethnicity. In the same way, the Samoan language affords babies exposure to emotion-marked particles (indexing internal states) earlier than American children. Were American children to be assessed by Samoan practitioners, there might conceivably be the erroneous diagnosis of language delay. By the same token, an informed assessment of Samoan children might acknowledge that they might have had less exposure to certain types of social language than many children in the UK.

Evidence suggests that not only do EMCF influence how and when children acquire facets of language but it can also shape the lessons children learn about when to use language. For instance, Schieffen (2005) reports that babbling is not considered to be a form of speech by the Kaluli people (Papau New Guinea), consequently a child who cannot yet use words is not expected to respond to the vocal communication of their peers or indeed adults. Furthermore, owing to the highly stratified nature of Samoan society, a child will only make requests to one of a higher rank than themselves. They will only receive a response to this request via an intermediary of a lesser rank. Such nuances in the rules of social interaction may not be adequately picked up on in the assessment of ASC (Grinker et al., 2011).

2.4 WHAT ASSESSMENT PROCESSES AND PRACTICES ARE UTILISED TO IDENTIFY ASC AND HOW MIGHT THESE INCORPORATE EMC CONSIDERATIONS?

2.4.1 Assessment of Autistic Spectrum Condition

In the United Kingdom, best practice for ASC assessment is described by the National Institute for Health and Clinical excellence (NIHCE, 2011). They indicate that there should be a multidisciplinary team for the assessment of children with possible ASC. This team may include a paediatrician, child and adolescent psychiatrist, speech and language therapist, clinical or educational psychologist, or an occupational therapist. Typically, the assessment includes observation of the child at home or in an educational setting, and the use of a standardised measure such as the ADOS which includes structured and semi-structured tasks involving practitioner and child. They recommend that any assessment should also be informed by a parental interview.

2.4.2 Assessment with Minority Populations

The researcher’s own training experiences indicate that the importance of being culturally sensitive is well established within the psychological community, indeed there exists a large body of cross-
cultural research into psychiatric disorders. This goes as far as the publication of guidelines by the American Psychological Association providing clinicians and service providers with population (or culture) specific guidance (Whaley & Davis 2007). This publication includes the suggestion that individuals of Asian heritage are more responsive to psychopathy, and, owing to a possibly slower enzymatic metabolism (Lin & Cheung 1999), recommends that lower doses of psychotropic drugs are prescribed. Consequently, this author believes that the investigation of psychological assessment with minority ethnic groups is an area considered of legitimate research interest.

At a general level, the mental health needs and concerns of black and minority ethnic communities in England have, in the past, been somewhat unrecognised and poorly responded to; e.g. with regards to disproportionate diagnosis, hospital admission and dis-engagement with services (Audit Commission, 1994). The National Health Service (NHS) Plan (DoH, 2000) notes that people in minority ethnic communities are less likely to receive the health services they need.

At the school level, Lindsay et al. (2006) report that there exists an underrepresentation of students with English as an additional language (EAL) among the student population with statements for SEN. One explanation of this is that students with EAL are less likely to need statements for SEN. However this phenomenon is hypothesised to reflect inadequacies in the identification of SEN with students with EAL. In this instance, the researchers hypothesised that the current state of affairs may result from a tendency for school staff to attribute learning difficulties to issues around language.

Whaley (2011), makes a similar point with consideration of racial disparities in the diagnosis of schizophrenia. He argues that the many papers pointing to racial disparities (such as Ruiz, 1982) reflect not ‘true’ differences in prevalence, but rather ‘racism, cultural misunderstandings, mis-diagnosis and mis-management’.

One explanation of apparent disproportionate identification in ethnic minority groups is ventured by Whaley and Geller (2007), who refer to the notion of cultural relativity. They state that behaviours and symptoms are culturally determined, yet when clinicians are not aware of the cultural differences, they are as such vulnerable to personal biases and likely to make false diagnoses or miss important indicators. Moreover Sue, Bingham, Porche-Burke and Vasquez (1999) state that members of a cultural majority tend to be unaware of cultural influences, and this largely unexplored interaction has led to the misappropriation of resources to children with additional
needs. It is therefore of importance that psychologists involved in assessment are conscious and concerted in their efforts to avoid this pitfall. The remainder of this section covers the research into psychological assessment with minority populations; with reference to three facets of assessment; practitioner consultation with parents, the use of psychological assessment tools, and the interpretation of ambiguity by practitioners.

### 2.4.1.1 Consulting with Parents

A significant part of psychological assessment, and EPs’ assessments, is the ability of the practitioner to build a relationship with the parents. This is not always a straightforward task, and different social groups may share facets of communication that constrain or contribute towards the eliciting of informative information. Bernier, Mao and Yen, (2010) and Daley (2002) report that even when similar manifestations of symptoms across different cultures are found the meaning attributed to particular symptoms, help-seeking behaviour, and the extent that clinicians in different cultures follow international diagnostic criteria, show a great degree of variability. Constructing an accurate record of what a parent means during a consultation may be harder when a practitioner is consulting with an individual from a different ethnic-cultural background.

Though not relating to ethnic culture, García et al., (2000) observed differences in parental perception as per socioeconomic status. Mothers of low socioeconomic status may have a broader definition of what is developmentally ‘normal’, particularly with respect to language development. In contrast, they may have a lower threshold for atypical or limited social presentations as compared to other parents. As the assessment procedure for ASC in the UK typically involves an interview with the caregivers, it is important that the practitioner and parent have a shared understanding of what the parent means when they describe behaviour. For instance one hypothesis of why African American children later identified with ASC are more likely than children of other ethnicities to first receive a diagnosis of conduct disorder is that African American parents are more likely than others to describe their child’s symptoms in ways that emphasise their child’s disruptive behaviour (Mandel et al., 2007). By the same token that African-American children and children of other ethnicities were more likely than Caucasian children to receive a diagnosis of adjustment disorder suggests the possibility that these parents have difficulty communicating symptoms to psychologists in a manner that allows them to translate parental descriptions into diagnostic categories.

Other research provides specific instances of the ways in which the ethnic background of a parent can affect their recognition and interpretation of symptoms, for example:
• Daley (2004) found that Indian parents were more likely to first notice social difficulties rather than speech delays in their children with ASC, while studies conducted in the United States have found that parents were more likely to detect general developmental delays or a regression in language skills than social deficits (Coonrod & Stone, 2004).
• Lau, Garland and Yeh (2004) found that Asian/Pacific Islander and African-American parents were less likely than Caucasian parents to agree with teachers that their child’s behaviour was indicative of an underlying disorder.
• In traditional cultures (those that have maintained their values and practices over long periods) a child’s failure to respond to parental direction may be interpreted as ‘willfulness’ (Mandell, Listerud, Levy & Pinto-Martin, 2002) and other unusual behaviours as falling within the bounds of normalcy (Glascoe & Dworkin, 1993).
• Indian parents may not be overly concerned about language deficits in their children, believing that Indian boys speak later than other children (Daley & Sigman, 2002).
• It has been reported that parents of children with disabilities from diverse ethnic backgrounds may view early difficulties in communication and social skills as temporary (Danesco, 1997). Therefore, parents of ASC children who are of an ethnic minority may not reference these behaviours and instead, may rely on more global impairments in areas such as language and motor development, which are typically easier to identify than the more subtle impairments in social and communication skills that signal the early manifestation of ASC.
• Puerto Rican mothers expected their typically developing children to attain social milestones (such as recognising the mother and smiling at faces) at a later age compared to Caucasian mothers (Pachter & Dworkin, 1997).
• The use of finger pointing as a communicative tool to share interest is not a common practice in some Asian cultures, and may not be considered an important acquisition in children’s social development in these cultures (Zhang, Wheeler & Richey, 2006).
• Similarly, Post (2001) compared African–American and Caucasian patients who participated in a training program to improve patient-physician communication as they interacted with their primary care physicians. African–American patients addressed fewer medically-related questions to their physicians, and provided and obtained less information on their condition.

Parental belief systems impact on the ways parents identify and understand differences in their child’s development (Kang-yi, Grinker & Mandel, 2013). It would therefore be a facilitator for the assessment of ASC for the consulting practitioner to have an understanding of the beliefs and values
held by the parents. By illustration, Cho, Singer and Brenner (2000) concluded that Korean adults frequently attribute children’s disabilities either to sub-standard prenatal practices, which in turn negatively influence their health and intelligence, or mistakes in early parenting. Furthermore the language even encompasses a term to reflect the ‘total relationship’ a mother forms with her yet to be born child; tae kyo. This can include all prenatal experiences such as the mother’s mood, arguments and diet. Even if the relationship between mother and child does not cause ASC, if a parent believes there to be a causal relationship, this is likely to affect their responses in any parental consultation, whereby they might seek to ‘explain away’ observed behaviour on account of their relationship with their child.

2.4.1.2 Use of Psychological Assessments

One factor that contributes towards the accurate assessment of children for ASC is the use of structured schedules, or assessment tools. From speaking with professionals involved in the UK assessment of ASC, the most commonly used psychological tests appear to be; the Autism Diagnostic Observation Schedule (ADOS), the Childhood Autism Rating Scale (CARS) the Autism Diagnostic Interview-Revised (ADI-R) and the Gilliam Autism Rating Scale - 2 (GARS-2). The review of the literature found no evidence for cultural or ethnic variations in the outcomes of these instruments, nor any studies specifically addressing this matter. Analysis of these measures suggests that intergroup differences as a function of ethnicity were not explicitly tested for in the creation of the tool.

This author acknowledges that there exists the likelihood of a publication bias in this area and that studies that did not disprove the null hypothesis may be less attractive to publishers. Nevertheless, the notion of cultural bias in assessment instruments is a matter of continuing discussion. Many instruments once thought culturally fair have since been revised and there are calls for the widespread boycott of psychological assessment tools with minority populations (Desforges, Mayet & Vickers, 1995).

The author’s review of the literature indicated that cultural differences have been investigated with the Social Responsiveness Scale (SRS) (Constantino & Gruber, 2005) and the Modified Checklist for Autism in Toddlers (M-CHAT) (Bolte, Poustka & Constantino, 2008).

• The SRS is used to help identify children with ASC in many European countries. The only existing investigation of its cross cultural suitability was a 2008 study of over 1400 European
individuals that found good cross-cultural validity of the German-language scale (Bolte, Poustka & Constantino, 2008).

- Evidence suggests that there are cultural differences in item responses on the Modified Checklist for Autism in Toddlers (M-CHAT) (Albores-Gallo Roldán-Ceballos, Villarreal-Valdes, Betanzos-Cruz, Santos-Sánchez, Martínez-Jaime & Hilton, 2012) such as Mexican parents not assigning as much importance to childhood pointing. There is also growing evidence from studies with combined samples from different race composition which suggests a cultural bias does exist for ASC measures like M-CHAT (Reyes, 2010) and other standardised measures for ASC (Shumway, Thurm, Swedo, Deprey, Barnett, & Amaral 2011).

2.4.1.3 Interpretation of Ambiguity

The observed difference in ASC assessment between differing ethnic groups could have its roots in multiple underlying causes. This section evaluates the literature relating to factors associated with the assessing clinicians’ interpretation of behaviour.

Begeer (2009) investigated why non-European minorities in the Netherlands were proportionally underrepresented in institutions specialising in ASC. Participants were 82 (mostly female) paediatricians, who returned surveys enquiring about six vignettes. Participants were asked the question, ‘What is the matter with this child?’ from which the researchers obtained ‘spontaneous clinical judgments’. In the absence of further direction, or standardised questions, the participants were less likely to identify ASC in their response if the child described was from a minority ethnic background. The study concluded that more research was needed to investigate whether structured ratings would reduce the ethnic bias of paediatricians in their real life judgments.

These findings are supporting by the research of Cuccaro, Wright, Rownd, Abramson, Waller and Fender (1996). The researchers had two primary questions; whether clinical decisions about children varied as a function of professional discipline, and whether clinical decisions varied as a function of ethnicity, race, SES or a combination of variables. Participants (n = 185, half of whom were school psychologists) were sent two vignettes and a demographic sheet, and were asked to rank from most likely to least likely a number of possible problems that may correspond to the vignette. They found that professional perceptions of developmental difficulties suggestive of ASC do not appear to be influenced by the ethnic group membership of the child. However “professional perceptions of those categories associated with developmental difficulties in young children differed significantly as a function of SES” (p. 468). This would suggest, that although ethnicity is not an
influencing factor, socioeconomic status is. However, they also noted differences according to profession, child psychiatrists ranking ASC and learning disability as more likely categories relative to school psychologists. Speech-language professionals ranked language disorder as a more likely category relative to both groups of professionals and also ranked the learning disability category as more likely relative to school psychologists.

Statistical discrimination (Balsa & McGuire, 2001), could occur if clinicians have different expectations about the probability of ASC occurring in children of different ethnicities. To date this issue has not been specifically investigated; however, evidence from Balsa, McGuire and Meredith (2005) showed that physicians had different expectations about the frequency of heart disease and diabetes in Caucasian and African-American adults, leading to different rates of diagnosis in the presence of similar symptoms. It is possible that a statistical heuristic exists in the UK clinical population relating to ASC, if so, this may influence assessments with ethnic minorities for ASC. For instance if a practitioner believes that ASC is less prevalent in children from a south Asian background, this may lead them to treat with greater caution referrals for ASC emanating from this demographic.

One alternative explanation for the under-representation of Asian heritage (and other ethnic minority) children in the UK ASC population, relates to the linguistic differences that are often associated with ethnicity. For instance for students with EAL, it could be that professionals attribute indicators of ASC to difficulties in learning English (Lindsay et al., 2006).

Additionally, the migrant population is likely to be disproportionately represented by individuals from ethnic minorities. Problems in the social domain that are characteristic of ASC may be interpreted as problems related to adaptation to the host culture (Reijneveld, 2005). Therefore, the assessment of ASC in ethnic minority groups is complicated by an overlap between the social communication problems that could be attributed to ASC, but also to the child’s ethnic minority background. This could help explain the underdiagnoses of ASC in ethnic minority groups (Kreps, 2006).

2.4.2 A Case Study of how Cultural Considerations Appear to Influence Identification

Kang- yi, Grinker and Mandel (2013) reviewed the literature on child development in Korea, exploring the potential influences of Korean culture on the identification of ASC; its assessment and
treatment. In order to achieve this, a review of the peer reviewed literature in English and Korean was conducted. One of their main findings relevant to this research is that of Reactive Attachment Disorder.

Reactive Attachment Disorder (RAD) is a disorder thought to appear similar to ASC. It is believed to be caused by the lack of appropriate attachment in the mother – child relationship (an American parallel possibly being the concept of the refrigerator mother) (Shin, Lee, Min & Emde, 1999; Hong, 2006). The DSM V identifies four diagnostic criteria for the disorder:

a) Beginning before the age of five, markedly disturbed and developmentally inappropriate social relatedness in most contexts.

b) This should not be accounted for solely by a developmental delay and the child should not meet criteria for Pervasive Development Disorder.

c) Pathogenic care.

d) The difficulties emerging in criteria a) should originate from the pathogenic care observed in criterion c).

It appears that in South Korea, many children identified with this condition might have been diagnosed with ASC had they been seen by American clinicians, however in South Korea the symptoms are conceptualised in terms of the absence of a mother’s attachment to her child (Kang-Yi, Grinker & Mandell, 2013).

To this author’s surprise, many Korean mothers appear to prefer a diagnosis of RAD when offered alongside one of ASC. However, although attachment disorder diagnosis places blame on the mother, bringing shame and stigma, a diagnosis of ASC would stigmatise the whole family, including future generations, and would negatively affect the marital prospects for other children. Additionally, a diagnosis of RAD implies that the symptoms can be ameliorated, whereas a diagnosis of ASC is a condition that is lifelong.

Grinker et al. (2011) further argue that a diagnosis of RAD is easily understood with the appreciation of dramatic social changes in South Korea over recent decades. The place (South) Korea now occupies as one of the largest global economies is in stark contrast to its situation after the conclusion of the Korean war. Hong (2006) points to the changing of family structures, such as a newfound reliance on nannies and daycare centres, as having contributed to a situation where
modern mothers are not aware of how to appropriately raise their children. It is conceivable therefore that practitioners, and families are more likely to attribute behaviour to ‘pathogenic care’ as per the diagnostic criteria for RAD.

Interestingly Shin et al. (1999) suggest that children typically thought of as Autistic could benefit from using attachment style interventions. Their study involved the observation of 25 children and their mothers playing - all children were between the ages of 2 and 4 and were living in ‘intact’ nuclear families. In the eyes of the researchers, social skills were lacking in the mothers, who did not choose to play with their children, and appeared insensitive to the cues their children were providing. As the mothers developed these skills, the children’s behavioural problems abated. Though this did not establish causation, the researchers believed it to be probable, and this author considers it plausible at the least. Additionally, child-mother psychotherapy and play therapy appeared effective in improving children’s language and social-emotional development. Consequently, the need for provision of appropriate mental health services to mothers with children with ASC was a key conclusion of the research.

Further evidence of the efficacy of attachment interventions in children with ASC are reported by Lee (2008). An attachment promotion program was shown to improve the social maturation of children with ASC to a statistically significant level. However, the instrument used to measure pre-and post-intervention attributes in this instance was the Korean Vineland Social Maturity Scale and when the Childhood Autism Rating Scale was used to measure change, no significant differences were found. The Korean Vineland Social Maturity Scale is a broader instrument than the Childhood Autism Rating Scale and may pick up on development in areas such as ‘locomotion’ and ‘general self-help ability’ that may not directly relate to conventional western ASC indicators.

Kang-Yi, Grinker, and Mandell (2013) suggest if assessment of ASC in a Korean population occurs in the absence of an understanding of Korean culture or the coping strategies likely to be employed by a family, such as assessment is less reliable.
2.5 WHAT IS THE ROLE OF THE EDUCATIONAL PSYCHOLOGIST IN ASSESSMENTS FOR ASC (INCLUDING THE INCORPORATION OF EMCF)?

2.5.1 EPs Involvement in ASC assessments

In terms of its relevance to this research one of the limitations of the study conducted by Begeer (2009) into the diagnostic behaviours used by clinicians was that the participants were not EPs. In the UK, EPs can be expected (as per the NIHCE guidelines), and are (Waite & Woods, 1999), involved in the assessment of ASC. Indeed Trevarthen, Aitken, Papoudi and Roberts (1996) note that in light of their knowledge base and skills, EPs could expect to play a central role in the identification process of ASC. This section of the literature review examines the role of the EP in these assessments, the evidence for their consideration of EMCF, and the influences that might shape the extent and nature to which an EP makes EMC considerations.

2.5.2 Psychological Assessment

The process of psychological assessment is widely acknowledged to include consideration of the child’s environment, including any ethnic cultural factors (Beaver, 1996). Indeed this principle is made explicit in the SEN Code of Practice (DfES, 2001), when regarding the assessment of children with English as an Additional Language (EAL), section 5 noting that children ought to be considered in the context of their environment, and that this should form the basis of any further work with the child. This guidance reflects the psychological principle that a child’s behaviour, their present being, cannot be considered as though in a vacuum but is the product of influences from different spheres. According to Ecological Systems Theory (Bronfenbrenner, 1979), the development of a child can be seen to reflect the influence of different environmental systems, and their interaction. Key to this theory is the interaction of structures within and between layers, invariably bi-directional influences. Bronfenbrenner’s model of child development is shown in Fig. 2.2.
2.5.2.1 Microsystem

The microsystem is the layer closest to the child, it contains the structures with which the child has direct contact. It encompasses the relationships and interactions a child has with their immediate surroundings (Berk, 2000). The bi-directional influences allow for the influence of the parent on the child’s behaviour, and also the capacity for the child to affect the behaviour of their parent. This layer includes institutions and groups that most immediately and directly impact the child’s development including: family, school, religious institutions, neighbourhood and peers.

Research suggests that a greater awareness of cultural differences could provide EPs and other clinicians with valuable tools to aid the identification of ASC. Linguistic nuances and subtleties
peculiar to particular languages have the potential to provide the EP with an extra source of information. For example, though similar patterns of linguistic and communication development are shown in Korean children to those in the UK, the Korean language is unique in its use of honorifics, (suffixes denoting hierarchical/social relationships between speakers) (Grinker, 2007). Consequently this researcher posits that should the child demonstrate a delay in their grasp of this aspect of grammar, perhaps addressing their grandmother as ‘mate’ or their sister as ‘lady’, it may indicate an underlying lack of understanding of social rules. For EPs aware of this, it is an additional tool available for the assessment of ASC, the inappropriate use of honorifics could be indicative of a deeper misunderstanding of social relationships. The same principle extends to any other languages that employ grammatical articles to denote the place of one in a hierarchy.

From examination of this sphere it is clear that the assessment of autistic traits in a child must consider many factors, including that of culture. For instance, an EP’s insensitivity to the way different societies organise their language (or regulate exposure to language) limits the extent to which EPs can successfully use language (or lack thereof) as a marker of ASC. Additionally how a child performs in a play based assessment will be influenced by the type of play encouraged at home and school.

2.5.2.2 Mesosystem

The mesosystem refers to relations between microsystems or connections between contexts. This would include the connection between a child’s teacher and their parents. This relationship or lack thereof will have a significant influence on the child’s educational behaviour during their school years. How a child responds to an Autism Diagnostic Interview will be influenced by how they have learnt to view adults. Moreover, a student’s relationship with one may also influence their relationship with the other; for instance, a child whose parents have rejected them may have difficulty developing positive relationships with school teachers.

One such instance of a relationship that can influence accurate assessment is that of the EP and parents. An EP who is fluent in the native tongue of the family they are working with may intuitively discern indicators that a non-fluent EP might miss; an EP has the capacity to build their knowledge of the home culture, and adjust their practice appropriately. Though this need not always be a facilitator, one instance of where it might be relates to linguistic variations.
Jung and Seong (2007) found that Korean children with ASC and those with neurotypical development, had differences in both tonal patterns at the end of the prosodic phrases and the degree of rising and falling slope related to pitch contour. Given that the English language is syllabic and not tonal, it is unlikely that many EPs would be aware of such a finding. However, an EP might have sought out such knowledge, and enquired regarding it during a parental interview.

The extent to which ethnic minority groups access/are able to access services is believed to play a part in the different experiences undergone throughout UK institutions (Audit Commission, 1994). Though reasons for this occur at many levels, one contributory factor is that of language. In America language barriers have been found to cause the under-utilisation of the mental health care system (USDHHS, 1999). When families do not share the same first language of the professional they are interacting with, this can be an inhibitor to a successful connection between contexts, and lead to minority groups not accessing services that might support the accurate identification of ASC in such communities.

2.5.2.3 Exosystem

The exosystem is the layer that defines the larger social system in which the child does not function directly. Structures in this layer will impact the child’s development by interacting with some structure in their microsystem (Berk, 2000). Examples might include the workplace schedule(s) of their parents. Though the child may not be directly involved at this level, but they are affected by the interaction with their own system. For instance, a promotion for the bread-winner may require greater travel, which could change not only their pattern of interaction with the child but also cause conflict with their spouse, affecting their interactions with the child. Similarly, a family’s socio-economic status may affect their ability to travel, or to access engagements during the working day.

There also exists research that suggests that ethnicity and culture can affect the ability of psychologists to build an optimal relationship with the children they are assessing. Cieuat (1965) showed that the gender of examiners can influence the attainments of students. When analysing results from 243 children’s performance on the Stanford-Binet, they found that examiners elicited higher scores from children not of the same gender (however, this was only significant at p<0.1).

With regards to ethnicity, the reviewed literature indicated that there is not yet a consensus regarding the effect of same-ethnicity versus different ethnicity examinee-child interaction as it might pertain to ASC assessments. However, evidence from the assessment of general cognitive
ability (or IQ) suggest that this could influence a child’s performance. Using the WISC-R, Whyte and Key (1998) examined the effects of having a Native American administrator on the test performance of 40 Native American middle-school students. The authors’ analysis found significant differences at p <0.05, with students performing better when examined by an adult of the same tribe, as opposed to a Caucasian adult. Findings were attributed to an increased comfort and diminished anxiety of examinees when with an examiner of the same race. Similar findings have been demonstrated with African American youths (Charles, 1980), Caucasian adolescents in France (La Farge & Lascot, 1991) and Latino Americans (Osuna, 1992).

While psychologists may have limited potential to account for this in their assessments of any one child, this research points to wider systemic issues in which an EP might be able to exert an effect, as a result of their consideration of ethnicity and culture. EPs are sometimes involved in the design construction and implementation of referral pathways, and may have a voice with regards to the make-up of the assessment team.

### 2.5.2.4 Macrosystem

The macrosystem describes the culture in which individuals live. It comprises of cultural values, customs and laws (Berk, 2000). The effects of principles defined by the macrosystem have an influence that permeates throughout the interactions of all other layers. One example is that, if the culture is that parents should be solely responsible for the raising of their children, then this culture is less likely to provide resources to help parents. This will in turn, impact the structures in which the parents function. Their capacity to perform that responsibility toward their child is consequently affected.

The extent to which families are able to access services may be a consideration of clinicians in the assessment process, and is an area with scope for psychologists to make adjustments at a systemic level owing to this. Evidence suggests that families from an ethnic minority background may be less inclined or able to access some services provided by health and education institutions. For instance;

- First Nation People may choose to rely on traditional healers rather than medical staff in clinics. Conners and Donnellan (1995) also pointed out that they may not see ASC as a pathological condition and thus choose not to seek help of any variant.
- Many African Americans may not seek care owing to mistrust of government health institutions (Grinker et al. 2011).
• Levy and Hyman (2003) suggest that African Americans are disproportionately likely to seek ‘non-traditional’ treatments.

• Additionally Huss-Keeler (1997) argue that parents from an ethnic minority may not be as actively involved in collaboration with the school regarding their child’s education.

2.5.2.5 Chronosystem

The Chronosystem encompasses the dimension of time as it relates to a child’s environments. For instance, divorce would be an example of a transition that will exert its influence in different ways over time. As children get older, they could react differently to varying environmental changes and may be more able to affect how such a change will influence them.

2.5.3 Educational Psychologists’ Considerations of Ethnicity

There is evidence to suggest that ethnicity does not unduly influence the judgments of EPs when faced with analysing inconclusive data. Cuccaro, et al., (1996) explored the interpretation of ambiguous behaviour related to ADHD and ASC by clinicians. Approximately half of their participants were school psychologists, and no differences associated with ethnic grouping were found. Variations were observed however as a function of clinician profession, pointing towards the effect of professional training and context as an influence in the way behaviour is interpreted.

Considerations of ethnicity can also occur when speaking with parents, as part of a consultation. The significance of cultural variables in consultation is well known at a theoretical level (Parsons, 1996) and recognising the complexities of culture is identified by Rogers, Ingraham, Bursztyn, Cajigas-Segredo, Esquivel, Hess, Nahari and Lopez, (1999) as a critical component of school psychology practice. In the United States one study has assessed practising school psychologists’ perceived impact of culture on their school consultation services (Tarver Behring, Cabello, Kushida & Murguia, 2000). All respondent groups reported making cultural modifications in their practice. Differences were more apparent when working with parents than teachers.

However, there is evidence that even when EPs are aware of the importance of cultural factors, they may not actively utilise this knowledge in their work (Mayet, 1992). Mayet (1992) noted that individual psychologists showed considerable variation in how they handled cases which appeared to have many features in common. Advice prepared on bilingual pupils often disregarded bilingual/bicultural issues that had been considered in other similar cases. Desforges, Mayet and
Vickers (2007) point out that “when interviewed EPs seemed to be aware of the main difficulties in bilingual assessment, [but] in many cases this information did not inform practice” (p. 27)

Lunt and Majors (2007) consider a gap between psychological theory and practice as inevitable, and partly entrenched through a rigid adherence to a scientific methodology, and the utilisation of a specialised scientific and standardised knowledge base (Schon, 1983). The utility of such nomothetic knowledge to the practitioner EP is implicitly questioned by Miller and Frederickson (2006) as they argue that the scientific approach to studying of multiple cases has served practitioner psychologists less well.

2.5.4 Influences on the EP

Brofenbrenner’s ecological systems model can also be used as a framework by which the influences on the EP, and the extent to which they make EMCF considerations in their ASC assessments, are examined. In the same way that the development of a child takes into account different environmental influences, the position of the EP with regards to consideration of EMCF in ASC assessments will have been influenced by contextual factors.

2.5.4.1 Individual

Over the course of interviews with 13 members of a LA ASC assessment team, Hussain (2004) was led to the conclusion that both context and professional beliefs influence the interpretive judgments made by professionals in such assessments. The researcher interviewed 13 members of a single LA who were involved in the assessment of children for ASC (six of whom were EPs). The interview centred on the processes of ASC assessment as perceived by this team. Seven themes of professional perspectives were identified through the responses of this team (training and applying theoretical knowledge of ASC in practice, professional identity, power relationships, incidence of ASC at LEA and national level, parent involvement in the diagnostic process, cultural sensitivity and adaptations of the diagnostic process, incidence of under-diagnosis explained at a managerial level) The researcher conclusions included the belief that both context and professional beliefs influence the interpretive element of ASC diagnosis.

The influences at an individual level, that impact upon assessments for ASC, will include, but not be limited to, reflection on practice and critical self-examination. The extent to which there has been a shift away from the 'scientific practitioner' approach in the EP community (Jennings & Kennedy, 1996), may be debated, however, at the least it seems accurate to say that the 'reflective
practitioner’ framework (with a focus on the integration of skills, knowledge and personal understanding) has risen in prominence. Schon (1983) writes that through drawing on knowledge developed through reflection in action, practitioners can reframe real-world problems into those which fit the application of an existing psychological base of evidence. Additionally Miller and Frederickson (2006) note that other systematic and rigorous processes may be used by the EP, such as ‘professional artistry’, and ‘reflection in action’ which allow the EP to critically examine their own choices. An influence on the way that an EP considers EMCF when assessing children for ASC will be their own personal evaluations of individual practice.

2.5.4.2 Microsystem
Lunt and Majors (2000) posit that most EPs are keen to develop theoretical knowledge, in order to keep abreast of current research, and vice versa. Such an enthusiasm may manifest in different ways depending on the EP, and their work context. The extent to which an EP considers EMC in their assessments for ASC is likely to be influenced by the extent to which they have developed theoretical knowledge, be it related to ASC, culture or child development, will influence the way in which they go about ASC assessments with children in minority families.

The professional identity of practitioners is also hypothesised to be highly influenced by the learning community they are in (Izadina, 2012). An EP part of a LA service may consider themselves part of a team, who share practice, training or supervision together. It is argued by Wenger (1998) that as individuals become a valid member of a community of practice, they develop an identity accordingly, learning occurring in collaboration with others and through activities situated in that learning community. Izadina (2012) also points towards the importance of creating a collaborative atmosphere in learning and allowing space for personal reflection in developing practitioner confidence in their choices. Consequently influences on the EP in the microsystem may be formative.

2.5.4.3 Exosystem
An EP’s professional identity will presumably be influenced by their training and qualification for the role. It is expected that senior EPs with specialisms in ASC will have initially studied psychology to undergraduate level, trained as a teacher, and practised as a teacher for a minimum of two years prior to undergoing a master’s level professional training to qualify as an EP. Therefore, irrespective of locale, colleagues, personality, and local governance, they will have significant shared commonalities with regards to their experiences.
Miller and Frederickson (2006) point out that the drawing of EPs from the teaching profession, might have negated the impact of initial training in research methods, with the teaching professional until recently placing little value on ‘having a scientific mindset’. However it is also reasonable to expect that their study of psychology would lead to a familiarity with the experimental method. This aspect of their training might encourage them to adopt a scientist practitioner model to their practice, and their development of knowledge that informs their practice. They concluded that EPs do operate as scientist practitioners, albeit in an idiographic manner. Whereas nomothetic knowledge still has its place and is arguably desired by the EP profession (Lunt & Majors, 2007), practitioners are hypothesised to adopt a scientific approach to a particular case, developing an explanation of a specific instance.

The capacity for professional training to influence the interpretative judgments of practitioners involved in diagnosing ASC is alluded to through the conclusions of Daley and Sigman (2002). Research undertaken in India relating to the diagnostic criteria of ASD suggests that the professionals undertaking a diagnosis do not seem to consider language disturbances as central to the disorder. Using 937 participants (psychiatrists, psychologists and paediatricians), the researchers found that psychologists ranked language delays lower in usefulness than other characteristics, such as attention deficits and bizarre sensory responses.

2.5.4.4 Mesosystem

The nature of interaction between influences in the EP’s microsystem and macrosystem will also have an effect on the EP’s professional identity, and how they apply their knowledge to assessments for ASC. Systemic and organisational structures in the macrosystem often rely on entities in the microsystem level to implement policies. The management structures that an EP works under, the LA pathway for the assessment of ASC, the financing of the EP work, will all depend on the relationship between the EPS and its management, in addition to the constraints and opportunities that it operates under within local government. Opportunities for training and CPD that the EP, and the EP team, has available to them will likely be directly affected by the systems relationship between the microsystem and exosystem.

Research by Waite and Woods (1999) confirms that in the UK, EPs work alongside other practitioners towards the assessment for ASC. EP participants submitted questionnaire data and
underwent semi-structured interviews. Eleven of 21 Principal EPs interviewed reported that EPs were involved in a multi-disciplinary approach to diagnosis.

2.5.4.5 Macrosystem

EPs are not immune from the influence of large scale cultural attitudes and ideologies that are held beyond the confines of their professional communities. How a nation constructs disability, difference, culture and ethnicity will have had an influence on the general psyche of the area, on the parents and schooling of the EP, the media, will influence government policy, and its local realisation. These factors will often have an indirect influence on the EP, shaping influences in the microsystem, mesosystem, and exosystem, however could affect the extent to which ASC is prominent in their thinking, or the extent to which accommodating EMCF is valued in practice. However, quantifying such influences can be difficult, when differences are observed; it can be hard to reliably attribute them to wide-held cultural ideologies.

2.5.4.6 Chronosystem

Over the course of time the effects and extents of other influences will vary. Personal factors in the life of the EP, colleagues, communities, and governmental guidance may all change over the course of the EP’s career.

Knowledge will be accrued over time, and though this is true of declarative knowledge (a mostly cumulative accumulation of factual knowledge), time also shapes procedural knowledge (the practical application of how to do something). This study is interested in both forms. Such knowledge which may have been built up subconsciously, indeed Reber (1985) states that “Procedural knowledge lies behind complex actions and typically is rather resistant to attempts to make it conscious” (p 401). However it is hoped that EPs will upon self-examination, be able to offer an account of their procedural knowledge, how they actually conduct ASC assessments and to what extent they consider EMCF as part of these.

2.6 CONCLUSION

2.6.1 Literature Review Summary

Though the prevalence and manifestation of ASC is thought not to differ as a function of ethnicity, there have been documented instances of variations over time and between ethnic groups within the same country. In the UK it appears that even after controlling for SES and gender, individuals of
a south Asian heritage are less likely to obtain a statement for ASC than their Caucasian counterparts (Lindsay, Pather & Strand 2005).

Evidence suggests that EMCF may mediate the development of ASC through the mediums of language, parent-child interaction and early schooling experiences. There is also evidence suggesting that EMCF may mediate the identification of ASC through, among other factors, influencing clinicians’ interpretation of ambiguous data. Begeer (2009) found that medical professionals were more likely to classify a case as ASC when judging clinical vignettes of European children with ASC than vignettes of non-European minorities, showing a bias to underdiagnose minority children with ASC when using spontaneous judgments. There was no such bias when examining European minority children. This absence suggests that the combination of language and cultural differences seem to affect professional assessments. However this difference disappeared when practitioners were specifically asked to rate for the likelihood of ASC for each child - spontaneous clinical judgments of ASC did not show any ethnic bias when explicit diagnostic categories are used in the assessment procedure. Though relevant, this study may be of limited relevance to the UK context, and the judgments made by EPs. The research was conducted in the Netherlands, with a different demographic background to the UK, and with a possibly different context to ASC assessment. Nonetheless it points towards the capacity for professional differences in the assessments of children from minority backgrounds. Furthermore paediatricians undergo a very different training route to EPs, and the presence of a bias in one group, (and equally its absence in specific situations) is no guarantee of the same situation in the other.

Despite the research of Cuccaro et al. (1996) possessing similar limitations with regards to its relevance to this study, approximately half of their participants were school psychologists. They found that the ethnic group of the child did not appear to influence professional perceptions of ASC or ADHD. However although ethnicity did not appear to be an influencing factor, socioeconomic status was. In addition they also noted differences according to profession. School psychologists were less likely to hypothesise ASC relative to child psychiatrists, and less likely to suggest language disorder or learning disability compared to speech-language professionals.

One drawback to this research is the lack of depth in response data from participants. Though the conditions were ranked, there was no opportunity for the participants to elaborate on their choices, or to talk through the reasons why they might have ordered their responses in such a way. There was no opportunity for the clinician to indicate which symptom or feature was most informative, nor
for them to state if they felt conditions might be comorbid. Additionally EPs in the UK will typically observe the child as part of their assessment. The supposed presence of a bias on the examination of vignettes would be of less relevance to the judgments of EPs, who have the opportunity to observe the child. Furthermore, many EPs will use structured consultation/interview questions as a matter of course, and especially so when the child is engaged in the diagnostic pathway. These conclusions, though interesting, are therefore somewhat tangentially related, given the limited applicability to this study. Although this research was conducted in the United States of America, and there are differences in the roles of school psychologists to the UK equivalent of EPs, the research is useful in establishing circumstances where an ethnic bias is not present.

With regards to the involvement of the (UK based) EP, evidence suggests that they are involved in the assessment process for ASC, often as part of a multi-disciplinary team (Waite & Woods, 1996). It is unclear however to what extent EPs make considerations of EMCF in their assessments. Desforges, Mayet and Vickers (1995) concluded that EPs awareness of difficulties in the assessment of potentially bilingual children stood in contrast to actual practice. Although 90% of respondents indicated they were aware of challenges in such assessments, in only 30% of reports written was there discussion of the difficulty in interpreting results on account of this EMCF. This present study offers an opportunity for more in depth exploration with EPs from different work settings. It also considers issues of ethnic-cultural diversity beyond language and with specific consideration of ASC.

EP participants were among those interviewed regarding the processes within an ASC assessment (Hussain, 2004). Analysis of responses from individuals involved in the assessment for ASC revealed seven themes of professional perspectives that appeared to be considered by the practitioners. The researcher concluded that the processes of an ASC assessment undergone by practitioners would be influenced by both context and professional beliefs. This study has two main limitations. Firstly, no analysis of the interview responses was conducted specifically for EPs. Secondly all participants were working together in one locality. It is difficult to quantify the extent to which the formulations and practices are specific to the locality, and indeed the extent to which the viewpoints are influenced by that of the other participants. However it offers an interesting contrast to this research, which focusses specifically on EPs, encourages participants to consider a specific case and spans multiple geographical areas.

This analysis therefore indicates that there is a gap in the literature for investigation of EMCF judgments made by UK EPs. Research with non-EP participants indicates that interpretation of data
potentially related to ASC can be influenced by ethnicity. Research with American EP equivalents suggests that judgments may be influenced by the SES of the family (which can be associated with EMC), and research into the processes of assessment taken by one ASC team in the UK revealed seven themes of professional perspectives. To date however, there has not been a study of the effect of EMC on ASC assessments, as perceived by an exclusively EP sample. The aim of this research is to illuminate how EPs consider EMCF in their assessments for ASC.

2.6.3 Research Questions
For the researcher to achieve the aims of the research and make a contribution to the knowledge base, the following research questions will be addressed;

1) In what ways do EPs report that ethnic minority cultural factors impact upon their assessments for ASC?
2) In what ways do EPs report that their work context influences their assessments of ethnic minority children with possible ASC?

2.6.4 Expected Contribution to Knowledge and Research Aims
It is expected that this study would contribute towards ascertaining how EPs can best serve children from ethnic minority families. Additionally, this would provide professionals involved in the assessment of ASC knowledge of possible EMCF to consider or disregard when assessing a child. By exploring the ways in which experienced EPs do and do not factor in cultural considerations, these can be further investigated for validity and the extent to which they are practised among the wider EP community. In considering the influence of the work context upon the assessment for ASC with children of an EMC heritage, systemic factors can be addressed, and knowledge provided to policy makers as to the facilitators and barriers to accurate assessment.

With regards to socio-economic impact, it is anticipated that this knowledge will help inform EPs, and other professionals involved in the multi-disciplinary assessment of ASC, as to how they can best serve an increasingly multi-ethnic UK population. This research would disseminate knowledge of ways in which ethnic culture may influence the identification of ASC. Based on evidence relating to SEN statements it is possible that there is a nationwide disproportionality in the identification of ASC in different ethnic groups. Were this to be the case, it would have a significant socioeconomic impact and by the same token, accurate ASC identification would enable individuals to access to
appropriate resources, schools to provide optimal support and facilitate the engagement of vulnerable communities with health and education institutions.
Section 3: Methodology

3.1 RATIONALE

The systematic review of literature was focused around four review questions:

- What are the features and prevalence of childhood autistic spectrum condition (ASC)?
- What evidence is there that EMCF may mediate the development of ASC?
- What assessment processes and practices are utilised to identify ASC and how might these incorporate EMC considerations?
- What is the role of the EP in assessments for ASC (including the incorporation of EMCF)?

It was established that ASC is presently thought to affect approximately 0.9% of the UK population. Although there is no conclusive evidence of between country differences in prevalence, there are documented instances of variation within countries, evidence suggesting that prevalence could vary as a function of ethnicity (through the proxy indicator of statements in which ASC is indicated as the primary need). Three potential mediators (associated with EMC) as to the development of ASC were identified, parent child interaction, early schooling experiences, and language. In the assessment process for ASC, it is theorised that EMCF could affect the assessment of ASC through impacting upon the EP’s consultation with parents, the suitability of tools used, and through differing interpretations held by clinicians. The EP’s involvement in the assessment process was considered, the different ways in which they might make considerations, and the different ways in which they might be influenced to do so. The purpose of this research is to explore how EPs consider EMCF in their assessments for ASC. To ascertain this, two research questions were derived;

Research Question 1: In what ways do EPs report that ethnic minority cultural factors impact upon their assessments for ASC?

Research Question 2: In what ways do EPs report that their work context influences their assessments of ethnic minority children with possible ASC?

Based on the researcher’s practice experience, two propositions were posited with respect to each research question. The data collected through this research would allow for the research questions to be answered and evidence relating to each proposition examined (Yin, 2009).

Research Question 1: The guiding propositions for research question one were that;
a) EPs would be reluctant to make considerations of EMC in their assessments.

b) Where considerations were reported to be made they would not be evidence based or systematic, but based on their own experience and bespoke to individual cases.

Research Question 2: The guiding propositions for research question two were that;

c) LAs will be sensitive to equality of outcome with EMC groups.

d) The work context will have capacity to constrain or enable EPs’ considerations, it will be reported to be a determining factor in the extent to which they make adjustments to practice.

This chapter discusses the philosophical grounding of the research, with specific attention given to the epistemological, ontological, and axiological positions adopted for the study. The design of the research is elucidated with consideration of its suitability in this instance. Methods for the collection and the analysis of data are presented and critiqued. The reliability and validity of the research are also considered as is an evaluation of ethical issues.

3.2 PHILOSOPHICAL CONSIDERATIONS

This research is primarily qualitative in nature. The researcher is interacting with their participants, and bringing their own values to the research.

The importance of investigating the research paradigm is alluded to by Denscombe (2010). The researcher’s choice of methodology is influenced by the paradigm adopted and also the way in which the researcher views the world. As such, an understanding of the paradigm is valuable foundation in consideration of the research. Moreover, the conduct of the researcher throughout the research, and their interpretation of data, is linked to the epistemological and axiological stance that they adopt (Willig, 2001).

3.2.1 Epistemological Considerations

Epistemology relates to the way in which knowledge of reality is understood (Robson, 2011). Real-world research involves the experiencing and interpreting of the environment, through the mediation of culture, language and history (Willig, 2008).

This research is exploratory in nature. At present there is limited knowledge regarding this area of the field, and thus the adoption of a qualitative interpretative approach seemed prudent.
Additionally, it would be necessary to explore definitions of ethnicity and culture with the participants, as no research was found that specifically addressed this with the participant group of this study. According to the ‘hour-glass’ model of research investigation (Salkovskis, 1995), this in-depth information is a necessary precursor to the development of more expansive studies (such as nationwide evaluations). It is expected that this research will contribute towards a greater understanding of how child development can be best understood in unfamiliar groups, and how ASC can be accurately identified irrespective of ethnicity.

It was expected that the collected data would be highly dependent on the context (not least the demographic make-up of the area in which participants worked, and the LA pathway for the assessment of ASC), consequently the responses of participants may not always be consistent. Even within a particular interview, the data gathered may differ, as the views and attitudes of the participant could be shaped and re-shaped over time. The researcher does not consider this a problem necessarily, as inconsistencies within an interview, or between a participants two interviews, could arguably point towards the joint construction of views.

### 3.2.2 Axiological Considerations

The values of the researcher will have influenced the choice of research, along with how it is conducted, reported and evaluated (Robson, 2011). In addressing axiological considerations the researcher acknowledges that they were not merely an empty vessel, but that the findings from participants will be processed and reported by an entity with their own values and assumptions.

Barbour (2007) noted that it can be unhelpful for a researcher to study a group of which they are a part. It may be the case that they are unable to critically expose and evaluate assumptions made by the group if they are assumptions they share. As this research of EPs was conducted by a trainee EP, this observation is especially pertinent. It is hoped however, that the disadvantages of overfamiliarity were outweighed by an appreciation of the role that the researcher brings. Additionally, at the time of research the author was not yet qualified, practising independently or full time. Furthermore, participants were drawn from a wide geographical area, and were largely unknown to the researcher. It is felt that risks associated with overfamiliarity did not significantly impact the research.

The following list presents the beliefs and values held by the researcher that are considered relevant as to the how the research was conducted.
• That accurate identification of ASC is important both in terms of children being accurately identified as with ASC, and children accurately identified as without ASC. Consequently participants were not encouraged to debate the merits/drawbacks of labelling.

• That sharing knowledge regarding practice and culture can promote the inclusion of minority groups that might otherwise be vulnerable. Consequently participants were encouraged to share about a specific case, and specific facilitators in their work.

• That it is not yet inappropriate to countenance the possibility of ethnic differences in ASC presentation. Consequently, the researcher left open this possibility in their communication with participants and throughout the research.

• That the experiences and viewpoints of experienced EPs with a specialism in ASC are likely to yield good practice guidelines with regards to the accurate assessment of ASC in children from EMC backgrounds. Consequently the researcher did not see their role as to overly challenge participants with regards to their practice but rather to gather rich data.

Axiologically, the researcher is not seeking to bring unbiased truth to the situation as much as presenting items for exploration and investigation regarding how EMC children might be best served in assessments for ASC. The challenge of accurately and equitably identifying children with ASC in the absence of biological markers is significant. At present, research indicates that ASC is thought to be universally prevalent however it is not yet established that diagnosis rates of ASC within the UK population are consistent between different ethnic groups.

### 3.2.3 Social Constructionism

This research is approached from a social constructionist perspective (Robson, 2011). A theory of knowledge closely linked to the theories of Bruner and Vygotsky, a principle concern within social constructivism relates to how knowledge is formed. Social constructs are thought to be not so much well defined items as much as abstract concepts, the product of the conceptualisations of a particular group (Robson, 2011). Consequently the social construction of reality is dynamic, changing continually according to the interactions processes of individuals (Willig, 2002); and the study of constructions is best done through the experiences of those who have helped form them. The researcher believes that the understanding of ethnic cultural influences is done through the lens of one’s own experience, beliefs and culture.
“At its epistemological core, constructivism affirms that because knowledge is constructed (made) rather than discovered (found), therefore all knowledge is inseparable from the individual learner’s language, cultural values, experiences, and interests...In other words, constructivism embraces rather than denies the role of human consciousness and moral autonomy as integral to learning”. (Gallagher, 2004, p9).

This stance allows the author to take a critical look at assumed knowledge. Social constructivism urges the researcher to remember that perspectives and meanings transcend neither time nor culture. Perspectives are to be thought of as the product of social interaction, and findings to be questioned with reference to the co-construction of participant and researcher. Additionally, if all knowledge is assumed to be socially constructed, then language is of high importance. The researcher must be diligent to ensure that the views and experiences of participants are shared in an ethical and accurate manner.

3.3 CASE STUDY DESIGN

This study is an exploratory multiple embedded case study (Yin, 2009). A case study methodology refers to research which presents a detailed and descriptive understanding of participants’ experiences of a situation or phenomenon (Cohen, Mannion & Morrison 2007). The choice of this design allows for the illustration of a depth of detail beyond other methodologies (Cohen et al., 2007), and provides the richness of data necessary to extrapolate insights into differing viewpoints or perspectives. The embedded multiple case study design is exploratory owing to the lack of published research of this area. Eventually, it is hoped that this would be an area in which questions about generalisation can be asked, though this is not the focus of the current research.

The author opted for a cross case synthesis with pattern matching (Yin, 2009) as the analytic technique adopted for this study. Each case was analysed producing discrete conclusions for each research question. The findings from each case were then compared across case studies by looking for patterns across the data.

3.3.1 Advantages and Disadvantages of Case Studies

One of the main criticisms for a case study methodology is the lack of generalisability that comes with the findings. Cohen et al., (2007) note that it is very difficult to extend beyond the findings of a discrete study, indeed it can be argued that the well-defined spatial and temporal boundaries of
case studies prevent useful generalisability. However, to frame this positively, Nisbet and Watt (1994) note that this is part of the reason why case studies have an emphasis on the current, recorded, reality, as observed by the researcher. A full list of the advantages and disadvantages of a case study methodology are listed in Table 3.1.

<table>
<thead>
<tr>
<th>Advantages</th>
<th>Disadvantages</th>
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<tbody>
<tr>
<td>Emphasis on reality</td>
<td>Lack of statistical generalizability</td>
</tr>
<tr>
<td>Results require little interpretation</td>
<td>Results are not open to crosschecking and may be selective, biased and subjective</td>
</tr>
<tr>
<td>Allows for the identification of unique features</td>
<td>Prone to observer bias</td>
</tr>
<tr>
<td>Results are easily understood</td>
<td></td>
</tr>
<tr>
<td>Insight into similar situations is provided</td>
<td></td>
</tr>
<tr>
<td>Need not require multiple researchers</td>
<td></td>
</tr>
<tr>
<td>Flexible and can build in unexpected data</td>
<td></td>
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</tbody>
</table>

Table 3.1: Advantages and disadvantages of case studies (Nisbet & Watt, 1994)

Moreover the researcher feels that in this instance, such a criticism is not of the highest utility. Although findings may not be readily generalisable in terms of populations, the exploratory design adopted means that the focus is on generalising to theoretic propositions. Case studies such as this one aim to support the development of theories through analytic generalisation, rather than apply knowledge to specific populations (Yin, 2009). It is hoped that the provision of clear detail regarding the protocol followed in this research, and clear documentation regarding procedures followed will safeguard this research from the common criticism that case studies are ‘unreliable and unreplicatable’ (Yin, 2009).

### 3.3.2 Suitability of Case Study Design

Cohen, Mannion and Morrison (2007) recommend case study methodology for research striving to present a detailed and descriptive understanding of a person’s experience. This research sought those aims, as the detailed experiences and perspectives of a small group of EPs were the focus of interest. However, Yin (2003) laid out three conditions as necessary for consideration when faced with the option of adopting a case study methodology;

1) The research question (case studies invariably ask ‘how’ or ‘why’ questions).
It is felt that this research meets each of these conditions. The purpose of this study is to shed light on ‘how’ EPs consider EMCF in their assessments for ASC. The researcher has no control over the events or ways in which the participant does or does not make such considerations. The focus of research is on real-world contemporary occurrences, enquiring about the EP’s general practice, and asking them to recall a specific case.

### 3.3.1 Structure of Case Studies

Within this research, and within each case study, data were gathered from multiple sources; analysis of the EP interviews is triangulated with a documentary analysis of local demographic statistics, and a documentary analysis of LA procedures for ASC assessment. This approach allowed for the combination of information from a variety of sources; the perceptions and constructions of EPs were combined with contextual information to form distinct case studies within the research. This breadth and depth of data collection will bring a richness to the research and enhance its validity.

As it pertains to this research the utilisation of this methodology allows for the collection of qualitative data that, based on the author’s review of the literature, meets a research need. The researcher opted to collect detailed information from EPs in different geographical and professional contexts in order to inform initial ideas and develop a theoretical understanding of the abstract phenomenon that may underlie a hypothesised phenomenon (the potential disproportional identification of children with ASC from particular ethnic groups).

In this research, a case is considered to be the EP in their professional context. This research has identified two components to the geographical context that it considers relevant; namely the LA procedure for the assessment of ASC, and the demographic composition of the area in which the EP serves. It is within this context that the perceptions, thoughts, beliefs and actions of the EP are set. The author acknowledges that this is not an exhaustive consideration of all the contextual factors that bear weight on, and interact with, the EP, but for the purposes of this research, the case has been defined as such. Fig. 3.1 shows a visual representation of the research design employed.
3.3.6 Units of Analysis

Each case investigated in this research gathers data from three embedded multiple units of analysis (Yin, 2009).

1) The EP’s perceptions regarding the general impact of EMC on ASC assessments.

2) The EP’s perceptions regarding any distinctiveness associated with ASC when working with EM families.

3) The EP’s personal experiences of assessing children of an EMC heritage for ASC.

Research Question 1, *In what ways do EPs report that ethnic minority cultural factors impact upon their assessments for ASC?*, draws upon each unit of analysis; UoA 1, UoA 2 and UoA 3.

Research Question 2; *In what ways do EPs report that their work context influences their assessments of ethnic minority children with possible ASC?*, draws upon UoA 3, EPs’ personal experiences of assessing children of an EMC heritage for ASC.

Identification of units of analysis helped to shape the development of the interview questions, which are listed in Appendix A along with prompts.
3.4 PARTICIPANT RECRUITMENT

Three experienced EPs were sought through the following avenues:

- **EPNET**: EPNET is an electronic mailing list for EPs, primarily those working in the United Kingdom. The mailing list was emailed, inviting EPs to contact the researcher if they were interested in participating.
- **University**: Staff at the university where the researcher was training were able to disseminate the request for participants to suitable EPs in their service.
- **Fieldwork Placement**: Through the researcher’s fieldwork placement connections were built with multidisciplinary teams assessing ASC. The invitation to participate was also sent to individuals identified through this avenue.

A total of five EPs responded to the invitation to participate. As this was greater than the number sought, the author applied inclusion criteria to determine which of the interested parties would be selected for participation. In one instance, although the prospective participant was experienced, it was not demonstrably clear that they could evidence particular experience with ASC.

The selection of participants from within respondents meeting the initial inclusion criteria was purposeful and followed a clear rationale to select diverse participants. This meant that there was a breadth to this research that might otherwise have been lost. Had participants all been working for the same service provider, or all completed their training at the same institution, the generalisability of this research’s findings would have been diminished. It would have been conceivable that commonalities in responses may have been more evident of local circumstances, individual managers, or specific geographical communities rather than constructs which may have been held throughout the profession. The researcher’s desire to maximise the breadth of this research’s findings meant that one prospective participant was not selected for this study as they were presently working in the same geographical region as another (involved in coordinating ASC provision at a systemic level).

The three participants selected for this research were drawn from different geographical regions, and brought with them experiences of practice through varied providers; namely a LA, a social enterprise, and private practice. They were all experienced in EP practice and highly proficient in
ASC assessment. To ensure anonymity they have been given pseudonyms as have their locations of work.

3.5 DATA GATHERING

The data for each of the research questions was gathered through conducting of two semi-structured interviews with each participant. The prompts for the interviews were designed to ensure that the interviewee addressed each of the research questions throughout the interview – the research questions informed the prompt generation.

The first interview was piloted with an experienced EP prior to data gathering allowing time for any amendments. This EP was in addition to the recruited participants. The decision to undertake a second, follow up, interview was made after completing the initial interview with each of the participants. The researcher, upon familiarising themselves with data from each of the participants felt that further exploration was justified. The decision to undertake a second interview was in order to meet a need that became apparent once data gathering had begun. Whereas the first interview had focused on how the EPs believed themselves to be making considerations of EMCF, the second focused on the influences on the participants. Participants were encouraged to further explore their evaluation of practice, and the processes which have led them to their formulations regarding how EMCF should be considered with regards to ASC assessments. Consequently gathered data helped to establish not only considerations that EPs reported making but also the processes that had influenced the EP in arriving at this position.

This amendment required the researcher to return to each of the participants after their initial interview to request another meeting. It was made clear to the EPs that they were under no obligation to participate in a second interview and had the right to withdraw from the research. Each participant was aware of the questions to be asked at the follow up interview and made an informed decision to continue with the research. The questions put to the participants in the follow up interview can be found in Appendix A.

In addition to the interviews, data was also gathered relating to:

- The demographic statistics of the area in which the EP works. Statistics were sought as to the ethnic makeup of the community in which the EP worked, and any data specific to the EPS.
• The LA procedure for the assessment of ASC, including any demographic data relating to the ethnicity of students passing through the ASC pathway.

This data was gathered through the researcher’s own investigation of publically available materials. Table 3.2 shows the link between the research questions and the data gathering method used.

<table>
<thead>
<tr>
<th>Research Question</th>
<th>Data Gathering Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>In what ways do EPs report that ethnic minority cultural factors impact upon their assessments for ASC?</td>
<td>- Interview: With three participants</td>
</tr>
<tr>
<td>In what ways do EPs report that their work context influences their assessments of ethnic minority children with possible ASC?</td>
<td>- Interview: With three participants - Documentary Analysis of LA Demographic statistics - Documentary Analysis of LA procedure for ASC assessments</td>
</tr>
</tbody>
</table>

Table 3.2: The link between research questions and data gathering method.

3.5.1 Interviews

Robson (2002) identifies interviews as the most common method of data gathering within social research. In this study, the use of interviews allowed the researcher to collect information regarding the experiences and perceptions of EPs.

3.5.1.1 Advantages and Disadvantages of Interviews

Interviews are invariably flexible, allowing the researcher to adapt depending on the responses of their participant, and also leaving the method open to critique regarding reliability. This study used the interview guide approach as outlined by Patton (1980). Participants were aware of the interview questions before the interview, when consent was sought. The researcher was then able to use these as a guide for the actual interview. For each interview, the researcher had the freedom to adjust the order and wording of the questions, as per their judgment. The researcher was able to add new questions as they felt appropriate.
3.5.1.2 Semi-Structured Interviews

Semi-structured interviews provided the researcher with the breadth necessary to gather information regarding specific topics, whilst also exploring the perceptions and experiences of EP participants. Following recommendations from Robson (2002), the interview included standard introductory comments, which also ensured a high level of ethical integrity.

Semi-structured interviews are typically classified as respondent interviews as the interviewer has the capacity to shape the interview direction, remaining in control throughout the process (Powney & Watts, 1987). In this research the author was able to utilise the flexibility within a semi-structured interview to change the order of questions, and encourage participants to elaborate on particular points (Willig, 2001).

To ensure that the interviewer did not lose focus during the interview, an interview schedule was drawn up (Hayes, 1997), providing a framework that centered the discourse around the research questions. This did not detract from the freedom to explore issues that arose mid-interview, but ensured that there was consistency between the different cases.

Semi-structured interviews have previously been with Principal EPs used to investigate how EPs assess the needs of children for whom ASC might be a consideration (Waite & Woods, 1999). The questionnaire was designed to elucidate assessment practices in the area of ASC. Semi-structured interviews were also used by Desforges, Mayet and Vickers (1995) in their study of psychological assessment of bilingual pupils.

3.5.1.3 Interviewer skills

As the data-collection portion of this research relied heavily on interviews with EPs it was important that the researcher was suitably skilled to conduct the interviews (Legard, Keegan & Ward, 2003). In anticipation of this, and in recognition of the importance of interview skills, the author familiarised themselves with guidance from Cohen et al., (2007), regarding the conduct of interviews. One item which the author found particularly helpful was the recommendation that the interviewer ‘summarises and crystallises’ regularly. The researcher’s interview style erred towards the informal and relaxed, in an attempt to try and encourage the participants to speak freely regarding their thoughts, perceptions and actions.
3.5.1.3.1 Prompts and Probes

Two tools for use within the interview identified by the researcher were prompts and probes. Probes are devices designed to cause the interviewee to expand on a response. They might include, a period of silence, hmmm, repeating back what was said, and enquiring glance. Prompts suggest to the interviewee the range or set of possible answers that the interviewer expects. Prompts ought to be used in a consistent manner with different interviewees and can be written, or read aloud. In this instance prompts were said aloud.

3.5.2 Pilot

The researcher decided to pilot the proposed interview schedule. A pilot study in this instance meant a trial run, in preparation for the main research, providing a space for the researcher to explore the intricacies of their interview schedule with participants (Van Teijlingen & Hundley, 2001). This had the advantages of establishing appropriate timings, establishing the appropriateness of the interview questions, prompts and research questions. It also allowed for the identification of the researcher’s own interview skills, and those which needed more development.

Although some researchers posit that separate pilot studies are superfluous (Holloway, 1997) as modifications arising may be minimal, and it can be considered acceptable to view data collection as progressive, the author opted against the inclusion of pilot data in the main study. This conclusion is consistent with the arguments of Peat, Mellis, Williams and Xuan (2002), and felt more appropriate given the variety of contexts that the research sought to capture.

Following the piloting of the interview, and a follow up feedback session with the pilot participant, a number of modifications were made to the research:

- Research questions were simplified,
- Interview questions were re-ordered,
- Prompts were created for questions that the author wanted greater focus on; and
- The term ‘ethnic minority cultural factors’ was adopted.

After discussion with their supervisor, the researcher settled on the term ‘ethnic minority culture’ or ‘ethnic minority cultural factors’. It was the presumption of the researcher that the adoption of this term acknowledges the inherent flaws in simply saying culture, however recognises that ethnic
groups may have shared aspects of culture, which are particular, without being exclusive to the ethnic group.

Should a participant have felt that a child of an ethnic minority does not experience cultural factors commonly associated with that ethnic minority (e.g. if they are adopted by parents of a different ethnicity), this term gave them the freedom to assign value as they saw fit. This thesis sought to understand how EP participants account for differing EMCF, rather than primarily exploring how EPs construct culture and ethnicity. A copy of the final questions for the interviews are included in Table 3.3.

3.5.3 Documentary Analysis

The collection, and subsequent analysis, of documents provided the researcher with useful contextual information regarding each case. This was an unobtrusive approach, and as documents were not affected by the analysis, it can also be classified as non-reactive. Collected documents underwent content analysis (Hsieh & Shannon, 2005), further details of which can be found in Section 3.6.2. The documentary analysis consisted of the following steps.

Demographic statistics: Statistics regarding the ethnic composition of the EP’s locale were collected from LA websites. The researcher also wrote to LAs requesting the release of ethnicity data for individuals seen by the EPS, and those assessed for ASC.

Local Authority Assessment Pathway for ASC: The LA pathway for ASC assessment was, where available, collected from the website of the specific LA. When this was not detailed online, the researcher called the LA requesting a description of the pathway. None of the LAs written to released data relating to the ethnic composition of individuals assessed by the EPS or passing through the ASC pathway.
<table>
<thead>
<tr>
<th>Research question</th>
<th>Data gathering method</th>
<th>Unit of Analysis</th>
<th>Interview questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>In what ways do EPs report that ethnic minority cultural factors impact upon their assessments for ASC?</td>
<td>Interview</td>
<td>EP’s perceptions regarding the general impact of EMC on ASC assessments</td>
<td>How would you describe your constructions of ethnicity and culture?</td>
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<tr>
<td></td>
<td></td>
<td>EP’s perceptions regarding any distinctiveness associated with ASC when working with EM families.</td>
<td>What, if any, differences do you feel there are in the presentation of ASC when evident in young children from ethnic minority cultures?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>EP’s personal experiences of assessing children of an EMC heritage for ASC</td>
<td>More broadly speaking, does your consideration of EMCF differ when assessing a child with possible ASC compared to other psychological assessments?</td>
</tr>
<tr>
<td></td>
<td>Interview and Gathering of data pertaining to LA pathway for ASC assessment</td>
<td></td>
<td>Could you identify the ways in which you have developed your knowledge regarding contextual factors (non-within child factors) in your assessments for ASC?</td>
</tr>
<tr>
<td>In what ways do EPs report that their work context influences their assessments of ethnic minority children with possible ASC?</td>
<td>Interview and Gathering of demographic statistics</td>
<td></td>
<td>In your service what are the facilitators and barriers to working with clients from an ethnic minority when assessing children for ASC?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Please recall a case when you assessed a child from an EMC for ASC. Were there any considerations of culture that were useful in your assessment? How satisfied were you with this assessment compared to your usual levels of satisfaction?</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>Are you aware of the EPS monitoring ethnicity data of students passing through its service?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Are you aware of the LA monitoring ethnicity data of students passing through its ASC pathway</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Do you feel that your practice has been influenced by the ethnic-cultural-background of the communities you work in?</td>
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<td></td>
<td>How is ASC assessed in the area you work?</td>
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<td></td>
<td>How have your experiences of ASC pathways influenced your thinking around effective ASC assessments?</td>
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Table 3.3: The relationship between research question, data gathering method, unit of analysis and interview questions.
3.5.4 Research Diary

The author used a research diary on a semi-regular basis (Altrichter & Holly, 2005). The purpose of this was to effectively identify and reflect upon the methodology, the findings and outcomes. As per the author’s position within social constructivism, the thoughts and reflections of the researcher were relevant as they were the lens through which the results were seen, interpreted and reported. Additionally, this gave the opportunity to note logistical issues that arose within the research. Typically the research diary contained a description of the event, reflections on methodological considerations and thoughts relevant to future planning. Though on occasions this was done in written form, for the most part, the research diary was made using a Dictaphone, where the researcher would record reflections, and considerations for future planning.

3.6 DATA ANALYSIS

Participant responses in the semi-structured interviews were fully transcribed, coded, and a thematic analysis conducted on each. Thematic analysis is widely used within psychology (Braun & Clarke, 2006) and provided an appropriate process for extracting salient concepts from the research.

3.6.1 Thematic Analysis of Interview Responses

A qualitative analytic method, thematic analysis is used for the identification, analysis and reporting or patterns within the collected data (Braun & Clarke, 2006). Braun and Clarke (2006) define a theme as representing a patterned response within the collected data. It need not appear in the text a minimum number of occasions, but it ought to capture something salient relating to the answering of an overall research question. Thematic analysis is not limited to a particular theoretical framework and is thus consistent with the researcher’s epistemological position of social constructivism.

It is necessary for the researcher to take an active role in the analysis of the data. The judgment of the researcher is an unavoidable component of the process and consequently the individual must prioritise flexibility and engagement with the data above the adherence to rigid rules. The researcher followed the six phase process (Braun & Clarke, 2006) as detailed below:

1) Familiarisation with collected data,
2) Transcription,
3) Coding,
The researcher was presented with a choice as to how they approached the thematic analysis. A deductive approach (theoretical thematic) stipulates that coding is carried out with consideration of analytical interests (Braun & Clarke, 2006). Though such an analysis provides a description of the amalgamated data that is less rich overall, it does offer a more detailed analysis of key parts of the dataset. An inductive analysis would require that codes and themes be identified in a bottom-up approach, where the identification of such is not driven by prior conceptions, hypothesis or theories. For the initial coding of the interviews, an inductive approach was adopted in order to convey as much of the participants’ experiences and perceptions as possible.

The outcome of this process was a thematic network for each interview. Each network showed sub-themes (the lowest order theme, composed of ideas from the text), basic themes (groups of sub-themes, typically more abstract and with greater meaning), and organising themes (used to surmise the main ideas that makes an assumption about the data) (Attride-Stirling, 2001).

The author opted to identify themes at an explicit (semantic) level rather than at an interpretative (latent) level (Boyatzis, 1998). The themes identified were at the surface meaning of the data. This had the advantage of minimising the voice of the researcher in the process, and allowing greater emphasis to be placed on the perceptions of the participant. However, it should be noted that part of the interview with participants, often involved the researcher, or the participant offering interpretive reflection on the process, and shared construction of knowledge. Consequently though the thematic analysis occurred at a semantic level, this was sometimes of ‘interpretative’ data – as part of the fine grained analysis undertaken by the researcher, some identified codes were of a latent nature.

Braun and Clarke (2006) identify three frequent mistakes that researchers can make when using thematic analysis.

1) The use of data collection questions as themes as opposed to the analysis of the dataset for themes.
2) The identification of themes that are overly broad, with insufficient internal consistency and coherence.

3) Insufficient link between the dataset and the analytic claims about it.

In order to safeguard this research from the identified pitfalls, the researcher undertook two main steps. In order to foster a strong link between the dataset and the claims regarding it, when reporting findings the researcher has embedded quotations to illustrate the point being made. Additionally engaging in code checking permitted the researcher to gather another perspective on the data; the accuracy of codes identified and the validity of the themes constructed. This helped ensure that themes identified were sufficiently distinct, and not mere reflections of the questions asked of participants.

A section of each participant’s transcript was presented to a trainee EP engaged in qualitative doctoral level research. From these three sections a total of 52 codes were identified by the fellow trainee, approximately 63% of the 83 codes identified by the author. Of the 52 codes identified by the trainee EP, 94% of these (49) were also identified by the researcher. Of the 49 shared codes, there was a high degree of inter-coder agreement, with both individuals affirming the same meaning to 47 of the 49 codes (96%).

One outcome of the code checking process was to highlight the fine-grained approach to coding that the researcher undertook. There were 31 additional codes identified by the researcher that were not identified by the code checker. This was a higher proportion than expected and warranted further examination. In some instances a larger number of researcher identified codes had arisen from a greater level of specificity, e.g. coding Asperger’s and ASC separately. In other instances, it appeared as though the researcher had identified extra codes owing to an additional latent interpretation of data, drawing inferences from the transcript. Upon discussion of the additional codes identified by the researcher, the fellow trainee EP stated that they felt the additional codes were valid, if pointing to a level of detail that was not strictly necessary. Although a higher degree of inter-coder agreement was desired, it was more important to the researcher that where codes were identified, similar interpretations were shared. Owing to the researcher’s relative expertise in the subject area and their commitment to a detailed analysis in their research it is not surprising that they identified a greater number of codes than the independent code checker. The inter-coder agreement remained above 55% and crucially, the face validity of the researcher’s coding was endorsed by their fellow trainee.
At the theme level the fellow trainee EP, did not replicate a grouping of codes, however was invited to offer feedback on the organisation of codes undertaken by the researcher. In all three cases the fellow trainee felt that the identified themes were representative of codes generated both by themselves and the researcher.

3.6.2 Content Analysis

Documents were analysed using qualitative content analysis (Mayring, 2004). This method of data analysis typically involves comparing, contrasting and categorising a dataset (Schwandt, 1997). It is argued to be the dominant approach to documentary analysis in qualitative research (Brylman, 2004) and allows the researcher to identify ‘statements of substance’ amid a systematic and objective description (Berelson, 1971).

Yin (2003) posits that the most important use of documents in case studies is to augment and corroborate evidence from other sources, in this instance, the interviews with EPs. Documentary analysis had a valuable part to play in triangulation as the information given in documents is less easily subject to possible distortion resulting from the interaction between researcher and participant (Corbetta, 2003). Content analysis is not free from such distortion but allows for the directly and clearly quantifiable aspects of text content to be identified. Brylman (2004) argues that qualitative content analysis is most likely the most common approach to documentary analysis in qualitative research. Both statistical data and the LA ASC referral pathway were analysed using qualitative content analysis.

There are generally considered to be three separate approaches to the consideration of collected data in content analysis; conventional, directed and summative (Hsieh & Shannon, 2005). Each is distinctive owing to the approach it takes to coding. Whereas conventional content analysis derives codes directly from the text data, directed content analysis involves the use of a pre-existing theory to guide the derivation of the initial codes, and summative content analysis involves the interpretation of context underlying the document, often by comparisons of keywords.

Selecting which of these approaches would be most suitable for this research was not a straightforward decision. However it was felt that the summative approach would allow the collected data to be interpreted in a directed manner, specifically with consideration of the role of the EP. The researcher was interested in how the documentary analysis would complement and
provide context to the data drawn from EP interviews, and so a purely inductive approach (conventional content analysis) would not have been sufficiently targeted. Conversely, prior to examination of the documents, it would be conclusively known all that might bear influence on the EP’s role—and thus directed content analysis appeared too narrow a framework.

3.6.3 Reliability

Evaluating the reliability of qualitative research is likely to be a fraught topic. Parker (1994) argues that few qualitative researchers would argue their work to be fully replicable. It may be the case that alternate research terms such as ‘applicability’ or ‘trustworthiness’ (Glaser & Straus, 1967) might be more appropriate. Nonetheless, irrespective of terminology used, the extent to which this research can be said to generalise to propositions is one that the author considers salient. According to Lewis and Ritchie (2003) there are five considerations which ought to be treated in an evaluation of reliability:

- Was the sample selection without bias?
- Was fieldwork carried out consistently?
- Was the analysis carried out systematically?
- Is there evidence for the interpretation?
- Was there opportunity for all perspectives?

This research was conducted with each of these considerations in mind. Details of the sample selection are provided, and the research was carried out consistently across each case. The analysis was systematic and detailed, and the evidence for the validity of interpretations is evident though the credibility checks undertaken. This also provided an opportunity for multiple perspectives.

In order for this research to be considered credible, Terre Blanche and Durrheim (1999) argue that its findings must be believable. One could claim that in qualitative research such as this, reliable/dependable results are guaranteed as the interviews are fully transcribed, datasets are recorded as they happen; however, during thematic analysis data are categorised and processed, and thus a procedure is need to ensure that accuracy is not compromised. As a process of inter-coder validation was performed on the collected data it is felt that the research was sufficiently safeguarded against this.
3.6.4 Validity

The extent to which research can be considered ‘correct’ is analogous to the idea of validity (Ritchie & Lewis, 2003). Throughout the research the author has asked themselves, and invited their supervisor to ask, ‘Are you investigating what you claim?’ (internal validity), and ‘Can your results be generalised to wider situations?’ (external validity). Though the researcher feels that they have provided an accurate and ‘correct’ picture of the data, validity can be considered with reference to triangulation, and reflexivity.

3.6.4.1 Triangulation:

Cross-checking information from different sources and through different methods (triangulation) helps to improve the clarity of the results emerging from this research. Within this research the author has used triangulation through multiple analysis and triangulation of sources, two of the four types of triangulation identified by Denzin (1978).

The utilisation of several sources of data regarding the same phenomenon, falls under the category of source triangulation. Within each case data from the interview were combined with information regarding the LA pathway for ASC assessment and demographic statistics. Furthermore the multiple embedded design case study design meant that triangulation could take place between the different cases.

Credibility checks were used to ensure the validity of the analysis and consequent conclusions. This process of inter-coder validation fell under the category of triangulation from multiple analysis, as the fellow trainee EP was invited to provide their own (albeit less detailed) analysis of the data.

3.6.4.2 Reflexivity

Consideration of reflexivity - the researcher’s awareness of their own involvement within the research - (Pezalla, Pettigrew & Miller-Day, 2012); was primarily guided by the author’s research diary. By tracking their observations and judgments throughout the research they were able to reflect on their interview technique, and consider subtle ways in which their own values and experiences interacted with, and shaped the, data collected during the research (personal reflexivity). Discussions with a trainee EP as part of credibility checks provided another opportunity to evaluate reflexivity (both personal and epistemological).
In addition to this the author was in contact with their university supervisors throughout the research. They were able to critically question interpretations and assumptions that might have been made in the course of research (epistemological reflexivity). It was through these processes that the researcher felt it prudent to engage the participants in a follow up interview.

Reflexivity was also evident in the construction of thematic maps from the initial coding of interview transcripts in data analysis. In the first instance of representing the findings of one case in a thematic map, four organising themes were produced. However, having taken a step back from the amalgamated data, it was felt that the organisation of basic themes into organising themes oversimplified the findings and was not a good reflection of the dataset. The themes were subsequently re-presented in a different format, as the researcher judged that some themes were sufficiently unrelated as to warrant their presentation by themselves, and not as part of a group with other themes.

3.7 DISSEMINATION OF FINDINGS:

The information and outcomes from this research were made available to the participants, who had the option of receiving a one page summary of the findings, members of staff at the university, who processed, and evaluated the thesis, and to the researcher’s placement colleagues. For the latter, a short presentation will be given at a team meeting. However there are other groups that may benefit from this research. The EPS in which the researcher works may choose to present part of the findings at a termly gathering of Special Education Needs Coordinators (SENCOs). The researcher is also presenting the findings to a forum of EPs in London who share an interest in race and culture.

It is likely that the thesis will be made electronically available through the university’s research network, and may be summarised and submitted for publication in an academic journal. A copy will be stored in the university library. Furthermore this research may be presented at an applied psychology conference, traditionally hosted by the university at which the trainee is based.

3.8 EVALUATION OF METHODOLOGY

Variations on this research methodology were considered as viable possibilities are grouped as they relate to the gathering of data and the analysis of data.
3.8.1 Data Gathering

A seriously considered alternative to this design was to conduct an online-survey of EPs. Theoretically this could have been completed by a high number of participants throughout the UK. This would have provided considerable breadth, though at the cost of exploring individual cases. However with regards to the research questions, the data collected might have been somewhat superficial, offering little insight into the ways in which considerations were made or the deliberations that EPs undergo in arriving at their practice choices. The main limitation of the adopted methodology is primarily with regards to the relatively small sample size and consequent difficulties in generalisability. In choosing to focus in depth on a selected few EPs, the researcher has chosen not to gather the views of many, which may have been useful in establishing a national picture of the considerations made by EPs.

3.8.2 Data Analysis

- An alternative to thematically analysing the interviews would have been to employ discourse analysis (Potter & Wetherell, 1987). In such an analysis the language used is not seen as representing the reality, but as constructing it – discourse analysis examines how people use language to construct perspectives and what they gain from this.

- Another variation would have been to have used member-checking. This would have involved presenting participants with the themes generated, and inviting them to offer their thoughts as to whether they felt the themes generated had good validity. It was decided not to do this out of consideration of the participants’ time.

- Interpretative Phenomenological Analysis (IPA) was considered as an alternative means for analysing the interview transcripts. IPA (Smith & Osborn, 2003) is a framework that allows researchers to explore in detail how research participants make sense of their personal and social world. IPA involves detailed examination of the lived experiences of participants and the exploration of these experiences by the researcher. An advantage of IPA is that it allows for the exploration of the subjective experiences of the participants. The researcher opted not to employ this method as it was felt that it may blur the focus of the research and offer a degree of researcher personalisation that would not have been helpful in this instance.

Though one criticism of the methodology could be the non-adoption of IPA, given that the researcher is focusing on depth, rather than breadth, it is felt that thematic analysis allowed the author to present the findings of research to a wider audience. Though the voice of the researcher will always be present, in choosing thematic analysis, the responses from interview can be presented
in a clear form, where the emphasis is on what was said, not the researcher’s interpretation of what was meant. Given the potentially controversial nature of the research, and its exploratory nature, it was felt that thematic analysis would be the best-fit.

3.9 ETHICS

The author does not consider that this research presented contentious issues, and throughout the research, the ethical principles identified by the BPS’s Code of Human Research Ethics (2009) were adhered to. It is important that as trainee EP the researcher recognises that they are personally responsible for the decisions they take (HPC, 2009), and ethical issues were considered thoroughly prior to commencing research. The research was conducted wholly within the UK, the researcher was not in a position to coerce potential participants. Participants were not drawn from any vulnerable group, and research was conducted in a public space.

This research was formally classified as ‘low risk’ using the framework provided from the researcher’s university. Ethical approval was granted on the 15th August 2013. The decision to conduct a follow up interview with each participant necessitated a modification to research plan that was approved; and ethical approval for this this change was granted on 13th December 2013.

Prior to beginning of each interview, the author explained their role, along with the purpose and nature of the research. This was in accordance with the British Psychological Service (BPS) Ethical Framework (2006); the researcher was honest and accurate in their representations. Each participant was informed that they could withdraw their consent to participate at any point. Table 3.4 shows key elements of the BPS Code of Human Research Ethics and the steps taken in this research to adhere to the principles stated.
Table 3.4: shows key elements of the BPS Code of Human Ethics (BPS, 2009).

The most contentious aspect of the research from an ethical perspective was the covering of culture and ethnicity. This is a sensitive topic area, which many consider subjective, and with the potential for controversy. The author felt that EPs might be reluctant to speak on such a matter or to share their views, as it could be easy for them to be misinterpreted and taken out of context. There was
also a risk that participants might feel as though their personal professional competence was being threatened; and that they were in danger of potential psychological harm. There was a possibility that participation in the research leads to the EP questioning their competence and cultural fairness. Participation requests of them that they examine their constructs regarding culture, their theoretical beliefs regarding good practice, and their competence of what they actually do. It is plausible that such reflection could lead to dissonance and cause them to ask uncomfortable questions of themselves. The author felt that the ethnically safest thing to do would be to pre-release the interview questions to the potential participants in order that they were fully aware of how the interview would transpire.

One of the advantages of working with EPs was that the participants were all familiar with research principles, and had themselves conducted research as part of their training. The researcher observed that this participant group had little difficulty in understanding the nature of the research, and issues of consent, anonymity and confidentiality. Each participant was provided with an information sheet and consent form prior to agreeing to participate, and a minimum of two weeks provided for them to consider whether they would choose to take part. Additionally, each would be participant was provided with a list of the interview questions at this stage. Copies of these can be found in Appendix A.

Though the pre-release of interview questions offers secure safeguards in this respect, it could be argued that in approaching some participants directly, the researcher made it harder for participants to decline the invitation. It is conceivable that an EP might have felt obliged to participate lest declining be seen as a lack of competence. It is argued however, that as psychologists, experienced psychologists, they would be confident in declining requests where they felt appropriate. The need for EPs to be reflective practitioners who self-examine to ensure that they practise within their bounds of competence, instilled confidence in the researcher, that in the recruitment of participants, each individual was fully free to decline to participate should they have had concerns regarding their practice or constructions in this field.

Prior to commencing the interview, the researcher would remind the participant of the nature and purpose of research, what they could expect and next steps. Participants were kept fully informed throughout the research process.
3.10 TIMETABLE AND BUDGET

The timeline and budget in Appendix D details the time and material resource demands of the project which were deemed to be feasible to the researcher.

3.11 OPERATIONAL RISK ANALYSIS

Operational risks were identified and a contingency plan identified for each. Details regarding these can be found in Appendix E.
Section 4: Findings

This section presents the findings of the research. Each case is considered individually, with an analysis of demographic data, the LA pathway for ASC assessments and the themes emerging from interviews. In addition, each participant’s reflections regarding a specific case are considered. Following the reporting of findings from each case, a cross case synthesis is shown, exploring the areas of commonality and difference between the cases. All place and person names have been anonymised.

4.1 CASE 1: ‘WILLIAM’

In this section the findings from case 1 are outlined. ‘William’ is an experienced EP, who has worked for the last five years in ‘Pearton’ LA. Prior to this he worked as an EP in a nearby city for ten years. William entered the EP profession through the one year master’s qualification, having previously served as a teacher. William has developed an expertise in this ASC, which has formed the focus of his post-training Continuing Professional Development (CPD). Throughout the interview William appeared open-minded and reflective. He was conscious of some of the disadvantages encountered by families of EMC groups, and of the potential capacity of the EP to address this. His style of communication (which was rarely assertive but typically reflective) encouraged the perception that he was an EP who was continuing to self-evaluate his own practice in this area and open to ways in which he might best serve the communities in which he worked.

An overview of the documentary analysis of Pearton’s demographic statistics is provided along with the documentary analysis of the ASC Pathway of the LA. A brief description of William’s involvement with a particular case is provided, which is also referenced with consideration of the research questions. The themes emerging from the analysis of the interview are briefly considered, and they form the framework from which the research questions are addressed.

4.1.2 Demographic Data: Pearton Local Authority

The analysis indicated that Pearton has a higher proportion of residents identifying themselves as Asian, or Asian British, compared to the national average. According to the 2011 census, from which this data was drawn, across the UK individuals who classified themselves as Asian or Asian British comprised 5.3% of the population. In contrast, in Pearton, over 10% of residents did so. Table 4.1 shows a breakdown of the ethnic groups, as recorded by the LA, in Pearton. For purposes of anonymity, Pearton statistics have been rounded to the nearest percentage.
<table>
<thead>
<tr>
<th>Ethnic grouping</th>
<th>Pearton (%)</th>
<th>UK National Average (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian, or Caucasian British</td>
<td>86</td>
<td>89.8</td>
</tr>
<tr>
<td>Asian / Asian British</td>
<td>10</td>
<td>5.3</td>
</tr>
<tr>
<td>Black / Black British</td>
<td>2</td>
<td>2.5</td>
</tr>
<tr>
<td>Chinese or Other</td>
<td>1</td>
<td>1.7</td>
</tr>
<tr>
<td>Mixed</td>
<td>1</td>
<td>0.8</td>
</tr>
</tbody>
</table>

Table 4.1: The breakdown of ethnic groups of Pearton residents.

Although residents identifying themselves as Caucasian remain the overwhelming majority in Pearton, as in the rest of the UK, the proportion of Caucasian residents is slightly smaller in Pearton, a difference of approximately 4 percentage points.

Additional data made available by Pearton LA indicate that these percentages are not uniformly consistent throughout the authority. William identified four wards in which the majority of his work was conducted, which have been labelled W1, W2, W3 and W4.

W1: Over 55% of this ward's residents belong to Black and minority ethnic (BME) groups. This is notably higher than the rest of Pearton (14%), and the national average (9.1%). No other ward has a higher proportion of residents belonging to a non-Caucasian ethnicity. Almost half of the residents classify themselves as being of Bangladeshi heritage (49%), whereas those identifying themselves as Pakistani comprise 2% of the ward’s residence. This ward also has a relatively young population. Children aged under 16 years making up nearly one third (31%) of the population, and it was this ward in which William described multiple schools as being “100% Bangladeshi”.

W2: People belonging to BME groups make up 7% of the population in this ward. This is almost half of the Pearton average and lower than the national average. Residents of Pakistani and Bangladeshi heritage people make up 3% and 0.5% of the population respectively.

W3: People belonging to BME groups (non-Caucasian) make up 3.6% of the population. Pakistani heritage people make up 0.9% and Bangladeshi heritage people make up 0.5% of the total population of this ward.
W4: Regarding this ward (3%) of residents belonged to BME groups. This is notably less than the proportion within both Pearton (14%), and the rest of the UK (9.1%).

Though data relating to specific percentages of residents from Pakistani and Bangladeshi backgrounds was not supplied, the reference to these two specific ethnicities throughout many of the ward descriptors leads the researcher to believe that they are the most prominent minorities throughout the authority.

4.1.3 LA pathway for Assessment of ASC

There were no online descriptions of the pathway for the assessment of ASC in Pearton. Consequently the LA was contacted to enquire as to any written description of the pathway existed and could be shared. Although there was no written copy of the pathway that could be shared, the pathway was explained over the course of a phone call, from which field notes were taken. The following is a summation of such notes.

From the perspective of the council there is a single point of entry for the assessment of ASC, a panel that meets approximately twice a month. For school age children;

- Cases that are deemed as 'simple' are referred onto the community paediatrician who conducts the assessment. This assessment will include an ADOS, an instrument used to identify ASC that consists of a structured and semi-structured tasks involving social interaction between the practitioner and the child.
- Cases deemed complex are referred to Child and Adolescent Mental Health Services (CAMHS), where they are seen by two professionals, one of whom will conduct an ADOS. The team involved in the assessment was comprised of three clinical psychologists, speech and language therapists, a social worker and two psychiatrists.

When ASC is hypothesised in children of preschool age, they are referred to a child development service for assessment. This service does not include EPs, and so for both school age, and pre-school children, the formal assessment process for ASC need not involve any EP. William’s input into the diagnosis for ASC may take the form writing referrals for children or his reports being submitted to practitioners on the ASC panel. Though it is not known how much weight is attached to William’s input by practitioners directly assessing the child, the apparent lack of consideration of the EP’s
views, especially when they have worked with a child, is surprising and a potential obstacle to accurate assessment.

4.1.5 Data from Interview

4.1.5.1 Consideration of a Particular Case

By asking William to recall a specific case, the researcher was able to draw out richer data from the interview. William’s responses reflected both broader constructs, and summations of practice but also were grounded in the reality of a particular student. The analysis of his responses in this regard suggests that adjustments in response to, or considerations of, EMCF may not be explicit or conscious in his practice.

William identified a student of Bangladeshi heritage who was just beginning year 2. For this student he felt that there would be benefits to a label of ASC, and he expected the student to be diagnosed as with ASC. Although initially William stated that “I wouldn’t say I’ve drawn particularly upon cultural knowledge or done anything differently,” upon further reflection the possibility of adjustments were identified both with regards to consultation with parents and his direct work with the student: “when I’ve liaised with the parents I think I have [drawn on cultural knowledge]...I suppose I used my experience of working with other families from that community, and how they often construe special needs and autism...to try explain that there are differences in the child’s development”. His responses here suggest that although there may be instances where he believes himself to have drawn on cultural knowledge, these were clearly evidenced with this particular student.

Even though William stated that he would “like to think [he doesn’t] interpret the behaviour differently” he conceded that he could not rule out the possibility that his understanding of the child’s behaviour was in some way influenced by his understanding of their culture; “I’m just wondering if at some level, probably subconscious, that’s the case. Because I have a perception of the culture, and I just wonder if at some subliminal level that is influencing my interpretation”. He gave an example of how his perception of different attitudes to play held by some ethnic minority groups might influence the hypothesis he generates around a child’s behaviour.

William indicated that he believed there to be no difference in the assessment outcome for this student on account of their ethnicity and that his levels of satisfaction “would be comparable to
usual levels...my role in that case wasn’t as great as it might have been in a different setting, on balance, I was as satisfied as normal”. Given that William appeared relatively self-reflective of his practice in this area, his reported satisfaction was slightly surprising. It may be that in the process of a research interview he is able to critically examine his practice, however in the everyday work he engages in, such deliberations are not commonplace.

4.1.5.2 Thematic Analysis of Interview

This analysis sought to identify themes emerging from the two interviews with William. The interview transcript underwent a very fine grained analysis, with the production of 253 codes. These were grouped into 41 themes, - in turn grouped into seven organising themes. Figure 4.1 was produced as the final result of the thematic analysis of this data, and details of the thematic analysis process can be found in Appendix F. Appendix G shows how the organising themes displayed above link to their composite basic themes.

![Thematic representation of William’s consideration of EMCF in his assessments for ASC.](image)
The remainder of the case findings addresses the research questions directly, using identified themes as a framework to consider William’s interview responses. Basic themes are highlighted in the text using emboldened text.

4.1.6 Research Question 1: In what ways do EPs report that ethnic minority cultural factors impact upon their assessments for ASC?

The analysis of research question 1 is structured with reference to four organising themes identified through the thematic analysis; Shared understanding, EP adjustments, Schools, Culturally Specific Factors. Links to basic themes are indicated by emboldened text.

4.1.6.1 EP Adjustments,

“I suppose, do I adjust?...I suppose [I do] in terms of any work with parents and practical considerations and knowledge of culture..., in terms of casework which is more direct with [a] child such as observation, I don’t know”

The above quote encapsulates much of William’s position with regards to the adjustments he might make, and the style of communication that he evidenced throughout the interview. There is the avoidance of absolute claims lest he be mistaken (“I suppose...I don’t know”), and the self-questioning (“do I adjust?”) that he underwent prior to his responses. He concluded that adjustments are made with regards to his work with parents, but was hesitant to make the statement regarding direct work with the child.

In terms of the presenting behaviours that children with ASC might show; William felt that no adjustments were automatically necessary. “I think if you watch videos of children from different cultures then you’d see the same behaviour”; the view expressed appears to be that the symptomology of ASC children will transcend culture and ethnicity (at least in its presentation in the UK context). However, William was uncertain as to whether this was the correct course of action, “in terms of casework which is more direct with child such as observation, I don’t know that’s an interesting question do I should I, is it necessary I don’t know ”.

However, William also said that he would consider “possible cultural explanations for [presenting behaviours]” such as a language delay or lack of toilet training. Doing so could appear to reflect a
perception that some EPs (potentially including himself) might be inclined to err on the side of false positives, and misappropriate behaviour as having an ASC basis when in fact contextual factors may be underlying it. Other references to the assessment pathway in his current and previous LA lend support to the notion that this is his perception. The quoted statement also shows how William will consider cultural explanations for some presenting behaviours in order to ensure that behaviours indicative of ASC have their roots in this condition, and not from contextual influences.

The author considers it is fair to say that William considers this as part of ‘integrating the context’ as opposed to a specific adjustment made in response to ethnicity. He also spoke of “interrogating the context” to ensure that the correct meaning was drawn from the interpretation of behaviours. His choice of example “with this community children don’t have toys at home, they are not encouraged to be so, it’s, difficult to necessarily know what to do with a doll if you’ve never seen one”, illustrates how his knowledge of the community he is working in influences the way he interprets behaviour. Though the interrogation and subsequent integration of context may not both be necessary (irrespective of ethnicity), knowledge of EMCF influencing child development has appeared to have affected his interpretation of behaviour. When assessing children from an EMC, such integration may be of paramount importance to ensure that behaviours are accurately categorised and understood.

Later in the interview, with reference to a specific case, William went on to say; "I wouldn’t say I’ve drawn particularly upon cultural knowledge or done anything differently". The author suspects however, that having worked in a multi-ethnic community for many years it may be hard to separate what is, and is not, cultural knowledge. Additionally, he also said “I think it’s been me asking questions and trying to get a view of the dominant attitudes, values and cultures.”

William stated that the adjustments he made to his practice were both subtle and practical. One such practical adjustment was the need to arrange an interpreter. He went on to say that he prefers to do this himself, as opposed to using a member of the school staff, lest the family felt embarrassed by having to discuss personal issues with someone who may be from their community. Such an issue has greater bearing than mere professional courtesy, it could present a threat to the validity of data that William collects. If the parents he is consulting with are embarrassed about sharing particular aspects of their home life or child’s development with school staff, then by using school staff as interpreters, William jeopardises his collection of information, which may in turn lead to inaccurate assessments. Other practical adjustments included those relating to religion “if its
Ramadan you don’t meet them at the end of the day” - and those relating to gender, (parents (presumably mums) potentially being uneasy about speaking with a male on the phone).

William made reference to the value of flexibility; “most of us are quite flexible, and I think that’s a facilitator”. In this instance, flexibility appeared to come naturally to the EPs referenced, but his response suggests that even if it did not, it would be an adjustment that would facilitate the EP’s assessment; "so you kind of have to fit round, you can’t just say I’m going to be in school at 3". William went on to mention the need for EPs to be “much more creative” than one would usually be.

There was an acknowledged extent to which the adjustments William desired to make presented an increased burden on his workload; "I’ve gone into school just to speak with a parent to arrange to speak next week". Additionally, he acknowledged that sometimes cultural differences might cumulate in slightly different actions when working with families from the cultural/linguistic majority: "I just want to check something with the parents and over the summer and I knew those parents, I can just call and ‘oh has he seen Physio[therapy] or has he just been referred’ and that’s done and dusted, but that sort of interaction becomes quite um, it becomes quite protracted, because I think well, I’ve got to get an interpreter, um the interpreter might be male, might answer phone not want to speak to them, would it be better to wait till school goes back, probably would, what are the consequences of that,...I’ll deal with that later, I think there are constraints that arise from that dynamic”.

However it also appeared that William was happy to make adjustments. Speaking of how he saw the Bangladeshi community as disadvantaged in the sense of resources, he said “I suppose, subtly maybe I am, I don’t know, trying a bit harder with my [EMC] casework, I don’t know.” This is not to say that William necessarily tries less hard when working with students from the ethnic majority, but rather reflects an ongoing process of review. Part of good EP assessment requires a degree of observing, reflecting and adjusting. William’s response here indicates that he is noticing a barrier to educational equality, and reflecting on his practice, is aware of the possibility that he may be adjusting aspects of his work in order to address the perceived imbalance.

An extra effort was reported to be necessary within a parental consultation with some EMC families. William reported that it was harder to judge parents’ reactions in particular minority groups owing to “literally no non-verbal” communication. Difficulty in gauging reactions meant that it was hard for William to know when he might be upsetting parents or telling them things they already know, both
presenting an obvious barrier to William's gathering of knowledge that would aid him in assessing the child.

4.1.6.2 Shared Understanding

The development of a shared understanding appeared to be of high importance to William. When working with families from an ethnic/cultural minority, it was harder for William to develop this. Things that might have been 'taken as read' could not be. Part of this related to William's perceived difficulties in judging how his words were being received “it's difficult to gauge feedback, it's difficult to gauge how that's received”. This could also be hindered by perceived differences in attitudes, beliefs, and constructions, "cultural differences in terms of attitudes/ beliefs etc. in the way families interpret autism".

For William, the construction of a joint understanding was a necessary precursor to other aspects of the consultation, "and there's time and effort goes into that [constructing a joint understanding] before we can really start to talk about going into anything else". Consequently, the lack of a shared understanding in many EMCF families impacted upon his consultation by requiring time and effort, either lengthening the duration of consultation, or reducing the time available to discuss more pertinent aspects of the case. One way in which William attempted to minimise the difficulties in creating a shared understanding was by making reference to other children, “I find using another child as an example and to how that child is different and how they are not necessarily picking up on facial expressions when you’re annoyed with them.”

One might question the extent to which a shared understanding of behaviour is necessary for the accurate diagnosis of ASC. If one were to adopt a medical model, it would seem highly unusual for the clinician to identify for example Huntingdon's disease, through the developing of a shared understanding of the evidence before them. One would expect the doctor to make an objective judgment based on their interpretation of genetic tests. Whether a family member interprets the findings differently is neither here nor there to the clinician, what is important, and of crucial importance to the accurate diagnosis of the condition, is the clinician's interpretation of the data. However William elaborated; “I don’t think a shared understanding is needed to simply get information, because they would simply be talking as they see their child. A shared understanding in terms of interpreting what some of those behaviours might mean.”
And therein appears to lie the key. For this participant, a shared understanding was necessary because without it, the meaning of the behaviours they were observing might not be ascertained. In William’s opinion, the mere observation of behaviour is not sufficient in a diagnostic assessment, what is crucial is understanding the meaning of such behaviours, which can only be achieved with the assistance of another. Consider William’s statement on the importance of understanding ASC; “You can’t see someone has autism other than from the way they behave and you have to understand what autism is to see that”. So for this EP, a parental understanding of ASC directly bore onto the way in which they would describe potentially ASC-type behaviours. By means of example, a parent with no concept of ASC might neglect to inform an EP that the behaviour being observed is not best understood as ‘repetitive’ but simply ‘what they have been learning at Mosque’ or that an apparent sensory sensitivity might simply be symptomatic of a trapped nerve that the child has.

4.1.6.3 Influence through Schools

EMCF affects the EP’s assessments of children through the medium of schools. The extent to which a school is culturally knowledgeable about the students it serves can impact upon the EP. William reported that he drew his knowledge of culture from schools; “do I adjust...knowledge of culture which often as much comes from school”, and that his knowledge of EMC influenced him.

For William the presence, or absence, of staff in school who speak the community's mother tongue no longer impacts upon his assessment. He states, “I’ve learnt over the years, most schools have staff that speak the mother tongue from the local community, usually TAs and they will have staff that can interpret, can translate. But I’ve decided to avoid that now and use my own interpreters. Because some families are quite embarrassed and ashamed and see it as a reflection on them, and if the TA lives next door to them that sort of thing, also I’m not, because they are not professional translators, I’m not sure.”

William pointed towards adjustments that schools can make when working with minority parents, “so what typically happens is that schools will support them to go to appointments. I say support, parents may not feel supported, but um...insist, send someone with them”. Such actions may be considered necessary irrespective of ethnicity, but the extent to which the school is assertive when working with parents, will have an influence on the information available to the EP, the extent to which the parents are aware of ASC, and how they relate to professionals. All of these can influence and affect the EP's assessment; “but I do have schools now that are White British primarily, and the
difference is that, I suppose it’s the flip side to what I’ve explained that parents will generally access services more readily”.

EMCF will also influence the EP as they relate to the school. Consider the description of school attitudes by William, “I think in the schools I work in I think they work quite hard to engage parents but get quite frustrated, and a bit despondent, they’ll...just get a bit fed up...and they’ll be querying safeguarding issues,...I’ve noticed some of the attitudes towards parents become more negative”. The consequence of this is that William is unable to direct the consultation as he wishes, the limited time he has with school to gather information to inform his judgement and triangulate with observations cannot be exclusively devoted to said processes. Instead William may have to spend part of the consultation troubleshooting supposed safeguarding perspectives. Though this doubtless occurs with children of all ethnicities, William’s hypothesis is that he is less likely to encounter this with schools when he is working with children from the ethnic majority.

William also referred to the capacity for schools to become irritated by the perceived non-engagement of families, “so often schools I work with are quite frustrated by that, because they see what they perceived to be something that they think something that can help the child, like a diagnosis or assessment, but the families aren’t engaging”, thereby presenting William with another facet to his role in such instances. As with the previous instance this presents a threat to accurate identification with minority groups, it could be argued that William’s consultations are disproportionately compromised as he is having to address tangential issues that he might not with students belonging to the ethnic majority.

The attitudes of school towards minority families and children are important to William (“you’d see the same behaviours but the way people interpret that will be different”). This participant saw part of his role as ‘trying to minimise any cultural misunderstandings / bias’ “encouraging the school to think...home background might be part of that but actually triad of impairments might explain that”. Evidently there are occasions in William’s practice when he interprets his role as encouraging schools not to jump to a cultural explanation of behaviour. However, it is also the case that the gathering of ‘appropriate complementary information’ was another aspect of William’s role that was important when working with EMC families, lest cultural factors be misinterpreted as within-child factors by the institution’s staff. In such instances William “might refer to culture then in helping them think about their assumptions”.

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4.1.6.4 Culturally Specific Factors

Over the course of the interview William made reference to a number of EMCFs impacting upon EP assessments for ASC relating to specific cultural characteristics.

William perceived that the Bangladeshi community in his LA was more insular than other ethnic communities. He went on to say that ‘the influence of western culture, is constantly limited’, and compared to other groups, the process of enculturation is smaller. William also noticed differences between the ethnic majority and some minorities in Pearton in how gender was thought of; “you know sometimes they ask me will he get better, will he be alright. For the few girls that I have had, I’m not sure I’ve had that question”.

An understanding (or lack of) ASC and its manifestation can influence the interpretation of a child’s behaviour. This point was made earlier by William with regards to the understanding of ASC influencing the observation of its manifestation. However here William specifically mentions that behaviour is misinterpreted owing to a lack of understanding. “So I think in the [EMC] community a lot of the behaviour is misinterpreted, because even with the label, because I don’t think there’s that understanding [of ASC]”.

One specific area in which William noted different attitudes related to the conception of ASC/SEN as part of the identity of a child, “I’ve never come across an Asian parent who’s said that ‘my child’s autistic’ or we do this, or we have to be careful of this, whereas with many White British families I have”. By the same token this might offer a degree of explanation as to why Caucasian -British parents appear more proactive in pursuing assessment and support. “Identify or they would construct it as a disability or problem, like a child with asthma or they need a physio[therapist], they’d see it as a problem which in some situation needs adjustments made whereas I’ve never I’ve never come across that really in Asian communities”. Additionally, William suspected that they don’t “understand that they could do things that could make a difference”.

The notion of passivity within the Bangladeshi and Pakistani communities appeared highly salient for William, and came up in numerous forms: “passive to the point where they’ve be deferring to the professionals in the school... the idea that the family can do anything isn’t really there, and that extends to things like, not just sort of playing with child, reading with your child. But things like, as in the case with ASC, pursuing say an appointment for speech therapist or an appointment with CAMHS”. As the preceding quote indicates, William conceptualises this as a trait that transcends
different domains, exerting influence in a number of different ways on the child and their assessment for ASC. He also observed a difference in the way parents related to him as an EP, “they’re looking at me as a sort of professional with a certain amount of wisdom”. This in itself does not present a threat to the validity of his assessment, but rather, if true, an obstacle that the EP must navigate in their relationships with all parents; and a family’s ethnic culture may influence how they relate to the EP. William was conscious that the Bangladeshi community was disadvantaged in terms of their resources to access services, including physical mobility (as well as their confidence to do so). This would have an unquantifiable influence on the extent to which they appear passive in the area of SEN.

With regards to passivity, “the only proactive thing” described by William was seeking a second opinion, namely “going back to Bangladesh to see a doctor there”. With hindsight the researcher imagines that William, who appeared as a thoughtful, open minded reflective EP, would not have chosen to communicate ‘only’ in a literal sense, but that this choice of word was a hyperbole used to draw emphasis to on one hand, the extreme passivity that he feels he observes, and simultaneously the capacity for parents to be proactive in their own way, when they feel it is beneficial for the child. This statement also hints at a lack of trust from this community in the diagnostic system of the UK. Though such a state of affairs need not directly affect the EP’s assessment, it may influence the extent to which families actively engage with the EP, or other members of an assessment team – thereby impinging upon an assessment.

Another EMCF that was hypothesised to relate to the perceived passivity, was that of religion. “I think there is the idea that, in some Muslim households, it’s Allah’s way. If they have a certain child, then they just have to deal with it. I remember I have had, a headteacher offering to help with things like DLA [Disability Living Allowance] applications and they’re not really interested, or they are living in really cramped conditions, people are saying you could probably quite easily be living somewhere more appropriate, but its, quite often it’s just very passive”.

4.1.7 Research Question 2: In what ways do EPs report that their work context influences their assessments of ethnic minority children with possible ASC?

The analysis of the data gathered as part of William’s case study is structured around four of the organising themes identified through the thematic analysis of the interviews; EPS Management, EPs’ Learning, Culturally Specific Factors and the General process of ASC Assessment.
4.1.7.1 Educational Psychology Service Management

The way in which EPs are managed by the LA will impact upon the way in which they assess for ASC, the way in which they interact with families of a minority background, and assessing children in EMC families more generally.

William identified two facilitators in the assessment of children from EMC families that related to the EPS management within Pearton. One “facilitator is that the legacy of a lot of work that we have done ... we’ve some experience, some social capital would you call that”. This would be an example of William’s assessment profiting from the actions of his colleagues in the wider work context (“not just been us but other services”) – facilitating his relationships with parents, school, and other professionals.

The other identified facilitator was that the “management style of our Educational Psychology Service is very sort of light touch so we are given lots of autonomy about when to take work, and how to proceed with that work, what assessments and what angle to take”. This was described as a facilitator, thereby implying that the Pearton EPs would not be best served by inflexible instructions on how to conduct assessments, but that children profited from the trust placed in their EP’s professional judgment and responsibility for providing a valid assessment.

However, the service was also described as having no supervision, and William said “I don’t think there is anyone challenging me”. He stated that one consequence of EPs working quite autonomously is that there is the possibility that one can ‘miss something’, for instance when the EP has a piece of work where there is a cultural context that the EP is unfamiliar with. This would be an example of how the management of the EPS can impact upon EP learning.

The non-collection of demographic data by Pearton EPS was a concern for William “I have raised this, but we don’t collect any demographic data for people passing through the service, and I’ve raised that as an issue, not just about ethnicity”. It is not difficult to see things from William’s perspective. Documentary analysis of Pearton’s demographic statistics point towards a LA that is geographically fragmented with regards to its distribution of Pakistani and Bangladeshi families. This is especially apparent to William who works in schools that can appear almost exclusively Bangladeshi, despite no individual ward having more than 50% of residents belonging to this ethnic group. He also perceives this ethnic group to be disadvantaged with regards to the extent to which they access services, and questions whether services can even be thought of as ‘good’ if they go un-
accessed by ethnic minority groups. Consequently it would be of great interest to William if he knew how the proportion of individuals seen by the EPS reflects the proportion of ethnicities represented in Pearton. That being said, William had not pursued such data for the ASC pathway – though he was confident it would be collected. It may be that as Pearton EPs are not formally involved in the assessment process as of yet, he feels such data does not bear as strongly onto his work.

On one hand William’s actions have revealed that he considers the monitoring of ethnicity data to be important in the provision of a good EP service; and simultaneously he had not pursued such data for the assessments of ASC. This may reflect issues around locus of control. It may also be that William considers that such a comparison (Pearton averages vs EPS/ASC pathway averages) ought to be highly important, but for consideration by someone else, (perhaps an individual higher in the LA apparatus) and not by an individual EP such as himself.

### 4.1.7.2 EPs’ Developing Knowledge

As the analysis acknowledges, the way in which an EP develops their knowledge around ASC assessment with EMC groups is not exclusively influenced by the location in which they work. However, the work context can both support and constrain the EP’s development of knowledge, and thus the way in which they go about assessments. EPs’ learning is here considered with regards to casework, training, research and learning occurring through the EPS.

#### 4.1.7.2.1 Learning through Casework

Arguably the biggest influence that William identified on his practice was the day to day activity of the job; “again it’s the on the job activities where you develop knowledge and learning in the area...its mainly been on the job as it were with a few more structured CPD experiences”. William feels that the best way to develop knowledge around how best to assess children from an EMC background is to assess children for ASC, and to assess children from EMC families. The extent to which he, or any EP, is able to do this is heavily influenced by his work context, the model of service delivery, and the way the EPS is set up.

William’s exposure to different constructs around SEN he has experienced through working with Bangladeshi and Pakistani families has influenced him in “being more aware of how [he] can be sensitive to assumptions from different background” as “compared to say a White British family, and there is less likely to be acceptance of it at any level”. He stated “I suppose I used my experience of working with other families from that community...and how they often construe special needs and
autism or don’t construe it”. The nature of this learning might be considered osmotic, or subtle, “as I now think about this one, I think possibly, yeah I’m just wondering if at some level, probably subconscious, that’s the case. Because I have a perception of the culture, and I just wonder if at some subliminal level that is influencing my interpretation I don’t know, um”.

William also found it helpful to directly ask families about the possible influence of contextual factors, “it’s been me asking questions of...sometimes families that I’ve worked with from different ethnic backgrounds”, discussing issues of culture “directly with parents if I thought it appropriate.” In both instances however William appeared keen to qualify this, and emphasise that this was not a default course of action, but rather something he might choose to do, if he felt it appropriate. William was aware that he used schools to develop his knowledge of cultural factors. Just as he might do with parents, he was not averse to asking questions (“in relation to ethnicity, I think it’s been me asking questions of schools”) and he acknowledged that interaction and exposure were powerful learning tools for schools too “teachers, SENCOs, TAs ...for example all their students are Bangladeshi”.

4.7.2.2 Learning through Training

Whilst William noted that the process of delivering training (in his case Early Bird plus) allowed for the “‘consolidation of one’s own learning”, his engagement as a trainee has also been formative for him. William reported that CPD experiences “have been instrumental”, and that he is engaged with an ASC event on an annual basis, “whether it be short seminar or something a bit more extensive”. All of the CPD experiences mentioned by William related to ASC rather than those related to cultural issues. When asked how he had arrived at his views regarding the impact of EMCF’s he made reference to a CPD event around transition. Evidently CPD can still be influential and formative (in terms of ECMF) when not directly addressing such issues “that touched on a lot of contextual factors”. Despite William’s enthusiasm in pursuing CPD opportunities relating to ASC he reported that he (along with all of his colleagues) had not received ADOS training, despite the service owning an ADOS; “because none of us are officially ADOS trained. When we bought the ADOS we realised we didn’t need to have ADOS training but we’re trying to access training but that’s gone off the radar...”.

William’s initial professional training came up on two separate occasions. In the first instance, he referenced it to explain how his viewpoint had been influenced by his initial training (“the way I was trained and currently practise involves being a bit more holistic”) – however when directly asked in
the follow up interview he stated “My initial professional training definitely wasn’t influential, I don’t remember there being much about ASC”. The researcher’s harmonisation of these two statements leads them to conclude that though there may not have been much development in his initial training around ASC, nonetheless, it appears to have been influential in terms of general EP practice, which subsumes both ASC assessments and working with children from minority families.

4.7.2.3 Learning through Research

William mentioned that his “assessment of the NIHCE guidelines” had been formative in terms of the practice decisions that he makes relating to ASC assessments and evidence of how his own research had developed his understanding. However, there were a couple of instances in our interviews where it appeared as though participation in research was causing William to reflect upon and examine his own position:

- “I don’t know that’s an interesting question do I should I, is it necessary I don’t know, umm”.
- “I don’t know actually and your question has prompted myself as to why I don’t know – that’s something I can find out quite easily”.
- “It’s informed then certainly, whether that enhances or constrains it, I don’t know. “That’s a very good supervision question isn’t it really!”

4.7.2.4 Learning through the EPS

With regards to the beliefs, attitudes and aspirations of EMC families that William would work with, he perceived his EP colleagues as a source of knowledge. On one hand there was reported to be a “degree of understanding of across the service” which extended to “what works”, and he relayed it being interesting “hearing about the aspirations of families and the attitudes of schools towards autism, and how that can vary”. One way in which the work context of the EP can influence their development of knowledge is in the extent to which they have the capacity to pursue such learning opportunities. In reference to William’s decision not to speak to a colleague, he referenced time constraints, “I can talk to her but time doesn’t allow, do you know what I mean, in the thick of things”. Another constraint William referred to was the lack of supervision within Pearton EPS. For William, supervision appears to offer a space for the development of one’s own knowledge (“that’s a very good supervision question isn’t it really”) and the sharing of knowledge within the service (“it’s probably down to the supervision model because that could address different knowledge bases that EP’s could have”).
4.1.7.3 General process of ASC Assessment

There appeared to be slight **discrepancies** between the descriptions of the Pearton’s ASC pathway as offered by a member of the council and as experienced by William.

One of the ways in which the described processes appear to differ is in the conceptualisation of ‘simple vs complex cases’ as described by the LA representative. The pathway described by William suggested the potential for differential avenues, but this appeared to be based on age, rather than complexity of case. It may be that William was unaware of the distinction made by the LA, or that he felt it not meaningful (perhaps in practice, most cases were deemed complex and involved “a bit more multiagency” input).

Additionally, William felt that ‘insider knowledge’ could **influence** whether children are accepted to be seen by CAMHS. It is of no surprise that this was not communicated in the description of the pathway by the LA representative, however is still worth noting as the anecdote illustrates a potential shortcoming of the assessment pathway – and how an EP might adjust their practice in order to facilitate what they consider to be the best outcome for their client (irrespective of ethnicity); “I just made a referral to CAMHS and because I know this person she helped influence the way I worded the referral”. The implications of this are that whether a child is accepted for assessment depends in part on the professional connections of the EP (where an EP is involved), and on the willingness of an EP to utilise such connections and resultant knowledge.

At present EPs do not form part of the **multi-disciplinary assessment process** for ASC in Pearton. Financial implications (which department will finance the involvement), mean that although EPs have been “invited to sit on” the panel, at the time of writing they do not do so. In this regard, for all of the knowledge and experience William has in working with EMC families to identify ASC, his input, and that of his colleagues, is limited. The disengagement of EPs from this pathway strikes the researcher as an unnecessary weakness and a lost opportunity to enhance the accuracy of diagnostic assessment.

William expressed dissatisfaction with the ASC pathway as realised in actuality, in Pearton. The reason for this appeared to be primarily that for young children the pathway appears to be “[the] community paediatrician, as part of her involvement will tend do an ADOS, and conclude and give a diagnosis”. The description paints a picture that is “not particularly multi-disciplinary”, hastily concluded, and where ADOS results equate to ASC diagnosis. William felt that this process could
lead to over-identification “years down the line these children who you’re thinking, well we can’t see how they are autistic”. Perhaps in this instance, the complexity of casework that might be apparent with some children from EMC families might safeguard them from over-identification. It may be that children from an ethnic majority, who are potentially more likely to have concerns raised earlier, and are more likely to constitute non-complex cases, are at greater risk of being erroneously identified as with ASC.

Subsequent comments by William reveal he considers over-identification a more pressing concern than under-identification. In describing a previous ASC pathway he has experienced, he said “it seemed to be a very holistic assessment it was quite a, what’s the word, it was a very balanced assessment, so if anything the team that did those assessments erred on the side of not diagnosing, if they felt there were factors that went against a diagnosis. It was very measured”. This statement also suggests (by virtue of the use of ‘so’) that William felt balanced and holistic assessments may err on the side of not issuing a diagnostic label.

Aspects of the pathway were described as being non-optimal for families from a Bangladeshi background in that it required them to “leave their geographical community to go to an appointment”. William’s experience of children passing through this pathway has led him to observe differences between colleagues who are mostly clinic based, and those who “get more of a view” by virtue of being “out more in schools”. The researcher’s hypothesis is that such an opinion would be typical when emanating from professionals who are mostly engaged with seeing children in schools. Responsibility for a diagnosis or a lack thereof, typically falls with the psychiatrist, who by virtue of their collecting of information would appear to fall into the clinic based group.

### 4.1.7.4 Culturally Specific Factors

William’s description of the demographic area in which he worked tallied with the demographic data collected from the documentary analysis. From the data made available, Pearton ethnic groups do not appear to be evenly distributed. Even within William’s patch, the proportion of Pakistani and Bangladeshi residents ranged from 0.5% to 49% depending on the ward. It is of little surprise therefore that some schools reflect this to an even greater extent, bordering on ethnic homogeneity, “I’ve a number of schools that are almost exclusively Pakistani or Bangladeshi”.
William also made reference to how this distribution of ethnic groups is not only influenced by the choices of residents but wider institutional factors "which is probably due to housing policies, historic housing policies which are probably quite racist" – which need not be positive.

For unspecified reasons, William felt however that post-diagnosis support was not accessed by the Bangladeshi community. This was despite the service being reported as of "quite good quality" and the LA in general being quite accessible. Given that the non-accessing was described as specific to this one community (as opposed to any non-Caucasian community) this would be an example of specific characteristics of the culture interacting with the wider work context affecting the EP’s work. There is no guarantee that the same phenomenon is observed around assessment, the mechanism that leads to alleged non-access of post-diagnosis support need not apply to pre-diagnosis assessment. However, it is an example of how an EMCF -work context interaction can occur and might conceivably occur around assessment. It should be noted that were the opposite extreme the case, that the Bangladeshi community accessed the post-diagnosis support group, then the awareness of ASC might be greatly enhanced throughout the community, and William might have greater ease and confidence in developing a shared understanding.

William also alluded to the fact that the LA could do more to support families with attitudes akin to those described. He noted that even when parents are given dates "the onus is on them" and immediately referenced the bespoke support from CAMHS workers "who operate in a more home based way", as a facilitator that could be drawn on. Strategic decisions of the LA in how services are provided will impact on different communities in different ways. For communities confident in interacting with the NHS, who have the resources to make any appointment, shifting from a home-based model of working to a clinic-based model may have no discernable impact, however for the minority communities in Pearton, it may have great effect.
4.2 CASE 2: ‘MARY’

This section presents the findings from case 2. ‘Mary’ is an experienced EP, who worked in ‘Jepford’ city for nine years following her initial professional training. She is a former teacher, whose professional qualification as an EP took the form of a one year master’s degree. Since training as an EP she has developed a specialism in ASC. At the point of interview Mary had just left her position in Jepford, and had just begun work in a new LA. The impression of Mary that resides with the researcher is that she is an EP not lacking in confidence in her work with students with ASC, but does not have the same assurance in her practice with minority groups. Culture was rarely an active agent in her thinking. Whilst one participant seemed especially conscious of EMCF, and another participant appeared to fear that too much might be made of culture, Mary gave the impression of being almost apologetic about an attitude that could be characterised as ‘laissez faire’, and prior to interview had not explicitly reflected on whether she did not considered EMC an entity that warranted specific actions or a specific mindset.

An overview of the documentary analysis of Jepford’s demographic statistics is provided along with the documentary analysis of the present ASC Pathway used in Jepford. A brief description of Mary’s involvement with a particular case is outlined, and Mary’s thoughts regarding this case are also examined with consideration of the research questions. The themes emerging from a thematic analysis form the framework from which the research questions are addressed.

4.2.1 Demographic Data: Jepford Local Authority

Jepford is a city situated within a largely non-diverse English county (Jepordshire). The most recent publication of demographic data emanating from Jepford(shire) used the 2011 census data for England. The dominant ethnic group in Jepford was Caucasian-British (93%), with Caucasian groups making up 96% of the population – higher than the English averages of 79.8% and 85.5% respectively. Black African groups made up 0.7%, and mixed (Caucasian-British and Caucasian-Caribbean) comprised an additional 0.8%. Asian British, and mixed Caucasian-Asian groups were a larger proportion, making up 2.2% and 0.4% respectively.

However, with regards to demographics, the city of Jepford is not reflective of the county in which it is situated. According to 2011 census data 34% of Jepford citizens are not of Caucasian-British ethnicity and 25% are classed as belonging to BME groups. By means of comparison, BME groups throughout the UK comprise 17% of the population in England.
Consideration of the school age population reveals that there are 40,000 students in Jepford city, 38% of whom originate from ethnic minority backgrounds, and 15% of whom are from Black backgrounds, a demographic that ‘continues to grow’ in the LA. Jepford publications report that the Mixed Caucasian/Black Caribbean group, is the fastest growing ethnic group both nationally and locally.

Such diversity is disproportionately apparent within younger age groups, one set of data from the Office for National Statistics (ONS) estimated in 2009 that 28% of children under 16 were from BME groups. Yet the diversity may yet be greater, and the school census (DCSF, 2009) of the same year estimated that 40% of the school population were part of BME groups. This census reported that 20% of students were classified as EAL, with ‘Arabic, Polish, Panjabi, and Urdu, among the predominant other first languages’.

Data from the school census indicated that 14% of students in Jepford were classed as either Black or Mixed, Caucasian and Black Caribbean/Black African. Students identifying as either Asian or mixed Caucasian and Asian comprised also 14% of the student population. The researcher’s synthesis of different publications leads them to conclude that this diversity is especially concentrated in Jepford city centre. When the suburbs are included in calculations, the BME population in schools falls to 15%.

The analysis of the information available from Jepford supports Mary’s assertion that there was an active focus on some BME groups, particularly students who were from a Black background (a demographic that is growing in Jepford). In 2003 Black students made up 11% of the school population, though Jepford was keen to highlight the diversity within the group. For instance, their documents indicated that the percentage of Black – African students had trebled between 2003 and 2010, (from <1% to >3%).

I have paraphrased the following as an indication of the level of specificity and detail that the LA went into as they sought to support schools in their education of EMC students. Whereas generic advice might have easily been given ‘don’t be judgemental, every child is unique, don’t make assumptions’ – Jepford felt it more useful to go into greater depth and make specific recommendations:
‘Our emerging African communities are from a variety of countries such as The Gambia, Ghana, Zimbabwe and Ethiopia. A proportion of these families have come to the UK for study, professional and business opportunities, and others have arrived as asylum seekers/refugees owing to war and conflict in their own countries. Schools are recommended to keep track of conflict zones in Africa in order that they have a current picture of what is taking place on the continent. Significant numbers of asylum seeker families have recently arrived in Jepford from Zimbabwe, Eritrea, Somalia and Angola.’

4.2.2 LA ASC Pathway

Mary has experience of two Jepford pathways for the assessment of ASC. The former (pathway J1), that Mary had worked within for over eight years was replaced in June 2013. Mary was involved in setting up this pathway (Pathway J2), but by the time of its implementation had left her position with Jepford.

4.2.2.1 Pathway J1

I was not able to obtain any documents that outlined the pathway previously used by Jepford however, the following is a description of Mary’s account of the pathway.

The GP was the instigator of a referral, based on their receipt of information from another professional such as a health visitor at a school. EPs were not involved in the pathway formally, however, EP assessment information may have been passed onto the GP had school collected this as part of their work with the child. Mary’s experience led her to comment that the pathway as described did not always match onto the pathway as experienced; “in reality I think it usually meant the school sent referrals to the community paediatrician”. She indicated that a speech and language assessment was often sought as part of the assessment. EPs were invited to contribute their views had they seen the child. Mary commented that the emphasis on GPs was by design, in an attempt to make them more accountable.

4.2.2.1 Pathway J2

In 2013 Jepford initiated a new pathway for the assessment of ASC. Although there were some documents regarding this that were restricted to staff, Jepford(shire) LA made available a detailed outline of the whole pathway, from initial concern to ongoing post-assessment support and transition to adulthood. This document was publically available, accessible from the internet and available only in English. A glossary of terms, and clearly worded introduction to ASC and the
assessment process, gave the impression that the document could be understood by many parents. At the same time the level of detail throughout the document led the researcher to believe its intended audience was professionals working within Jepfordshire. Mary was actively involved in the formulation of this pathway.

The document included nomenclature of ‘red flags’ to denote items of important consideration and consequently it became immediately apparent that the GP is still intended to play an active role in this pathway. The first red flag, at stage 1 of the assessment process indicated that ‘If indicators of ASC are suspected the GP should always be contacted to consider an immediate referral’. The collection of data from other agencies and individuals is also a process of which the GP is to kept informed.

Although the assessment of children was in the first instance coordinated by the community paediatric team, the document went on to outline that GPs were the gatekeepers to referrals being seen by this team. Once a referral reached the community paediatrician they became responsible for coordinating the assessment and arriving at a decision.

- If ASC can be confirmed, a diagnosis is given and parents are informed face to face.
- If ASC can be ruled out, face to face feedback is provided to parents.
- If ASC can neither be confirmed or ruled out, the student is referred to an ASD panel for next steps.

EPs were stated as present on this panel. Their explicit advice could be sought when an initial assessment does not yield conclusive results. However, in the first instance, as in the previous pathway, their involvement may only be sought if they have already seen the child. The only other occasion when EPs were mentioned was in the latter stages of the pathway, relating to post-assessment support.

There was no reference to diversity or BME in this document. This was also true for any other documents found online that related to the assessment for ASC, despite it appearing frequently elsewhere. Throughout the document there were repeated reference to timeframes, and how long each step of the process ought to take.

**4.2.3 Data from Interview**
4.2.3.1 Consideration of a Particular Case

For Mary, recalling a specific student was especially useful in the data-gathering process. Her considerations of EMCF prior to interview appeared to have been largely subconscious and she appeared unassured of her practice in this area. In detailing her work with ‘Chris’, a nine year old boy whose family had recently migrated from Poland, she was able to describe how she went about a particular assessment, from which she found it easier to identify her latent constructions.

Although his parents were relatively unaware of what ASC was, Mary described Chris’ school as “up to speed” regarding ASC. Mary identified some practical differences in the process of assessment, such as the necessity for an interpreter, which “meant there was probably less of a genuine relationship forming between myself and the parent” and some of her attempts to smooth communication “I tended to use a lot non-verbal in discussion...I remember just trying to get some kind of relationship going, so I found that harder”, but the core components to her assessment (home visit and observation in school) remained the same.

Mary was also open minded as to how an enhanced knowledge of Chris’ ethnic culture might have aided her assessment, “I’m sure there probably were [potential facilitators], but perhaps I didn’t know enough about what their expectations were, what their principles were as a family, what pressures they were under, what was important to them. So I suppose if I had known that information...”. Her response here provided a tangible example of how such knowledge would have assisted her in her casework. Whilst she spoke at other points in the interview of the importance of ascertaining such information, this quote indicates that she was able to see a practical application of it to her casework.

Although she indicated that she believed there to be no difference in the outcome of assessment, it was a piece of casework that she was less satisfied with, “but the work with the individual child, I don’t think it met the needs of that individual case”. The main reason for this appeared to be related to her gathering of his views, a task she described as always difficult “with children with ASC” and especially so when the student is not in school, and an interpreter is needed. Her dissatisfaction in this regard was also supportive of other statements she made intimating that the role of the EP in such assessments went beyond that of identification.
Analysis of Mary’s responses in this part of the interview were consistent with her descriptions of broader practice, and helped the participant to self-identify, and confirm, the approach that she took when assessing children from EMC backgrounds for ASC.

**4.2.3.2 Thematic Analysis of Interview**

This analysis sought to identify organising themes emerging from the two interviews with Mary. The interview transcript underwent a fine grained analysis, with the production of 201 codes. These were grouped into 45 basic themes, which were in turn grouped into eight organising themes.

Figure 4.2 was produced following the thematic analysis of this data. The thematic map shows eight organising themes. The validity of this organisation of codes into basic themes and organising themes was supported by a fellow trainee psychologist in the code-checking process. Though they did not replicate the entire thematic analysis, they concurred that the thematic map produced was a good fit of the data. Appendix G shows how the organising themes displayed link to their composite basic themes.

The remainder of the case findings addresses the research questions directly, using identified themes as a framework to consider Mary’s responses. Basic themes are highlighted in the text using emboldened text.
4.2.4 Research Question 1: In what ways do EPs report that ethnic minority cultural factors impact upon their assessments for ASC

Examination of the ways in which Mary’s assessments for ASC are impacted by EMCF are considered with reference to the following organising themes; *EP Adjustments, EP-School Relationship, EP Individuality, Consultation with Parents, Role of EP in an ASC Assessment and Culturally Specific Factors*. Links to basic themes are indicated by emboldened text.

Mary’s position appears neatly summarised by the following quote “*I do see ASC as something identifiable across cultures, and interesting now I think about it, but suppressed in some potentially,*
suppressed due to the difficulties it poses [for] families”. Mary felt that EMCF exerted a considerable influence in terms of her work with parents, for this reason she indicated “I probably feel a little less confident in what I’m doing”. However, with regards to working with individual children, her position to date was that no adjustment was necessary relating the interpretation of children’s behaviour and it was only in the way that data was gathered that considerations were made.

4.2.4.1 EP Adjustments
Initially it was unclear as to the extent to which Mary made adjustments in response to EMCF. On one level she would carry out her assessment in concretely the same way as she would a child from the ethnic majority “[unless] there’s some kind of common or some issue that’s been raised about identity … otherwise I’d assume the same sort of pathway [observation, direct work and parental consultation]”. However, on another level, she twice stated that she had’ to make adjustments “patterns around that that meant I had to adapt my questions … I felt sometimes that I had to adapt myself” and said that she couldn’t behave in the same way with every group that she met. Her hope was that she would be “more sensitive to different cultural philosophies” and therefore was “stronger in understanding perspectives that parents might bring and that schools might have”. This appreciation and understanding was hypothesised to have a tangible effect on her actions “so I might ask different questions, based on my experience of different cultures” and evidence of EP adjustments in response to perceived EMCF.

Arguably this reflects the possibility that culture plays a larger part in Mary’s formulations than she was conscious of. Speaking of culture as an agent of thinking “it is there, but I don’t know whether it’s active, sometimes, I don’t know.” However, most of the adjustments Mary made were in the area of data gathering, as opposed to data analysis.

In gathering data with parents, Mary indicated that she makes a point of asking about the developmental history of the child when they are from an EMC background “and asking parents how it was for them as a parent in the early years for their child”. She feels there can often be great variety here, a greater likelihood of uncovering information which would influence her assessment of the child. Almost thinking aloud, Mary spoke of the possible merits of asking a family “can you tell me a bit about your culture, what you feel is important, what your principles are as a family, what affects you” however she quickly acknowledged that this was something she was unlikely to do, based on the fact that it was awkward to ask, and she risked the relationship if the family didn’t understand why this was being asked of them. Nonetheless, she did indicate that “if I’m doing a
home visit, I will quickly try and work out what is important to this family, what is not” – though some questions cannot be asked, she would try to identify any constructs that would bear upon her consultation.

With reference to a particular student, Mary indicated that she “tried to find generic” pictures for use with the child, ones that were culturally suitable. Though she acknowledged that she “could have put a little more into that” this appeared almost a theoretical point, somewhat moot as she was not with ‘unlimited time and resources’. Further discussion on this point gave the impression that it was immaterial with regards to her judgement as to the presence or absence of ASC.

4.2.4.2 EP-School Relationship

Mary felt that EMCF had the potential to present a barrier to the school’s relationship with families, “maybe there is something about the relationship being harder because of that difference in culture, it might be harder for schools to get them alongside, open up with them, have a coffee”. She added that this was a “potentially it’s a barrier for good multi-team working”, an example of how she perceived EMCF as affecting her work with a child, in presenting a barrier to effective multi-team working.

There will also be variations in the demands asked of schools and their ability to manage situations linked to EMCF. An example was given of one school which “did have some severe problems with children arriving in their catchment from various cultures and countries with significant SEN”. Mary described this school at one point denying a student attendance owing to their (as yet unassessed) difficulties. She did not feel that their actions were unduly influenced by ethnicity but commented that there “probably was a fear of the unknown”. This researcher could not help but wonder if such a fear would be amplified if the student was unable to communicate in English, and an asylum seeker who had potentially experienced trauma. Schools may not be acting directly in response to ethnicity, however it is hard to quantify to what extent EMCF are influencing the school’s decisions and emotions, which have a knock on effect on the validity of the EP’s assessment. Mary’s comment that “the school, they felt very anxious about his behaviours, so I couldn’t always get a true picture of his needs in the learning environment” explicitly linked the school’s anxiety to the validity of her assessment, which would in turn impact upon the diagnostic process for ASC.
4.2.4.3 EP Individuality

The concept of EP individuality was only touched upon briefly by Mary. However the impression emerged that Mary found it less natural to separate the EP as a person from the EP role. It struck the researcher that she was conscious of her individuality and how that influenced her actions in a way that other participants were not. For instance whereas one EP might seek to ascertain an optimal course of action for the EP role, and then seek to best enact it; the researcher believes Mary would have defined the optimal action as only emerging with reference to the particular EP. The best way of assessing children for ASC might depend on who the EP is. She expressed her preference for observation and consultation, and also her belief that these are her “really strong assessment tools”. She identified the generic possibility of EPs stereotyping, and was self-aware enough to identify occasions where she might have fallen into this. Similarly she questioned her own practice, “things that I probably slip into that are generic and totally based on assumption”, leaving open the possibility that the action might have been appropriate but that her rationale for it may have been insufficient. Additionally, and further evidence of her perception of the EP as an individual, when speaking about the extent to which she considered culture, she left open the possibility that it might be an ‘active agent’ in the thinking of other EPs.

She reflected on the use of checklists within the service, but also expressed her dissatisfaction with them and her non-use of said items. The impression left was that this was solely down to her personal preference rather than the result of a thorough examination of the research base for said checklists. It appeared as though Mary’s formulation as to what an ASC assessment should consist of owed less to evidence based practice and more to what she felt comfortable with.

4.2.4.4 Consultation with Parents

For Mary, collaboration between parent and EP was highly prized. She spoke of how in the process of consultation, parents would “throw up their own hypothesis for me” and she was conscious that if she put words into their mouth she would “end up missing other information” - “It’s looking back over time and developing ideas based on the parents’ perspective a lot of the time”. Such collaboration would not always occur however, and she provided an anecdote in which “they were pretending that the child was better … you didn’t always get an honest description because of their worries about what it would mean for them”.

Mary was the only participant who mentioned safety or fear in the interviews, “feeling that I need to be safe to them, so if I’m doing a home visit, I will quickly try and work out what is important to
this family, what is not, so that immediately need to work out what’s safe for them”. This is not relevant merely because the EP desires to be inoffensive, and leave a good impression, though doubtless this is true, but if she incorrectly judges “the questions to ask that don’t create a fear” then she risks the relationship, and the benefits that might accrue from parent-EP collaboration that leads to a valid assessment of ASC. She directly attributes one instance of parental ‘pretending’ to the fact that they “feared the consequences of that because they didn’t understand our culture”. Mary’s implicit hypothesis is that families unfamiliar with UK culture may develop an irrational fear. For instance, of labels originating from psychiatrists leading to children being sent to specialist boarding schools, or job prospects being limited as a result of association with institutions linked to ‘mental health. However, it could also be argued that such a fear may be justified, and that there are some consequences arising from psychological assessment that families of any ethnicity perceive as negative.

Another way in which EMCF can influence the EP’s assessment is by hindering the relationship building between the practitioner and parent. If an interpreter is needed, Mary stated that “there was probably less genuine relationship forming between myself and the parent, and so the questions were quite stilted, there were pauses you feel that you’re having to wrap through a questionnaire rather than an organic discussion”. She adjusted through the use of non-verbals (in that she “tended to use a lot” of them), and found it harder to “get some relationship going” because they were “not able to communicate in the same way”. By the same token, one would presumably predict that were the EP fluent in the client’s mother tongue, this would facilitate relationship building.

It could be argued that parental awareness of what the EP is looking for is a double edged sword. Mary felt that parents from some cultures supressed ASC (in the extent to which they talked about it), and the behaviours resulting from ASC. Mary spoke of parents wanting to construe behaviour differently, hiding information and supressing ASC in their descriptions of strengths and needs. “So they were pretending that the child was better...you didn’t always get an honest description because of their worries about what it would mean for them”. She felt that this was a barrier to her assessment, and indicated that she was not sure if she was able to ‘see beyond’ such suppression. However, this might not present the same barrier if their beliefs regarding the EP assessment were different. On one end of the spectrum, if they believed that a diagnosis of ASC led to high social standing, marriage prospects, and the opportunity to compete in a financially rewarding game show, the information provided by parents might be different. However Mary spoke of how even enquiring as to the four areas of need “some parents might be working out very quickly she’s going down an ASC route” not a fact that she always desires parents to be immediately aware of.
However the other edge of the sword, as perceived by Mary was far sharper – to Mary the advantages of parental awareness far outweighed the disadvantages. When asked explicitly, Mary said parental unawareness is “a barrier for me, because I’m anxious about putting words into other people’s mouths...so you know, I don’t just want to go with that hypothesis and end up missing other information”. In the absence of parental understanding of ASC there was a perceived danger that she might engage in the process of “inferring things that I’m not qualified [justified] to do”. In some ways this statement bears similarity to William’s assertion that one has to know of ASC to identify it. Mary’s comment betrays a fear that in the absence of parental understanding she might read too much (or too little) into what is said, and not be corrected by a parent who appreciates what Mary is looking for. She would have greater confidence if she is able to work collaboratively with parents and develop hypothesis with them.

One of the factors Mary felt influenced her assessment was the constructs held by parents. “I didn’t know enough about what their expectations were, what their principles were as a family, what pressures they were under, what was important to them. So I suppose if I had known that ...”. For Mary this was an aspect of consultation that would have been better understood with consideration of EMCF. She also described that principles held by parents were something that influenced the way in which she would “manage a discussion” with them. Cultural factors also affect the EP’s assessment for ASC through the medium of differing cultural expectations. School and home can have different expectations regarding social interaction, meaning ‘that one source of information cannot be relied upon’, Mary states “I find myself checking out home and family expectations and behaviours and social interaction and then school because there are different cultural expectations in each”. Further evidence of her position is drawn from her referencing of the capacity for some families who would “rather construe their child as particularly bright- or naughty in some situations; ‘just needs boundaries’”.

Implicit in this description is the fact that Mary perceives there to be a limit to which such constructs can be seen as valid, and not just in response to the prospect of a “devastating diagnosis”, “pretending” or being not “honest”. Whilst Mary acknowledges the capacity for each family (and culture) to construe ASC and behaviour differently, it appears as though it is not all relative for her, some interpretations, constructs, and expectations, are more valid than others.
Differing priorities may also become apparent in the extent to which families desire a label or assessment for their child. "I think there are cultural expectations of boys in certain situations where a diagnosis of autism would not be helpful or wanted, and so parents wouldn’t work with you on it. And that’s a barrier that you come across all the time". Such phenomena need not be exclusive to ethnic minority families, however it is drawn from the fact that Mary mentions them, the notion that she perceives them to occur with at the least, greater frequency than the national average in EMC communities.

4.2.4.5 Role of EP in an ASC Assessment

Mary’s framework for ASC assessments involved checking for strengths and weaknesses in “the four areas, that [she] know[s] are predominant in autism” irrespective of the presence or absence of EMCF. She spoke of “triangulation [being] always helpful”, establishing the credibility of sources, and investigating “any theories you are developing … before you claim them as true”.

Compared to other areas of SEN there was a distinctiveness about Mary’s assessments for ASC. She indicated that she was less likely to consider contextual factors when assessing for ASC than in other psychological assessments, “when I think about dyslexia and autism, I see it as more important to consider the context they are in, and what teaching strategies they’ve had and etc. whereas with autism, I suppose I have much more of a within child model with it, so yeah, I feel that it’s something I can observe”. She also stated that regarding “children with concerns with cognition and learning difficulties, I probably do apply more of a test based assessment with them; even if I haven’t done the test, I’ll be looking for that information about their strengths weaknesses”.

There was no difference in what the EP looked for as a function of the child’s ethnicity in Mary’s assessments. Responding to the enquiry about potential differences in presentation of ASC in minority groups she replied “I don’t think there are – I think the condition is observable across cultures and looks similar in its demonstration [manifestation] I don’t think there’d be anything different based on the EMC culture”. Her opinion appeared to be that no adjustments are needed beyond what constitutes “good assessment in general”.

More so than other participants, Mary spoke about her direct work with the child. There is an extent to which this might be considered obvious, it would be difficult to conduct an assessment with ASC in mind without working with the child, however as Mary’s statement indicates, she is aware of colleagues who have a lower threshold of the type of direct work that they consider
necessary in such assessments. She stated “I think working with the child is essential for ASC assessment because you can get quite a skewed perspective when they are in a group or sat in assembly, – so I suppose I always want to work with the child as well” – seemingly a notion that she did not consider to be self-evident.

Schools were identified by Mary as a source of information in her assessments for ASC. They were able to mitigate cultural factors, and provide information that assisted Mary in seeing beyond instances where culturally influenced descriptions led to confusion. For instance in her description of one particular boy “[the] reports didn’t seem to match with the child that was there, there was already contradictory information”. EMCF also had the capacity to influence the EP’s assessment through affecting the ways in which schools interpret behaviour. Mary gave an example of a school which reported a boy with “little prince syndrome and they … don’t think there’s anything wrong with him other than he’s completely spoilt”. EMCF affect the EP’s assessment by influencing the nature of information provided to the EP.

Ascertaining the views of the child was only mentioned by this participant, and it seemed to be pertinent for her. When speaking of a specific case it was something she felt could have been improved upon (“better to have gathered his views once he was in the context … I think it may have been more appropriate to have gotten him into a school and then asked his views on what was happening”) – and she spoke critically about the value of reporting interests and likes, “useful but limited”. Reflecting on how she gathered these views (picture cards) she also commented that it was “probably not culturally appropriate thinking about it” as she could not be sure “he had the same understanding of those pictures”. It is conceivable to this researcher however, that obtaining the child’s view could be an important component in an accurate ASC assessment. In the same way that William speaks of the meaning behind behaviour – it may be that the child’s opinion could form a crucial source of information in better understanding the meaning behind their behaviour. However, this did not appear to be a rationale that underlay Mary’s decisions. She spoke as though getting the views were somewhat tokenistic in this instance, ‘how does he like school’ ‘what are his interests’, rather than as a tool to better understand his observed language and behaviour. It is believed that this also reflects the participant’s viewpoint that they see effective assessment as comprising of much more than accurate diagnosis.

The biggest barrier for this EP was the barrier of English being an unfamiliar language for some children; “barriers, based on Jepford experience, again it’s the language for me...I think language and
interaction is a main part of where my thinking gets confused because I’m not always confident that I can observe ASC in an interaction where I cannot understand the language”. She continued “if I can’t make a sound judgment whether they understand or express themselves clearly then my understanding of whether they have ASC wouldn’t be as clear, so a barrier is needing an interpreter”. This clearly has implications beyond difficulty in building a relationship. Mary states that an inability to understand a child’s language clouds her judgment regarding the interaction and decreases the confidence with which she makes judgments regarding ASC. She uses an interpreter to circumnavigate this, however this too carries threats to validity. Mary cannot be sure as to how her comments are translated or how the interpreter chooses to convey responses.

4.2.4.6 Culturally Specific Factors

Mary’s position was that there were a number of dimensions in which ethnic cultures varied that had the capacity to impact directly or indirectly on her assessment for ASC; acceptance of SEN, understanding of ASC, attitudes to work, ambition, EP assumptions, gender, and diagnosis desirability.

With uncharacteristic cautiousness, Mary stated that “maybe more so in some cultures than others ... significant SEN are a problem for some families”; she believes that the extent to which a family shows acceptance of SEN can be influenced by ethnic culture. This may or may not be related to the latent level of understanding of ASC. This was also a dimension suspected by Mary to vary between cultures, “that might be different to understanding in different countries”. For Mary the extent to which a family accepts and understands SEN and ASC links to the information she will obtain through consultation, the extent to which parents will freely share, and the extent to which Mary is able to co-construct hypothesis.

Attitudes to work (“have a culture of hard work is important”) and levels of ambition (“and I want my child to succeed”); were both mentioned as constructs potentially affecting consultation that could be culturally influenced. Mary did not want to slip into stereotypes in this regard and acknowledged that EPs might [slip into stereotype]. Just as Mary was quick to distance herself from stereotypes, she acknowledged that much of her understanding regarding global ASC and its reception was based on assumptions, she did not “have data to back that up”.

Nonetheless this researcher suggests that it is also worthy of debate the extent to which a ‘universal attitude to work and family ambition’ exists. It may be the case that there is a level of ambition that
transcends culture, and remains constant irrespective of geography and time. However for an EP to make such an assertion they would be implying that every culture, regardless of economy or social norms, has the same attitudes towards work and ambition as the UK. It could be argued that such a statement is akin to the EP saying ‘deep down, everyone thinks as I do’. If the premise that ethnic cultures could vary in this dimension, then it is conceivable as to how knowledge of this might influence an EP assessment. If an EP is aware that a family believes that by 12 months their child ought to be constructing sentences and climbing stairs independently, they may interpret parental claims that they were ‘slow to reach their developmental milestones’ more cautiously. The validity of information garnered through parental consultation could conceivably be affected by this dimension. Additionally casework conducted by Mary had led to the observation that “cultural expectations of boys in certain situations” was not uniform, her perception was that different cultures had different constructs (and levels of ambition) around gender, which became apparent in her ASC assessments.

Mary reported that in some families a diagnosis of ASC would have been undesirable. Such a comment was echoed by other participants, however Mary also said that “a diagnosis of autism would not be helpful” – which potentially adds a layer of complexity. If taken at face value, it removes the possibility that although a diagnosis was presently unwanted, it was in the family’s best interests - instead it appears to be an objective value statement, that for a particular EMC family, a diagnosis, even if accurate, would not have been in their interests.

4.2.5 Research Question 2: In what ways do EPs report that their work context influences their assessments of ethnic minority children with possible ASC?

Collected data pertaining to this research question are presented with consideration of three organising themes identified through analysis of Mary’s interviews; EP Learning, Culturally Specific Factors and LA Structures. Links to basic themes are indicated by emboldened text.

4.2.5.1 EP Learning

Although ways in which an EP develops their knowledge around ASC assessment with EMC groups need not be exclusively influenced by the location in which they work, the context can both support and constrain the EPs development of knowledge, and thus the way in which they go about assessments. EPs’ learning is considered here with regards to casework, training, research and through the EPS.
4.2.5.1.1 Learning through Casework

Mary argued that her position regarding the extent EMCF influence ASC assessments was not influenced by her initial professional training nor continuing professional development but rather from the day to day aspect of her work “no, it was just experiencing, Not initial [training], not CPD”. Her understanding developed over time, she felt that it was more organic and deductive “rather than starting with a viewpoint that was reinforced, or given information that made me think in that way”. Sometimes learning can be subtle, or subconscious, when asked if she had been influenced by the EMCF of the families she worked with, she immediately affirmed that she had but she took longer to identify how this had happened, “Yeah …Yeah, but how ….”. On balance there is a degree to which such learning may be unquantifiable. Mary was able to point to greater sensitivity towards “different cultural philosophies” and a greater aptitude for understanding “perspectives brought by parents and schools” … however this was prefaced by “I’d hope to think”. Mary cannot be certain that learning has taken place, or to what extent.

The knowledge of schools regarding particular families “who knew them best, who had contact with them, [and the challenges] [that] they perceive[d]” was noted by Mary as a source of information that she would sometimes draw on. This appeared to be the primary means by which cultural influences consciously impacted upon her individual assessments. Mary also described how moving into a new region caused her to “rethink perspectives around … culture”. The different demographics of the community, and ethnic cultures with which she was less familiar necessitated a re-evaluation of how she thought about ethnic-culture.

4.2.5.1.2 Learning through Research

Participation in research caused Mary to reflect upon her practice with cultural minorities, and critically question some of her choices (such as how she sought the view of the child), “probably not culturally appropriate thinking about it”. It also led her to question some of her own constructs around ASC, how its presentation might be affected by contextual factors, “it’s just that question in my mind that this interview has thrown up, how confident am I that the environment the child has been brought up in may affect particular features of autism and that’s not something I’ve thought about until this interview”. The question Mary is here asking herself touches upon two prominent themes in this research; are there contextual factors that influence particular features of ASC, and are EPs confident in their assessments for ASC when children are from EMC groups. Mary’s musing suggests that with regards to the latter she is not, and prior to interview, this had not been something considered by her – in spite of the work context that she operated in.
4.2.5.1.3 Learning through the EPS

Within Jepford there was a dedicated team “that support people who come to this country, from EMC and they tended to have a lot of knowledge” which could have provided Mary with detailed information on the EMCF that might be at work in a community or family. It was this group that she immediately thought of when asked how she might develop cultural knowledge, “so I would probably have gone to them really and asked what might I need to know about this culture that may impact on my assessment”, but was honest in saying that this was not something that she did. Her reluctance to do so is perhaps indicative of her learning preferences rather than her assessments of learning utility. Here she had the option of engaging colleagues in conversation around a specific area but chose not to; even when the work context presents such learning opportunities, EP individuality might mean they go unused.

Mary’s supervision of a team of specialist teachers was highlighted as a valuable experience for her. Prior to this she had not thought of herself as an ASC specialist however “through that role…I gained more knowledge because I was supervising them, ... it brought me a fresh perspective on things and helped me to think of other strategies that I was unaware of ... so I think my knowledge increased as a result of that role.” It brings to the researcher’s mind the experiences of some EPs who are informed that they are a specialist in a particular area, and marketed as such. Initially such an action may be uncomfortable for the practitioner, yet it may also be the quickest most efficient way to develop such a specialism.

Jepford EPS collected demographic statistics of children passing through its service. Mary reported that this was linked to “the prioritising [of] BME groups, it was a part of our criteria for involvement because there was a recognition that those groups suffered more in terms of vulnerability and access to provision.” She believed that this data could be made available to her, but it was not something she pursued and as an EPS, “it wasn’t looked at as a topic”. The analysis of Jepford’s demographic statistics meant that Mary’s overall attitude towards culture came somewhat as a surprise. Mary was not new to the service, she was long serving and involved in its management. The EPS was “prioritising EMC groups, it was a part of [their] criteria for involvement”, Mary did not dispute the opinion that “those groups suffered more in terms of vulnerability and access to provision”, and so this alone would have led to the hypothesis that had data been available, she would have been interested in examining it. The researcher’s surprise was compounded therefore when this was
considered alongside the context in which she worked; her service was serving a school population where 40% of students are classified as BME and 20% have EAL.

4.2.5.1.4 Constraints and Disadvantages

Although Mary acknowledged that “it would have been good to have had the conversation with the family” regarding potential cultural influences; she simultaneously described how she felt such a conversation might be fraught with difficulty and the capacity for misunderstanding. Such a conversation risks the client thinking “Why are you asking me this? – are you about to make a judgment on me because of my principles and theories on things?” Evidently Mary felt that the knowledge she might accrue from such a line of enquiry would not outweigh the potential damage she might do to the practitioner-parent relationship.

Time constraints presented a major barrier to Mary’s professional learning, as they would the learning of any individual. In discussion as to whether it was better to construe the non-examination of specific cultures as ‘lazy’ or ‘pragmatic’, the limited time available to EPs for such activities was mentioned, however it also appeared the case that such research would not have been perceived as helpful for this EP. She identified experience as a primary route of learning and thus it can be argued that the most effective use of her time to further learning goals is through building experience, as opposed to cultural learning seminars, reading books or quizzing colleagues. One must then assume that the learning that occurred through her management of specialist teachers was also experiential as opposed to specific meetings where Mary would seek out ASC knowledge. Additionally Mary pointed out that it was very difficult to engage in cultural research without falling into stereotypes.

One potential disadvantage that Mary identified however regarding her developed specialism in ASC, she described with reference to positivism. Initially speaking regarding a honing of her skills in identification, “Over time the more experience I have with children with autism, the more I can see the features” – she confessed a worry that “the lens I see children with has been clouded and that too much exposure can make you look for it more ... here’s a list of characteristics, can you see them, and if you look for them, then you’ll see them.”

4.2.5.2 LA Structures

Data from Mary relating to how she felt the LA structures affect her assessments for EMC children for ASC were exclusively related to how they would affect ASC assessments for all children including
those from EMC backgrounds. Mary felt that the extent and manner in which services within Jepford worked together had a big impact on the effectiveness of ASC assessments.

4.2.6.2.1 Support from non-EP colleagues
Another facilitator identified by Mary was “having ASC specialist teachers going into schools working with class teachers, on what autism is and giving their thoughts to SALT [Speech and Language Therapists] and EPs” the reason being that this contributed towards her conception of a ‘good assessment’- “a number of people looking at different contexts and giving a view together.”

4.2.5.2.2 Multiagency Collaboration
Multiagency working was described as a process that could be facilitated by interactions outside of the assessment pathway. Mary described a multi-disciplinary group discussing provision and that “at a strategic level that seemed to really support people’s thinking”. Though this was not directly related to the assessment for ASC it “generated a sense of collegiate-ness that we were all in this together … that fed down into the assessment itself.”

When done well, multi-agency working felt to Mary more “rigorous” with practitioners “able to generate hypothesis together, that can then be validated”. An alternative, not multi-agency interaction but merely ‘multiagency involvement’, was described in less favourable terms as a “juxtaposition between professional views … ‘you’ve got that wrong, he did this at home, not in clinic’”. In her description of working in the absence of multi-agency collaboration, Mary’s response had emotional overtones.

“I don’t know what someone else is thinking, and I might be going against the grain and might have information or not that is important to somebody else, so I feel anxious about my assessment based on that, I do not know who holds what information and I do not have opportunities here to talk to people, … I have my thoughts and they are in isolation, The only way someone else might see them if is my report goes”.

From Mary’s perspective, even though EPs were not (until recently) formally involved in the assessment process in Jepford, she felt involved (“I’ve been invited to meetings to discuss my views”) and that there was “a multiagency forum whereby [she could] feed in my thoughts”. This case would indicate that there are ways of involving EPs in the assessment for ASC, without necessarily committing them to a particular action within the pathway. The result was that Mary had
confidence that her views would be represented, and had the opportunity to talk to others regarding her thoughts and theories. In her new locale however, she is not sure that her report will be sent to the clinic conducting assessments. The consequence of this structure means that those making decisions around diagnosis may do so in the absence of all of the available information. Given the propensity for children to have good days and bad days (not least when they may have SEN), the idea that a panel assessing ASC would be without the input of a potentially key practitioner is considered by this researcher to be non-optimal. The assessment team may only see the child on two occasions, whilst an EP may have individually worked with the child on two occasions. The more information the panel has to consider, and the greater number of days over which it is collected, the greater the likelihood of an accurate diagnostic conclusion.

Mary recounted that she felt the formulation of the new pathway was done in collaboration with the EPS. Jepford designed this pathway to be “much more multiagency in its focus, so EPs were brought in, as were as were community paediatricians, speech and language therapists, health visitors, nursery workers ,GPs - Because the message was that we need to be doing this together, not in isolation.” When asked whether the EPS was merely informed, or invited to shape the pathway, Mary described how she “linked in the Principal to meet with the pathfinder formulator” described as “very good at consultation” ... “and took all of that information in and to create something that was forging a pathway between us” – in short, Mary left the impression was that the EPS input was more than tokenistic and a genuine collaboration. One would hope that by engaging the EPS in this way and canvassing the opinions of practitioners well placed to make a key contribution to the assessment process that the resultant pathway would be optimally designed to be appropriate for EMC groups. This would be especially true in Jepford, where the EPS had a mandate to improve access for such demographics.

One of the messages that was communicated by Mary in the pathway creation was that many EPs were less than keen about the idea of being involved in assessment for diagnosis. Consequently Mary was under the impression that “the EP would only be used at the very end” of the pathway – “implementation of strategies not assessment”. The reason for this as reported by Mary was that “they felt concerned that that would take over the kind of work they needed to be doing” namely helping school manage, “we were fearful of how much time that would take away”. In some ways this appeared to be mutually beneficial, Mary describing how she had no experience with an ADOS or GARS these tools being “something the health professionals [such as community paediatricians, or psychiatrists] held on to in Jepford”.
4.2.5.3 Culturally Specific Factors

Data from both Mary’s interview and documentary analysis of Jepford’s demographic statistics, point towards cultural phenomena specific to this area. Both Mary, and Jepford documents, appeared to reference refugees and asylum seekers either directly or indirectly.

Of notable value in Mary’s consultations with parents from EMC was asking questions regarding the developmental history of the child and the experiences of the parent. Owing to the accommodation of these vulnerable groups (asylum seekers and refugees) in Jepford, stability and trauma both registered on Mary’s consciousness when working with EMC families. She reports a greater frequency of trauma in EMC groups (“often they will describe, depending on their own, traumatic in some cases, experiences”) which “throw up their own hypotheses for me”. Such an observation need not be surprising when one considers the area in which Mary trained and practised. Schools in Jepford were actively encouraged to ‘keep track of conflict zones in Africa’ as many arrivals were ‘asylum seekers/refugees owing to war and conflict in their own countries’.

Most likely influenced by the nature of the EMC communities with which she worked, Mary referenced the potential for communities to have different priorities. Whereas each family may have different priorities owing to their constructs, attitudes and beliefs, Mary here is talking about something slightly different. Namely that a family from an EMC background may share precisely the same concerns and priorities as an ethnic majority family, but owing to different personal circumstances, present with different immediate needs. The consequence being that “you were investigating something that wasn’t a priority for them but was for school”. Mary reported that “sometimes there were situations where the BME group family had only just arrived in England, so their own sense of stability as a family and networks to support themselves and financial considerations were a bigger problem than whether the child had difficulties”. Different priorities might not have directly impacted upon the validity of assessment. However, if one imagines a parent in financial instability who is having to deal with an EP not of their own volition but out of school pressure (William spoke of schools insisting on parental engagement), this presumably has an effect on the extent to which an EP-parent relationship can be formed and the two parties collaborate together. It also raises ethical questions regarding what the EP’s role ought to be in such circumstances, and how they can best make a positive contribution to the needs of the child. This is considered in more detail in the discussion.
4.3 CASE 3: ‘Grace’

In this section findings from the analysis of case 3 are outlined. ‘Grace’ has been an EP for 14 years and been involved in the assessment process for ASC for approximately seven years. She was part of a team which set up the pathway for ASC assessment in her previous LA, and now works in ‘Mivolt’ city. Grace’s style of communication was less conditional than the other participants, she appeared to have a clear conception of the correct way to undergo an ASC assessment, and was confident that her constructions regarding good practice (both in relation to minority groups, and in relation to ASC assessments) led to valid assessments. It may be that her confidence is in part related to court work she undertakes, and defending her position under questioning. However, at varying points in the follow up interview Grace’s responses appeared incongruous with her initial answers. Potential reasons for this are discussed in the body of the text.

This section presents an overview of the documentary analysis of Mivolt’s ASC pathway along with the documentary analysis of demographic statistics relating to the city. Key areas emerging from the interviews with Grace form the framework from which the research questions are addressed.

4.3.1 LA Pathway

Prior to working in Mivolt, Grace was involved in the creation of a separate LA pathway for ASC assessments. This section considers the aforementioned pathway (Pathway M1) and the pathway adopted by Mivolt (Pathway M2), which Grace presently works under.

4.3.1.1 Pathway M1 [Data collected from interview with Grace]

Children were referred to a child development team if a concern around ASC was raised. This team of psychologists, medical professionals (e.g. psychiatrists), and speech and language therapists made a decision on whether an assessment for ASC was warranted. If so, they would commission a multi-disciplinary assessment. This assessment consisted of varying professionals (speech therapists, clinical psychologists, sensory integration practitioners and EPs) with specialisms in ASC. If these assessments were inconclusive the child would then be referred to the LA clinic, where an ADOS would be conducted (in clinic). When this occurred, the end point of the pathway was when the parents were given feedback, either from a clinical psychologist or the community paediatrician. Grace relayed that the primary role of EPs in this pathway was in the provision of services, rather than in reaching a diagnostic conclusion.
4.3.1.2 Pathway M2 [Data collected from Mivolt documents]

The assessment pathway for ASC in Mivolt is through a multi-agency team comprised of psychiatrists, speech and language therapists, educational and clinical psychologists, and pre-school special needs workers. This team receives referrals from school doctors and community paediatricians.

The assessment process involves the use of a standard diagnostic instrument (the ADOS and the Diagnostic Interview for Social and Communication Disorders (DISCO) were named as examples), along with the taking of a detailed developmental history, observing the child and consultation with the family. Feedback regarding the outcomes of assessment is provided by the psychiatrist.

4.3.2 Demographic Data: Mivolt Local Authority

4.3.2.1 Residents

The proportion of residents of greater Mivolt that identified as Caucasian British was 83%, slightly below the national average of 89.8%. However consideration of statistics released shows that the city of Mivolt is more diverse, with 33% of residents self-identifying as from an ethnic minority group. This is further amplified with consideration of statistics for young people aged 0-17, 49% of whom are part of an ethnic minority group. Of those aged under 18 the largest groups identified were; Asian/Asian British (22%) and Black/Black British (13%). Table 4.2 shows a breakdown of the ethnic groups, as recorded by the LA, in Mivolt. For purposes of anonymity Mivolt statistics have been rounded to the nearest percentage.

<table>
<thead>
<tr>
<th>Ethnic Grouping</th>
<th>Mivolt Residents (%)</th>
<th>Mivolt residents &lt;18 (%)</th>
<th>UK National Average (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian</td>
<td>67</td>
<td>52</td>
<td>89.8</td>
</tr>
<tr>
<td>Mixed</td>
<td>5</td>
<td>10</td>
<td>0.8</td>
</tr>
<tr>
<td>Asian / Asian British</td>
<td>17</td>
<td>22</td>
<td>5.3</td>
</tr>
<tr>
<td>Black / Black British</td>
<td>9</td>
<td>13</td>
<td>2.5</td>
</tr>
<tr>
<td>Chinese or Other</td>
<td>3</td>
<td>5</td>
<td>1.7</td>
</tr>
</tbody>
</table>

Table 4.2: The breakdown of ethnic groups of Mivolt residents.
4.3.2.2: ASC Pathway

A recent one year audit of the referrals for ASC assessment processed by one Mivolt clinic concluded that over the course of the year, the ethnicities of children seen by the service did not reflect the demographics of the area served. In particular they reported that there was a 16% discrepancy between the percentage of ‘Caucasian British’ individuals referred to clinic and the percentage in the local area (indicating under-representation) and that there was a 14% disparity between Black African groups in the local area and those referred to the clinic (indicating over-representation). Table 4.3 shows a breakdown of the ethnic groups for this clinic, as recorded by the LA, compared to the demographics of the clinic’s catchment area. For purposes of anonymity, statistics have been rounded to the nearest percentage.

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Clinic residents (%)</th>
<th>Assessed by Clinic (%)</th>
<th>Different Proportions (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian British</td>
<td>81</td>
<td>65</td>
<td>-16</td>
</tr>
<tr>
<td>Mixed</td>
<td>3</td>
<td>3</td>
<td>+0</td>
</tr>
<tr>
<td>Indian</td>
<td>2</td>
<td>3</td>
<td>+1</td>
</tr>
<tr>
<td>Pakistani</td>
<td>6</td>
<td>10</td>
<td>+10</td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>1</td>
<td>0</td>
<td>-1</td>
</tr>
<tr>
<td>Black Caribbean</td>
<td>1</td>
<td>3</td>
<td>+2</td>
</tr>
<tr>
<td>Black African</td>
<td>2</td>
<td>16</td>
<td>+14</td>
</tr>
<tr>
<td>Chinese</td>
<td>3</td>
<td>0</td>
<td>-3</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>0</td>
<td>-2</td>
</tr>
</tbody>
</table>

Table 4.3: For a particular Mivolt Clinic, the ethnic breakdown of nearby residents, and individuals passing through the ASC pathway.

However, two caveats to the LA’s analysis of this data have been identified as part of this analysis. One of these is that the small number (n<50) of referrals that year, meant that a small number of children represented a large number of percentage points – an overrepresentation of 14% might also be framed as a one year fluctuation of 3 children. No statistical significance was reported regarding the observed disparity. The other is that ASC referrals seen by the CAMHS clinic would have been of individuals under the age of 20 (and the vast majority 17 or younger), however the ethnic breakdown of the clinic’s catchment area was for residents of all ages. Based on consideration of data for the whole of Mivolt, it is highly likely that the individuals from an ethnic
minority in the clinic’s catchment area are disproportionately represented in the 0-17 demographic. Although Black African residents make up only 2% of the clinic’s geographical catchment area, it may be that they make up 8% of the school age population. The ages of children seen by the clinic were not reported but may concentrate around a younger demographic still, for instance, children under ten. Thus although the comparison made provides a measure of over or underrepresentation, it is difficult to draw strong conclusions from this data.

4.3.4 Data from Interview

4.3.4.1 Consideration of a Particular Case

Grace recounted her work with a boy of “mixed Portuguese and Eastern European origin”. She indicated that she had a high level of satisfaction regarding this case, that there was nothing she would have done differently given the opportunity. It was important to her that she got a sense of his parents’ constructs around ASC and disability as she felt this was necessary background information that would influence how she went about the conversation regarding the “here and now”. With this specific case power relationships were of notable importance to Grace, there was a degree of suspicion regarding the NHS, and the ways in which it differed from institutions in the parents’ home countries. Although Grace freely admitted that it would be impossible to say that one has grasped all the issues of culture that might pertain to consultation; when asked whether there were any aspects of the consultation that were facilitated by her understanding of the child’s culture, she replied “All of it, yeah”. The researcher’s interpretation is that this response was indicative of Grace’s constructs in this area. It may be that she wanted to portray an inclusive attitude that was sensitive to the individuality of clients; however, the lack of specificity in her response leaves it unclear how deep such facilitating factors ran. It may be that there was not much substance beyond well-meaning rhetoric. Despite the absence of an interpreter, it was a longer consultation than Grace would normally engage in (3.5 hours) as the parents sometimes needed to translate words for each other – and were both curious to know of the EP’s experiences of ASC assessments abroad. Although Grace did not make any adjustments regarding her direct work with the student, she did state that “actually understanding the parents’ perspective as it was formulated from their own cultural background and experience helped” as it revealed practices that they were engaged with here that were not seen as appropriate, but that were acceptable in their home nations. Grace did not elaborate on the specifics of what potentially inappropriate practices the parents engaged in.
Asking Grace to reflect upon a specific case brought new information to the fore with consideration of this child. It was the only occasion whereby she, or any other participant, mentioned the notion of power dynamics specifically relating to EMCF. Her response also pointed to the capacity for institutions to differ between countries and how parents unfamiliar with the NHS might view it with suspicion. It also allowed Grace to affirm that there were different parental practices associated with national culture, and that this was not simply an abstract concept but that it permeated her assessments regarding ASC. This question also reinforced aspects of Grace’s communication that she had stated elsewhere. With regards to her actions as an EP, Grace did not identify anything different stemming from EMC that affected her choices in the assessment, or her interpretation of the child’s behaviour.

4.3.4.2 Thematic Analysis of Interview

This analysis sought to identify organising themes emerging from the two interviews with Grace. The interview transcript underwent a fine grained analysis, with the production of 246 codes. These were grouped into 25 basic themes, in turn grouped into seven organising themes. Figure 4.3 was produced from the thematic analysis of data. Appendix G shows how the organising themes displayed above link to their composite basic themes.
The interview case findings address the research questions directly, using identified themes as a framework to consider Grace’s interview responses. Basic themes are highlighted in the text using emboldened text.

**4.3.5 Research Question 1: In what ways do EPs report that ethnic minority cultural factors impact upon their assessments for ASC?**

Examination of the ways in which Grace’s assessments for ASC are impacted by EMCF are considered with reference to the following organising themes; *Schools as Partners, Culturally Specific Factors,*
Parental Consultation, The Distinctiveness of ASC and Direct Work With Child. Links to basic themes are indicated by emboldened text.

The extent to which Grace reported ethnic culture to influence her assessment is aptly summarised by the following statement that as an EP she needs to “understand where the parents are coming from, it didn’t make any difference to the assessment of the boy, at all, but it did make a difference to the relationship with the parents.” When asked if she had any advice for a prospective EP looking to be culturally fair in their assessments for ASC, Grace stated;

“Just concentrate on the child. It all boils down to that. Because by doing your work with the child and concentrating on the child, I don’t think you consciously examine factors as stemming from culture, background, language needs, I think you just examine anything that comes to your attention that comes from the child.”

For Grace, as will be explored in greater depth, ethnicity and culture present no obstacle to the identification of ASC, but are aspects to be navigated in consultation with parents. Nevertheless, closer examination revealed nuances within this viewpoint, and some adjustments to practice.

4.3.5.1 Parental Consultation

Grace was very clear throughout the interviews as to the importance of the EP being sensitive to the different attitudes, beliefs and constructs held by a family. She freely acknowledged that her behaviour was modulated by sensitivities associated with cultural variables, “things that you are permitted to do and not do”; and stated that if she was made aware of a particular issue that relates to how parents perceive the disability, then it would “obviously...have a bearing on the way I carry out my consultation with the parents”. Part of the prominence of EMCF in Grace’s consultations most likely stems from the fact that she perceives the EP role to extend beyond the provision of an accurate diagnosis. Grace spoke of helping the parents to do a “bit of problem solving themselves”, a relationship being crucial to the success of interventions. She also described her involvement in a previous pathway (pathway M1) as involving the EP primarily in the provision of services. Furthermore, Grace indicated that an understanding of parents’ culture can prove useful in breaking down unhelpful practices; “actually understanding the parents’ perspective...helped as they were engaging in practices in their home environment that might have been seen as inappropriate but they were culturally specific...you begin to understand practices and barriers that need to be broken down, so they can build a relationships with school”. For Grace, understanding of the family context,
and the constructs held by parents was important as it allowed for the ‘careful **construction of feedback**’ but also the way in which the parties had conversations regarding the “here and now”. Without a shared understanding of the family’s understanding regarding “a) ASC and b) disability” Grace would have found it harder to engage in productive consultation regarding the present situation.

Nonetheless these factors can also relate to the validity of assessment and the accuracy of diagnosis. The importance of building a good **relationship** with parents, is that it affects the nature of information that the EP can gather during consultation. Grace described how in one instance, a parent initially was concerned with demonstrating to the EP that they had a measure of control. This was a tendency that Grace felt dissipated as the parent relaxed, and presumably was itself not conducive to an open and honest discussion about the nature of the child’s needs.

It is also true however that Grace’s perception of the EP role appears to have an emphasis on parents, she spoke of facilitating parent’s relationships with school and the importance of empathy. It may also be the case that for Grace, meeting the family’s needs as they perceive them takes precedence over the accurate attachment of a diagnostic label. She states “our job is to unpick it. Our job is to not be judgmental, to be open and listen, obviously if we have things in children protection that’s another issue altogether. Only through being accepting and understanding and asking the question”. This quote points towards an intersubjective EP who conceives of knowledge as a social construction. Rather than pronounce judgments that may or may not be helpful to the individual, she seeks to unpick the situation, listen to their reported needs, relate information “to make a connection with their own personal life”, and from this point deduce how best to support the child.

In discussion of the specific case she was asked to recall, she indicated that she believed there to also be **different views held regarding what constitutes appropriate parenting**, “engaging in practices in their home environment that might have been seen as inappropriate but ... had they lived in that country but what they were doing wasn’t [wouldn’t have been] seen as appropriate”. Given the importance of parent-child interaction in shaping a child’s behaviour, an awareness of the family’s approach to parenting, or more specifically, an awareness of the capacity for different ethnic cultures to hold different values towards parenting, would appear to be of paramount importance. For instance, the researcher’s own practice indicates that there is a great degree of variation between families’ familiarity with the Children’s Act (2004) and the legality of smacking.
Some families are acutely aware of the legislation, its significance, and discipline their children in ways that could not be misinterpreted as ‘smacking’. Others were raised by, and continue to reside in, communities where parents who did not physically discipline their children were believed to be unhelpfully lenient. Were an EP to be familiar with the approach adopted at home (and in the community), this could provide valuable contextual information regarding a) the observed behaviour of a child, and b) the response of parents when asked about the child’s behaviour.

Part of Grace’s work with ethnic minority families often necessitated working with an interpreter to bridge a language barrier. For Grace this presented difficulties, adding to the time necessary for the assessment, and in managing the discourse within the consultation. She stated that “by definition you have the interpreter selecting the bits of information and only giving you some of it”. This poses a problem for Grace as although she felt confident in knowing when an interpreter was ‘good’ or not, she must nonetheless try to work out what information has been filtered, “You are working with minimal information basically”. Having previously described relationship building as ‘primarily verbally based’ it was of no surprise that Grace felt working with an interpreter was “a less natural situation” and impeded her ability to pick up on the subtleties and nuances of parental communication. Grace indicated that she would ordinarily “pick up on things that are not explicit” within the parental consultation, and being unable to communicate directly with the parent, or to be aware of the sum total of verbal exchange with the parent, is an impediment to this.

A psychologist’s ability to extract the implicit from within consultation can impact not just on the quality of relationship formed (with implications for ongoing support), but on the questions asked during consultation. The practitioner’s discernment in this area may lead to the uncovering of valuable contextual information which helps the EP to accurately identify the needs of a child. For Grace, differences in language present a barrier to this. This was especially true for Grace’s work around ASC “I haven’t found it so uncomfortable in other assessment work, because I have felt it quite straightforward, but I have found it uncomfortable in ASC assessment”. Her choice of the word ‘uncomfortable’, rather than ‘problematic’, or ‘a barrier to accurate assessment’ hints that her described experience relates more to her relationship with parents and ability to carefully construct feedback, as opposed to Grace’s discernment of the child’s needs. Nonetheless, for Grace the importance of clear communication with parents is especially true when conducting ASC assessments.
Grace’s experiences of running post-diagnosis support groups had entrenched a belief that, in terms of building relationships, language is more important than culture. “What I have found is that you have parents for whom English is their first language, even if they have come from a different cultural background, but through the medium of language they are able to navigate any other”. This motif reoccurred throughout Grace’s interviews. On one hand, she communicated that EMCF did not influence her ASC assessments, and yet there were self-reported instances of influences (such as language), associated with EMCF that did prompt her to adjust the way in which she undertook assessments.

With regards to child, Grace stated that although “one barrier could be the language”; it was not something she had personally experienced. For Grace, the presence of staff fluent in the home language of the child meant that the language barriers, inasmuch as they related to her assessment, were overcome.

4.3.5.2 Direct Work with Children

Unlike Mary, Grace did not feel that a child with EAL would be harder to assess (for ASC) than a student whose mother tongue was English. Instead she stated that “you don’t necessarily listen to what children say” as there is there is “a qualitative difference, in the behaviour, in the body language in the inferences children make” when ASC is present. For Grace, good quality observations negated the need for EP-child interaction; “when I assess for autism, or when I am suspecting that what we are dealing with is a social communication disorder, then this is done primarily through observation”.

Such a standpoint is on one hand surprising given the length of time and training an EP undergoes in order to develop their professional child-practitioner skills and in honing their ability to interact with hard to reach children. It could be argued to bode poorly for EPs that Grace is so willing to forgo this part of an assessment, suggesting that she feels she would not offer new insight into the child through working alongside them.

Alternatively, it could be argued that such an approach is highly pragmatic. A child whose difficulties bear resemblance to ASC may not interact as they normally would with a strange adult, and it may be that Grace feels that it would be unduly self-serving to suggest that the most accurate picture of the child’s strengths and needs can be obtained through anything other than examination of their interactions with those that know them best. Presumably Grace would argue that what is of
paramount importance is the garnering of an ecologically valid assessment – the very thing she seeks to observe is the child’s interactions with non-psychologist individuals. Additionally Grace stated that “in my case things are slightly different anyway as I have an accent”.

As with the other participants, Grace felt that there were no noticeable differences in the presentation of ASC when evident in children from an EMC background. Her constructions around ASC appeared to be firmly held “shared understanding, particularly with autism, when we are dealing with autism we are dealing with autism, it doesn’t matter if the autistic person is white or black, they are autistic” and that in terms of its presentation; the “weight of autism will outweigh any cultural impacts”. Such a viewpoint meant that Grace felt it unnecessary to consider issues of ethnic-culture “I don’t...use any constructs of ethnicity and culture, because I think that’s my personal view, I think autism permeates all of that”; however she did also indicate that there may be procedural changes necessary relating to the child’s language: “in that respect my EAL assessment will be done through a member of staff that is already supporting the child, the same would be with autism”.

Grace’s constructions led her to the assertion that ASC permeates all and renders any consideration of culture superfluous: irrespective of ethnicity, Grace’s consideration of contextual factors does not change. However, Grace’s approach to ASC assessments permits adaptations in response to contextual factors, such as EAL or a hearing impairment. Although Grace identifies EAL as separate and distinct from ethnicity – believing that to conflate the two would be inappropriate - this researcher believes it would also be unhelpful to deny a correlation between the two elements. More specifically, from their practice experience they believe there to be a greater incidence of EAL among children from ethnic minorities than in the ethnic majority. In her work with children Grace may not make adjustments for culture, but if she does make adjustments for EAL then it stands to reason that children of an EMC background will experience this adjustment disproportionately to children from the ethnic majority. If EAL is assumed to occur with greater frequency in ethnic minority populations compared to ethnic majority populations, then in making an adjustment for language, Grace is simultaneously adjusting her practice in a way that disproportionately affects those from EMC. As a consequence of Grace’s procedural flexibility, it is reasonable to suppose that her assessments with EMC children deviate from her norm with greater frequency than when she assesses children from the ethnic majority.
4.3.5.3 The Distinctiveness of ASC

Similarly to Mary, Grace indicated that she placed less weight on culture in her assessments for ASC relative to her other psychological assessments. She felt that the “weight of autism will outweigh any cultural impacts” which would not necessarily be the case for “emotional behavioural difficulties, or other differences...I think there will be more of a bearing on other special needs than there is for autism”. This was of particular interest to the researcher as there appears to be a body of evidence suggesting that a variety of ethnic-cultural factors have the capacity to mediate the presentation of ASC.

Nevertheless, for Grace when “the primary area of need comes from autism... the focus shifts in a way that it doesn’t for other SEN needs”. This does not mean that Grace would consider culture less when assessing a child for ASC (“I would consider culture full stop, that would be my starting point, the child in context wherever that context might be”), but rather that “If we are going more towards an ASC diagnosis, then the other factors will diminish in my balance of things”. It is not as though Grace consciously removes her ethnic culture glasses when she realises she is investigating the presence or absence of ASC however. Instead each child is approached in the same way, with ethnic cultural factors identified and the extent of their influences considered. However if it becomes apparent that ASC is the prime area of concern, examination of said cultural factors becomes less valuable, as if ASC is present, Grace would argue it would be apparent irrespective of these contextual factors.

4.3.5.2 Schools as Partners

The way in which Grace spoke of schools in her interviews (relative to her fellow participants) struck the researcher as positive. Each of the references was positive and overall, the presiding tone was one of partnership between EP and school. She referenced the capacity of schools to raise particular issues that might then have a bearing on her consultation with parents. Grace expressed no reservations in using school staff to assist with interpretation and appeared to view such staffing of schools as a facilitator of her work.

The role of the EP as defined by Grace appears to include building capacity within school to “provide opportunities for training, and opportunities for shadowing so that we would skill up the teaching staff”. Although this was not explicitly identified as a facilitator of assessment with minority groups, it is not difficult to imagine how a skilled up team of multi-lingual educationalists would be able to
contribute to the facilitation of accurate identification and differential diagnosis of ASC in EMC groups.

Grace even went as far as to suggest that there were parts of her assessment that happen vicariously through school staff; “in that respect my EAL assessment will be done through a member of staff, that is already supporting the child, the same would be with autism”. Whether this would still be Grace’s philosophy did she not perceive herself to have a less audible accent is unclear.

4.3.5.2 Culturally Specific Factors

In one instance, Grace reported discerning a suspicion regarding the NHS and the way it worked. In this instance, mistrust was amplified as the parents felt that there were elements to the way it [the NHS] was working that would have been “better in their respective countries”. She also pointed to the capacity for different ethnic cultures to define gender relationships in different ways.

On two occasions Grace relayed a report of a communal stigma attached to having a disability (or ASC) being correlated with a particular ethnic culture. She went on to say that this was correlated with gender, and that there was a particular stigma when the child was male. Grace did however note that this need not have been true of the ethnic culture per se but might simply be applicable to a particular family.

In the follow up interview, Grace brought up an instance of recently acquired culturally specific knowledge related to eye contact. Speaking regarding a particular Chinese province, she relayed that she now believes “that actually, the children [from the province] are encouraged not to look at the teacher, not to look at adults … and therefore not to question anything of the adult at all”. For Grace, acquiring this nomothetic knowledge gave her “a completely different perspective” regarding the child she was assessing at the time and led her to engage in further observations as a direct result of her acquired knowledge.

The incident was of particular interest to the researcher as in her initial interview Grace had stated that “obviously I’m aware that in some cultures it’s not appropriate for the child to look at the teachers…but ultimately you do get an idea of when a child chooses to look at somebody because that’s a social convention, and doesn’t look at somebody because there are other things going on”. Although Grace claimed that she still felt the [Chinese] child she was assessing at the time ‘still had
autism’, she also said that as a result of this knowledge “I had to do more observations and when I went back it [eye contact] was much better with other children”.

To have reminded Grace of her earlier statement would have felt unduly provocative in the context of the interview, and it should be stated that her two statements are not explicitly contradictory. Nonetheless the tone of each appears discrepant. In the former, Grace acknowledges culturally specific knowledge, but claims that the signs of ASC are so distinctive that the consideration of such knowledge would be without value. In the latter, Grace adjusts her plans in response to developing her culturally specific knowledge, and as a result qualifies her assessment of the child’s eye contact.

It was in the follow up interview that Grace stated that there were differing developmental norms associated with particular ethnic groups, “I’m currently exposed more to Somali families and Chinese families – in [former LA] I had more dealings with Bangladeshi- there are different norms in each instance... norms you [one] don’t necessarily share [consider to be accurate]”. It is probably unlikely that Grace meant ‘norms’ as levels that have been systematically and rigorously validated, but rather is referring to her own heuristics. From her experience with particular ethnic cultures, she has developed a helpful rule of thumb that she considers applicable to the specific communities in which she works. It may be that this heuristic does generalise beyond the geo-ethnic communities that Grace has worked with, but as of yet, this is not a validated position. This statement, whilst not in stark contrast to any before, still stood out given her previous conscientiousness to qualify that any reported constructs associated with groups may simply be limited to individuals “I don’t know if it was culture specific or family specific”.

4.3.6 Research Question 2: In what ways do EPs report that their work context influences their assessments of ethnic minority children with possible ASC?

Data gathered as part of Grace’s case study is structured around two of the themes identified through the analysis of her interviews; EP Learning, and LA Structures. Links to basic themes are shown by emboldened text.

4.3.6.1 EP Learning

The author has found it useful to conceptualise Grace’s learning as occurring in two domains. The first is around her constructs of psychological assessment, ASC, ethnicity and culture. These constructs underlie how she goes about her assessments in general, and with children from EMC families with possible ASC. The second domain relates to the realisation of these constructs, and
how she applies these to her day to day assessments: what knowledge and learning determines how these beliefs are made visible. For instance, an EP might have the construct that good consultation involves building a rapport with the parent (domain 1). They might have arrived at this position through their initial professional training. However, how the EP goes about this, such as commenting on a recent television program (domain 2), may draw on knowledge from other sources (e.g. a tip from a colleague).

From some of Grace’s statements it might appear that her formulations lack an internal consistency. She appeared confident that culture needs not be consciously considered, and spoke equally assertively about the ways in which she adjusts practice to reflect cultural sensitivities. However, in the opinion of this researcher, if her position is thought of with regard to the aforementioned domains, then it could be considered internally consistent.

An alternative framing might also describe the apparent mismatch in terms of nomothetic and idiographic knowledge. Grace, like every EP, draws on both with regards to her ASC assessments with EMC children, however she appears to have greater confidence in the utility of nomothetic knowledge when it pertains to ASC then when it pertains to ethnic culture. It appears that when evaluating the influence of contextual cultural factors, Grace draws more on the idiographic and the particular consideration of the child in front of her. Nonetheless, Grace’s position does not appear as secure as some of her statements convey, she appears to still be grappling with how and when she might draw upon generalisable knowledge regarding culture, and ‘inconsistency’ might better be phrased as ‘reflective of an ongoing process’.

Grace’s description of her learning, not least as it pertains to formal learning, reflects her view that experience and competence with ASC is all that is necessary for assessing children for ASC in EMC families. Her comments suggest that ASC is the lens by which her learning occurred, rather than an explicit examination of EMCF at any stage. The initial EP professional training that Grace underwent was described as “most certainly the starting point” with regards to formulating a view regarding the relative importance of EMCF in the identification of ASC. Although her interest in ASC was first piqued before this, during her professional training she was able to focus her dissertation on ASC. Formal opportunities for Grace’s CPD were described as owing a lot to the nature of the service in which she was based, “I was also fortunate that the service was quite supportive” – which not only paid for a year long ASC course but permitted her to tailor her CPD around her area of interest, namely ASC.
Her involvement in the LA pathway was described as a major learning curve – “this meant that my assessments of children on the spectrum changed dramatically. The way I was viewing the child, and what I could offer was substantially different, I think better”. It was through her participation that she acquired training in assessments and she was responsible for keeping “the group up to speed with the NIHCE guidelines and make sure we were adhering to those”. The latter was identified as something that she may have done out of her own interest, but now that it formed part of her job, she was sure to. It is reasonable also to assume that her task of informing her colleagues of the NIHCE guidelines also helped consolidate her own learning in much the same way that William described delivering training as consolidating his. This involvement in the pathway also opened up opportunities for collaborative working with different professionals, “suddenly, I had in effect, a regular schedule of multi-disciplinary meetings”. It was not necessarily that previously such professionals were uncontactable, but Grace identified the frequency of interactions as important in developing her learning. Grace’s example of recent learning regarding the cultural appropriateness of eye contact with adults also stemmed from her collaborative working with a specialist teacher (of Chinese ethnicity who was working as a translator). Grace hinted that the nature of the EP role is by definition a lonely job, inasmuch as it allows for the sharing of knowledge and constructs. Nonetheless she felt that on some issues (such as ASC) there is a shared understanding within the EP community.

The establishing of connections between professionals in different local authorities meant that she was able to understand “how other people are working in a detailed and thorough way”. This was a theme she returned to throughout the interview and identified her exposure to “a variety of contexts, organisational issues with two authorities, situations, [and] types of families” as sources of experience that equipped her in her role. The ethnic composition of the locale in which Grace practised also influenced the way in which she approached her assessments. She had no hesitation in recognising the influence of the communities she has worked in on her practice and also affirmed that “my practice is more influenced by my exposure to different families”.

However, she was keen to assert that it was not the geographic component that was the major influencing factor in her work but rather the “complexity of the cases” that she encountered. One professional role in which cases might be expected to show an elevated level of complexity was the court work undertaken by Grace, whereby she offered an expert opinion. This was described as “a major major school” that influenced her approach to psychological assessment (in particular being
accountable and ensuring practice is evidence based). She also spoke of working for the NHS as being in a working environment that she was initially unfamiliar with.

With regards to cultural information relayed to Grace from others, she indicated that there was “no way of refuting or confirming that”. However, this seemingly theoretical stance was not borne out when Grace examined her practice. Referring to the previously mentioned Chinese specialist teacher, Grace relayed that “the children are encouraged not to look at the teacher, not to look at adults ... but now you have to unpick it .... and that meant I had to do more observations”. Additionally Grace stated her intention to look into it further. It may be that Grace demonstrates an occasional willingness to set aside her underlying constructs regarding culturally specific knowledge. Alternatively it may also reflect a dissonance within Grace: she is simultaneously aware that such knowledge can inform her practice, and that she does not utilise/seek such knowledge in the majority of her cases.

Relative to other participants Grace appeared confident in the utility of independently pursuing knowledge of EMCF. In response to her recent learning around the social etiquette of eye contact, she indicated that “I’ll research further to find out whether this is the case”. This indicates that she would collect evidence that will allow her to refute or confirm what she was told. Arguably this constitutes a form of good evidence based practice, investigating generalisable knowledge. Grace was the only participant who explicitly mentioned reading and ‘keeping up with ASC’ as something that she would engage in.

“I would like to say I have arrived at my viewpoint through extensive studying but I haven’t, the truth is that I have arrived at my viewpoint through practice and experience. I do read, like all of us, I try to keep up with autism because that’s my area, but my practice is more influenced by my exposure to different families, so for example, my experience with the Chinese teacher [regarding eye contact] has given me food for thought and I’ll research further to find out whether this is the case. But other than that no, I think it stays as a pretty stand alone, these are the assessment tools, these are the observation, this is the child.”

4.3.6.2 LA Procedures

The extent to which Grace made considerations of EMCF in her assessments was also influenced by the LA structures where she worked.
Grace was unsure as to whether Mivolt EPS collected ethnicity data of individuals passing through its service. She did however state that she was “aware that other LAs did” thereby implying that she saw the matter as largely immaterial. Her lack of knowledge in this regard did not reflect a failure to consider, but rather, even when aware that this was something engaged in by other LAs, she considered it irrelevant to examine Mivolt data, or even to learn if such data was collected. It may have been the case that Grace’s attitude was shared by the management of Mivolt EPS as Grace stated that she “would be surprised if they don’t have it but it wasn’t something that was prominent to the EP practice”.

In general Grace was sceptical of conclusions regarding under-identification and over-identification of ASC in ethnic groups. Speaking of one particular locale, she felt if anything, there might be an over-representation of children from BME groups.

“I think that we don’t have enough information to know what the incidence actually is in different localities anyway...depending on the locality, I’d say that we probably had an overrepresentation of BME groups as such rather than an underrepresentation”, if someone looked at this set of data they would think that the data was skewed the other way.”

Given Grace’s apparent reluctance to engage with demographic statistics, the researcher found her assertion unexpected. In light of her described conscious detachment from LA and EPS statistics, it would not surprise the researcher if Grace was unaware of the officially recorded residence demographics by which she might make a comparison as to whether a group was over or under-represented. On reflection however, Grace is simply hypothesising regarding her local situation. Furthermore, her personal experience is by no-means disconfirmed by the documentary analysis of Mivolt data. Though data was only taken from one clinic, and for one year – Mivolt’s own analysis suggested an over-representation in the numbers of Black African children referred to the service. Given the potentially conflicting messages emerging from local and national research regarding possible national trends and specific local patterns, one might have sympathy for her adopting an active state of ambivalence towards the examination of ethnicities.

Perhaps the caution inherent in Grace’s response has at its root, the difficulties in grouping different ethnic minorities together. Whether there is a question of over or under representation may
depend on which ethnic group is considered. Though this research emerged from a national trend of disparity between two ethnic groups (Caucasian-British and South-Asian/South Asian-British), the interview questions referenced only EMC in general. Forty five minutes of general discussion around EMC could to have led Grace to believe the researcher might be in danger of overgeneralisation.

However Grace also acknowledged that LA priorities determine the capacity of EPs, “because for as long as EPs were part of the LA, if the LA don’t see it as a priority, it just didn’t happen”. Her capacity to engage in actions beyond the norm, (such as the examination of ethnicity data) is constrained or enabled by the work context in which she is in. She also implied that recent changes to the working structures of EPs make it less likely that they will engage in such activities “and now that EP services are fully traded, it depends very much on what the priority of the services are”. The presumption being that in a fully traded service, or a private company, auditing of demographic data may be even harder to justify to stakeholders than it once was.

One of the facilitators that Grace identified with regards to ASC assessments with EMC children was cooperation between LA services. She was able to cite a particular example of where this was realised on a micro scale (in a particular assessment) and she directly benefited from the collaboration between “Education and Health” to fund the ADOS training of practitioners such as herself. This inter-disciplinary collaboration was something that the team responsible for creating an ASC pathway sought to develop further; “we would begin to provide opportunities for training, and opportunities for shadowing so that we would skill up the teaching staff in the school”. Difficulties associated with this however were also referenced by Grace, specifically how multi-disciplinary ventures would be funded.

The LA pathway for assessing ASC has the potential to enable and constrain the ways in which an EP might go about their assessments with EMC families. In this case, Grace was able to make consideration of EMCF by virtue of her role in setting up a pathway “in collaboration with clinical psychologists...a joint venture between NHS and Education”. She went into some detail as to how the pathway would be structured (e.g. a single referral point) and with feedback being given by the clinical psychologist or paediatrician, however there was no mention of EMCF, or aspects such as diverse staffing, community outreach, or EAL provision that might have been incorporated to specifically support these groups.
One aspect in which an LA pathway can vary is the extent to which it seeks to engage families through **home visits** rather than in LA clinics. As an EP, Grace had the flexibility to undertake home visits, and like William this was something she found useful, “**it was a rewarding experience, it was like they were heard, they were given a voice and they because the whole thing happened in the parent’s home**”. However Grace was also sensitive to the potential for such a visit to be “**overwhelming**”. This could be another factor which affects families from EMC disproportionately. Although any home visit has the potential to be overwhelming, such a feeling would be amplified if the parent was welcoming in two or more representatives from the LA, such as an EP and also an interpreter. Moreover Grace described some parents who were unfamiliar with the UK system, and identified power dynamics as something she was aware of. From a parents’ perspective, unsure of the implications for their child, unfamiliar with the NHS, unable to communicate directly, and outnumbered in their own home, such a situation plausibly has the potential to be grossly overwhelming. This obviously bears upon the quality of data collected through parental consultation, time an EP spends re-assuring a parent, (and either lengthening a consultation to compensate for translation or attempting to extract the same information in less time owing to the necessary interpretation) but also has the potential to impact upon the EP’s direct work with child. If a child is aware of anxiety felt by their parents, this may lead them to manifest different behaviours and interact with new adults in a manner that they might not otherwise do – thereby impacting upon the validity of assessment.
4.4 CROSS CASE SYNTHESIS

The author appraised it necessary to present a cross case synthesis in order to make clear the commonalities and conclusions that can be drawn from this research. This process of elucidating links between datasets enables a researcher to produce substantial and robust conclusions (Yin, 2009).

The researcher approached the cross case analysis in a systematic manner. All basic themes identified through the thematic analyses of all participants were laid out, and where similar ideas were represented, grouped together under a global theme. Where such grouping occurred, the researcher revisited each basic theme, to ensure that it was adequately represented by the global theme. All of the initial basic themes were able to be incorporated into the cross-case arrangement.

4.4.1 Research Question 1: In what ways do EPs report that ethnic minority cultural factors impact upon their assessments for ASC?

The findings point to six areas which are considered by EPs when assessing children from an EMC for ASC. Each EP will respond in different ways to the impact of these factors, and adjustments that they make will be determined not only by external constraints but also the character and constructs of the individual EP. Their adjustments, or lack thereof, will manifest either in their direct work with a student, or their consultation with parents. Figure 4.4 shows the findings of the cross case analysis as they relate to research question 1.
4.4.1.1 EMCF reported to be considered by EPs in their assessments for ASC

Six factors that were considered by the EPs are here identified and detailed.

4.4.1.1.1 Work Context:

The work context of the EP not only presents factors for consideration, but also has the capacity to facilitate or constrain adjustments that an EP might make in their work with parents and children. This is explored in full detail in section 4.4.2.
4.4.1.1.2 Culturally Specific Factors

There were a number of domains in which participants had observed variation along cultural lines. Gender was one such example, where reported variation was endorsed by all three participants. Each also felt that there were differences in the extent to which ASC, and disability in general, was accepted and free of stigma. There also appeared a shared understanding among the participants that different groups could interpret behaviour differently, and might have different understandings of age-appropriate development.

William: “so I think in the [EMC] community a lot of the behaviour is misinterpreted.”

Mary: “family expectations...behaviours and social interaction and then school because there are different cultural expectations in each.”

Grace: “there are different norms in each instance... norms you [one] don’t necessarily share [consider to be accurate].”

4.4.1.1.3 School-EP relationship

The capacity for schools to facilitate an EP’s assessment was identified by William (“knowledge of culture which often as much comes from school”) and Grace (“assessment will be done through a member of staff”). Additionally the propensity for EMCF associated with the child to impact upon the EP’s relationship with the school was identified by Mary and William. Mary stated; “the school, they felt very anxious about his behaviours, so I couldn’t always get a true picture of his needs in the learning environment”.

In addition to this, William also recognised the capacity for his work with parents and child to be affected by the way a school had managed and responded to EMCF. For instance, school assertiveness might have facilitated the family’s engagement with medical professionals, or enabled them to access parenting courses. Conversely, it may have also negatively impacted upon the school-home relationship, or invoked parental anxiety that affected the child’s behaviour. William saw part of his role as drawing on cultural knowledge to help school better understand and respond to children’s needs, and on some occasions felt that he needed to address schools’ negative attitudes that could have arisen in part from EMCF.
4.4.1.4 Shared Understanding

Though this appeared especially pertinent for William, the value of shared understanding was alluded to by each of the participants in some form. For William it was a necessary precursor to a successful consultation, as without it it was hard for William to have confidence in his assessment of the meaning underlying the behaviour he observed. For Mary a lack of parental understanding regarding ASC might mean that she ‘infers things that she is not justified in doing’, therefore establishing this allows her to hypothesise with confidence. The value that Grace placed on a shared understanding was no less, but perhaps less directly related to validity of assessment and she spoke of a shared understanding with parents as necessary in order that “they can build relationships with school staff that [are] more positive, ... which is part of our work”.

4.4.1.5 The Distinctiveness of ASC

Mary and Grace intimated that they approached their ASC assessments in a slightly different manner to the way in which they approached assessments for other psychological conditions. For Grace when “the primary area of need comes from autism... the focus shifts in a way that it doesn’t for other SEN needs”; meaning that she need not attach as much weight to the impact of cultural variables as she might in other situations. Mary offered a similar viewpoint: “with autism, I suppose I have much more of a within child model with it, so yeah, I feel that it’s something I can observe... children with concerns with cognition and learning difficulties, I probably do apply more of a test based assessment with them”.

4.4.1.6 Language

Though for each EP the propensity for EMC families to have English as an additional language presented a barrier, this was disproportionately felt by some participants. For Mary, interaction with the child was prized and so in the absence of understanding linguistic interaction, her confidence in her judgments fell; “because I’m not always confident that I can observe ASC in an interaction where I cannot understand the language”. Conversely Grace stated that “you don’t necessarily listen to what children say” to identify children with ASC.

Similarly, when working with parents, the impact of different languages was felt by participants in different ways. William noted cultural complexities around male interpreters interacting with female parents, and desired to always use external interpretation. This led him to sometimes delay speaking with parents over the holidays. Additionally, William reported it very hard to read the non-
verbal responses of one community, meaning that he was extra reliant on linguistic communication than he might otherwise have been.

**4.4.1.2 The Individual EP**

EP individuality was touched upon only briefly by participants, and yet each participant identified an aspect of themselves that affected the way in which they went about their assessments. Grace identified her accent as something that may impinge upon her interactions with children. Her perception of this possibility was one reason why she choose to conduct her assessments primarily through observation. William was conscious of his gender and the difficulties that one-to-one conversation might pose to some parents. He was also open to the possibility that subconsciously he tries harder when working with minority families. Yet it was Mary who gave the strongest impression that her choices around assessments related not to judgments regarding evidence based practice, but personal preference; she expressed her personal dissatisfaction regarding checklists, and her belief that observation and consultation were her strong assessment tools. Three given EPs may appraise considerations of EMCF in the same way, but their choices that arise from their considerations will also owe to the EPs themselves and their individuality.

**4.4.1.3 Assessment**

The impact of EPs’ adjustments appeared to relate to either their direct work with a student, or their consultation with parents.

**4.4.1.3.1 Direct Work with Student**

Each EP asserted that EMCF did not affect their interpretation of a child’s behaviour.

William: “I think if you watch videos of children from different cultures then you’d see the same behaviour.”

Mary: “I do see ASC as something identifiable across cultures.”

Grace: “the weight of autism will outweigh any cultural impacts”

This position was however somewhat more nuanced with William who said he would consider “possible cultural explanations for [presenting behaviours],” and who also reported linking his knowledge of one community to his interpretation of play with dolls.
Both Mary and Grace pointed to differences in their direct work with a child that might arise not from culture, but from linguistic differences. Mary spoke of using culturally sensitive pictures in gathering the child’s views, and noted this as an area of her practice where she saw room for improvement (through collecting views of the child in setting, and doing so more purposefully as opposed to generic likes and dislikes). Grace however conducted elements of her assessment vicariously through other adults; “through a member of staff, that is already supporting the child, the same would be with autism”.

4.4.1.3.2 Parental Consultation

William spoke of his perceived need for practical adjustments more than other participants. In his instance, this related to showing greater creativity/flexibility, such as with his arranging of appointments; “I’ve gone into school just to speak with a parent to arrange to speak next week because I know there’ll be someone there who can interpret”. For Grace and Mary, no other practical adjustments were mentioned beyond the need to source an interpreter.

The way in which each of the participants most vocally felt that they adjusted their practice when consulting with parents related to building a shared understanding of different domains. For William, this was primarily around ASC and behaviour, “I find using another child as an example [helpful]”. Mary saw it as helpful to ascertain “what their expectations were, what their principles were as a family, what pressures they were under, what was important to them”, in order that she might better build a relationship with parents and construct her questions in a way that was safe for them. Grace stated that cultural sensitivities would determine the “things that you are permitted to do and not do” in consultation and how a conversation regarding the here and now was only possible through understanding the family’s context.

William: “And there’s time and effort goes into that [constructing a joint understanding] before we can really start to talk about going into anything else.”

Mary: “patterns around that that meant I had to adapt my questions ...I felt sometimes that I had to adapt myself.”

Grace: “it was very important for me to understand that context as an EP, very important.”
4.4.2 Research Question 2: In what ways do EPs report that their work context influences their assessments of ethnic minority children with possible ASC?

With regards to research question 2, the synthesis of findings produced four global themes. These four factors interact appear to combine to form the key components of the EP’s work context. The work context of the EP is something that has the capacity to facilitate or constrain adjustments an EP might make. Figure 4.5 shows the findings of the cross case analysis as they relate to research question 2.

Fig. 4.5: Findings of the cross case analysis as they related to research question 2.

4.4.2.1 Culturally Specific Factors

There were two elements identified through interviews of how an EP’s work context might be shaped by culturally specific factors, regional variations in the quantity and nature of immigration, and the notion of passivity.

Mary indicated that she makes a point of asking parents from an EMC background to share regarding “how it was for them as a parent in the early years for their child” and collects a detailed developmental history. Her rationale for doing so appears to relate to the potential that they might have unusual experiences in this area: “and often they will describe, depending on their own, traumatic in some cases, experiences, gaps in their own learning and they throw up their own hypothesis for me, recently I had a parent who watched their own parents die in a fire…”.
supporting documents from Jepford urging practitioners to be sensitive to a large number of refugees/asylum seekers from war zones, it appears likely that Mary’s described experience is linked to a higher than average number of refugees/asylum seekers that settle in Jepford.

William felt that he had identified a heuristic that proved useful to his understanding of the ethnic community in which he worked. He found it helpful to consider behaviour with regards to passivity, and noted that one particular ethnic community was harder to engage with services through conventional routes. It may be that his observations are the result of the ‘historic housing policies’ that Pearton adopted, but for whatever reason Pearton appeared to have less success in engaging one particular ethnic community. The extent to which this culturally specific observation impacted upon his work was also dependent on decisions made by Pearton. Namely, the availability/willingness for professionals to engage the community in different ways, such as home visits and community outreach. This would be an example of how a culturally specific factor has the capacity to shape work context of the EP.

4.4.2.2 EPS Management

Each of the participants alluded to the presence or absence of resources as impacting upon the way they went about their assessments. As a function of the way in which the EPS was managed, William was able to draw upon resources that may not have been available to Mary or Grace. For instance, he described telephone interpretation as ‘changing his life’; yet there is no guarantee that EPs outside of Pearton would have been able to access such a service. He also spoke of how a personal connection enabled him to write a referral in a way as to maximise its chances when considered by panel.

Mary however, was new to a locale, and working without such connections. Now operating outside the auspices of a LA, she may not have even been able to engage in calling different professionals for a quick discussion (as Grace alluded to). On the other hand, she may have been based in a service with a supervisory model, something that William would have valued.

Grace’s learning was heavily facilitated by the EPS in which she worked, which financed a year long course and enabled her to pursue her specialism. It was also through the EPS that funding was secured for her training in the use of an ADOS. For William, finance presented the barrier not only to this training, but to the extent to which EPs were able to engage with the formal assessment for ASC. Grace also intimated that the priorities of the EPS could determine the activities that EPs
engaged with. Whereas William needed to persuade Pearton management of the value of monitoring students seen by the EPS, this information was likely freely available to Grace, and Mary’s EPS was actively prioritising serving particular ethnic groups.

4.4.2.3 Opportunities for Learning

One difference that emerged between the participants appeared to relate to how they saw the focus of the interview. This emerged with particular clarity when the EPs spoke of their own learning. Grace’s response appeared consistent with her constructs around ASC, and that its presence or absence is easily determinable with minimal consideration of EMC necessary. Consequently when asked how she arrived at this position, her response drew on her learning around ASC, what had been formative and influential in this regard – the route to learning regarding effective ASC assessment with EMCF occurs through learning about ASC. The other end of the spectrum was occupied by Mary, whom was confident around ASC, but less so with regards to EMC. The researcher’s impression was that throughout the interview, Mary was engaged in a process of self-questioning around the area of practice where she had least confidence, EMCF. Thus when asked what had been instrumental in her learning, Mary response focused on learning regarding EMC; “EAL being discussed as cultural differences but that was about it. Might have been one or two lectures on different ethnic cultures”. William however drew on both components, “I don’t remember there being much about ASC … in relation to ethnicity.”

Though each participant was prepared for the interview in the same way, their responses appeared to reflect a different focus, as such it may be difficult to draw generalisable conclusions in this regard. Mary’s comments regarding the value of her initial professional training to her present position may differ from Grace’s, for instance, but if Mary was to answer with a focus on her learning around ASC, or Grace her position on EMCF, the disparity may not be so stark. In any case, each of the three participants stated that they considered the most formative part of their learning to arise from everyday casework activities.

William: “it’s mainly been on the job as it were with a few more structured CPD experiences.”
Mary: “no, it was just experiencing, Not initial [training], not CPD.”
Grace: “I have arrived at my viewpoint through practise and experience.”

The other commonality between the three participants was the way in which their practice was shaped by collaboration with other professionals. William spoke of the capacity that supervision had
to “address different knowledge bases that EPs could have”, and share knowledge within the EPS. Mary stated that her functional (as opposed to titular) specialism in ASC arose through her work with specialist teachers and Grace gave a specific example of how working alongside a Chinese specialist teacher caused her to adapt her choices for the child, and pursue further learning in this area.

Two of the participants referenced the interview as causing them to reflect upon their practice. Both William and Mary adopted a relatively reflective attitude throughout the interview and both identified aspects of their practice that they wished to further investigate.

William: “I don’t know actually and your question has prompted myself as to why I don’t know – that’s something I can find out quite easily”.

Mary: “It’s just that question in my mind that this interview has thrown up, how confident am I that the environment the child has been brought up in may affect particular features of autism and that’s not something I’ve thought about until this interview”.

Both William and Grace alluded to the capacity for their own learning to be influenced by their dissemination of knowledge. In William’s case, he spoke of delivering training as helping him to consolidate his own knowledge. In Grace’s instance, she mentioned how being responsible for educating others regarding the NIHCE guidance (also mentioned by William), also caused her to be proficient regarding it.

4.4.2.4 Assessment Pathways

Two of the participants, Mary and Grace, were involved in the design of the LA pathway for the assessment of ASC. In Mary’s case, she was consulted along with one other representative of the EPS, by an LA representative responsible for formulating the new pathway. In Grace’s case however, she was an LA representative with responsibility for formulating a new pathway. Both participants had the capacity to influence the design of their LA pathway for ASC assessments. Neither participant mentioned that they considered EMCF when engaging in this systemic work.

EP involvement with the ASC pathway is described by the participants in largely positive terms. This was very obviously the case with consideration of Mary’s comments throughout her interview. In Jepford she was not keen for EPs to be involved in the diagnostic assessment for ASC as EPs feared how much time would be taken away but this involvement, and that it might “take over the kind of
work they needed to be doing”. However she valued the opportunities she had in Jepford to generate hypotheses with other practitioners. Although she had never been formally involved in the diagnostic process, in Jepford she felt that she knew who held information, she knew that her views would be represented and that there was an avenue by which she could feed in her thoughts. For Mary, this was sufficient to instill confidence in her work and minimised her anxiety around her assessments.

Grace’s engagement with the LA pathway went further. In Mivolt, she was one of a team of professionals who were commissioned to provide diagnostic assessments, and she directly attributes some of her professional learning to her role in this process “this meant that my assessments of children on the spectrum changed dramatically - the way I was viewing the child, and what I could offer was substantially different, I think better”. One reason for the formative nature of this would likely be the increased time spent engaged in assessments. Grace intimated that she learnt best through engaging in casework, especially complex casework. It stands to reason therefore that as she spent her time engaged with ASC assessments of cases deemed complex, that her learning would develop through this way. Grace’s role here also presented her with responsibilities, necessitating that she was up to date with NIHCE guidance, and was engaged with regular multi-agency working. For both Grace and Mary the exposure to, and opportunities to collaborate with, colleagues from different backgrounds (professional or geographical) was a valuable learning opportunity that presented itself to the degree that EPs were involved in the assessment pathway.

4.4.3 Conclusion

The findings presented here are the result of a fine-grained, in-depth analysis of the considerations of EMCF reported to be made by EPs when assessing children for potential ASC. Participants were able to identify ways in which they felt EMCF impacted on their assessments, to recount their work with a particular student, and to reflect on the ways in which their practice has been influenced.

In relation to research question 1 - In what ways do EPs report that ethnic minority cultural factors impact upon their assessments for ASC? - six global themes emerged from the analysis; Language, Shared Understanding, Culturally Specific Factors, Schools-EP Relationship, the Work Context, and the Distinctiveness of ASC. These influences, lead to Adjustments made by an Individual EP, in the areas of Parental Consultation and Direct Work with a Child.
With regards to research question 2 - In what ways do EPs report that their work context influences their assessments of ethnic minority children with possible ASC? - four global themes were created through the analysis; *Culturally Specific Factors, Opportunities for Learning, Assessment Pathways* and *EPS management*. 
Section 5: Discussion

5:1 SUMMARY OF FINDINGS

This section provides a summary of the research findings and their relationship to the propositions previously identified. A full synthesis of the cases, and pictorial presentation of global themes can be found in Section 4.4 above.

Research Question 1: Analysis of the three cases revealed six themes by which considerations of EMCF reported to be made by EPs in their assessments for ASC might be understood. Participants reported making considerations of EMCF with regards to work context, culturally specific factors, the school-EP relationship, shared understanding, the distinctiveness of ASC and language. The guiding propositions for research question 1 were;

a) EPs would be reluctant to make considerations of EMC in their assessments
b) Where considerations were reported to be made they would not be evidence based or systematic, but based on their own experience and bespoke to individual cases.

Findings showed that EPs typically do not report making consideration of EMCF in terms of their direct work with a child, and in their interpretation of a child’s behaviour. Where considerations were reported they were often related to factors associated with EMC, but discrete in their own right, such as language. However each participant stated that their work with parents in an ASC assessment was heavily influenced by EMCF and it was felt that adjustments to practice in this area were necessary. Where considerations related to EMCF were made, these appeared to result from the on-the-job learning of EPs, accrued from building a repertoire of casework experience. Adjustments or considerations were not systematically applied, nor informed from a publishable evidence base, but emerged from personal experience, and were bespoke to individual cases.

Research Question 2: With regards to the work context of the EP, four themes emerged from analysis of the three cases. The work context affected the considerations made by EPs by means of Culturally Specific Factors, EPS Management, Opportunities for Learning and Assessment Pathways. The guiding propositions for research question 2 were that;

c) LAs will be sensitive to equality of outcome with EMC groups.
d) The work context will have capacity to constrain or enable EPs’ considerations, it will be reported to be a determining factor in the extent to which they make adjustments to practice.

Contrary to the researcher’s expectations, LAs did not always appear sensitive to establishing equality of outcome for EMC groups. In one case serving EMC groups was a priority for the LA, however in others ethnic data was either not distributed to the EPS, or was not collected. Participants did not perceive the work context to be a determining factor with regards to their considerations or adjustments, however the work context was identified as having the potential to facilitate and shape EP learning.

5.2 IMPLICATIONS FOR THEORY
This section summarises the implications of the findings as they pertain to theory, specifically that of psychological assessment and EP learning.

5.2.1 Theory of Psychological Assessment
This section considers how the findings of this research carry implications for models and theories of psychological assessment; namely the extent to which EPs consider contextual factors as they undertake psychological assessment, the potential pitfalls of analysing ethnicity statistics, EPs’ consideration of EMCF with teachers and the use of heuristics in assessment.

5.2.1.1 EPs’ Considerations of Contextual Factors
In reviewing the literature varying ways in which an EP might consider or adjust their practice in response to EMCF were identified. Using Bronfenbrenner’s (1979) model of ecological assessment it was established, behaviour and presentation of a child is not merely the result of within-child-factors, but can also be influenced by factors in the environment, and the interaction of factors in the environment. With reference to the presentation of children where there are concerns as to the potential presence of ASC, it was established that environmental circumstances which might affect the way in which a child presents, could occur at any level of the model. In a preliminary examination of this model and how it might be used by EPs undergoing assessments for potential ASC, different ways whereby the EP might make considerations in, or adjustments to, their practice were suggested for each of the levels of the ecological systems model.
Each of the participants in this study was able to identify some ways in which their practice differed owing to EMCF. Figure 5.1 shows how the considerations reported by EPs in this research might be thought of with relation to Bronfenbrenner’s ecological systems model. On the left hand side, the differing levels are indicated. On the right hand side, potential considerations that could have been made by the participants. Where a consideration is in red text, this indicates that it was considered by each of the three EP participants (though they did not necessarily come to the same conclusions). Where an item is in purple text, this indicates that the consideration was made by two of the three participants. Blue text indicates that the item was only considered by one EP participant, and black text is reserved for potential considerations emerging from the research (e.g. through a review of literature) that were not stated by participants.
Fig. 5.1: Considerations of EMCF in assessments for ASC emerging from research.

<table>
<thead>
<tr>
<th>Macrosystem</th>
<th>• Addressing EMC community attitudes regarding access.  • Addressing EMC community attitudes regarding ASC.  • Addressing EMC community attitudes regarding perceived passivity.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ecosystem</td>
<td>• Monitoring of ethnicity statistics. Adjustments to facilitate accessing of services. EPS needs around learning/supervision raised.  • Considering EMC needs in design of LA pathways. Encouragement of diversity in LA staffing.</td>
</tr>
<tr>
<td>Microsystem</td>
<td>• EP pursuit of nomothetic cultural knowledge.  • Consideration of interpreter/practitioner gender.  • Consideration of what constitutes a culturally competent EP. EP acculturation within local EMC communities.</td>
</tr>
<tr>
<td>Individual</td>
<td>• Collaboration with interpreters. Putting parents at ease. Evaluating the utility of an ASC diagnosis.  • Exploring alternative explanations with schools. Sensitivity to different constructs and perceived norms. Procedural changes to parental consultation.  • Consideration of non-verbal communication. Establishing a shared understanding regarding family constructs.  • Establishing a shared understanding regarding the meaning of behaviour.  • Consideration of EMCF with teachers.  • Consideration of impact on behaviour.  • Use of culturally specific knowledge in individual assessments.  • Consideration of cultural explanations for behaviour. Use of staff to work with EAL children in assessment. Use of culturally appropriate pictures.</td>
</tr>
</tbody>
</table>

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**Macrosystem**

- Addressing EMC community attitudes regarding access.
- Addressing EMC community attitudes regarding ASC.
- Addressing EMC community attitudes regarding perceived passivity.

**Ecosystem**

- Monitoring of ethnicity statistics. Adjustments to facilitate accessing of services. EPS needs around learning/supervision raised.
- Considering EMC needs in design of LA pathways. Encouragement of diversity in LA staffing.

**Microsystem**

- EP pursuit of nomothetic cultural knowledge.
- Consideration of interpreter/practitioner gender.
- Consideration of what constitutes a culturally competent EP. EP acculturation within local EMC communities.

**Individual**

- Collaboration with interpreters. Putting parents at ease. Evaluating the utility of an ASC diagnosis.
- Exploring alternative explanations with schools. Sensitivity to different constructs and perceived norms. Procedural changes to parental consultation.
- Consideration of non-verbal communication. Establishing a shared understanding regarding family constructs.
- Establishing a shared understanding regarding the meaning of behaviour.
- Consideration of EMCF with teachers.
- Consideration of impact on behaviour.
- Use of culturally specific knowledge in individual assessments.
- Consideration of cultural explanations for behaviour. Use of staff to work with EAL children in assessment. Use of culturally appropriate pictures.
Integrating the findings with the literature in this way makes clear that the EPs did not widely consider the impact of EMCF at a broader level. Findings suggested that EPs were sensitive to the possible effects of EMCF on presenting behaviours. For instance perhaps the child’s level of English is less than expected because neither parent is fluent in English. This would be termed as an environmental factor in the microsystem. This contextual information might guard the EP against unduly pursuing a hypothesis of a language delay. It might also prompt them to use an interpreter when working with the parents, or possibly the child.

However, less focus was on the ways an assessment might be affected owing to the influence of EMCF at a wider level, e.g. the mesosystem or exosystem. To an extent this is to be expected. It is harder for an EP to quantify impacts emerging from these levels, or to exert influence themselves. However it was striking that so little attention was given to this area. Especially as one participant stated that EPs “don’t like to be seen to be too within child” - when it comes to the identification of ASC, the evidence of this research suggests that each participant operated to a within-child understanding.

5.2.1.2 Complexities Surrounding the Monitoring of Ethnicity

One way in which EPs might have considered the interplay of wider contextual factors (such as those at the exosystem) would have been through an audit and analysis of the demographic statistics pertaining to the area, the EPS and the LA’s ASC pathway.

Although one participant felt examination of demographic statistics would have been a worthwhile process to engage in, two did not. This was surprising in one particular instance as the EP in question worked for a service where there was an emphasis on meeting the needs of EMC groups. However this EP’s reluctance in this regard may reflect some difficulties around the analysis of monitoring ethnicity statistics. It may be that the EP was aware that the majority of casework taken on by themselves and their colleagues are of children from EMC backgrounds. It may be that it was so obviously apparent that the EPS was responding well to remediating former service inaccessibility to minority groups, that a detailed examination of percentages would have been superfluous. One might also question what exactly good practice might have looked like. Had the EPS handled a disproportionate number of cases from minority groups, it may have reflected ‘finally addressing the needs of this community’ or ‘unearthing many children with previously unrecognised needs’. Yet it also might have triggered concerns of potential ‘over-identification’ and ‘a tendency of schools to disproportionately ascribe SEN to children with EAL’ (Hick, 2006).
5.2.1.3 EPs’ Considerations of EMCF with Teachers

Tarver, Behring, Cabello, Kushida and Murguia (2000) reported that American school psychologists were more inclined to report adjustments owing to EMCF in their practice when working with parents than teachers. The findings emerging from this research suggests that this may also true for UK EPs. Each participant reported some level of adjustment when working with parents from an EMC, none reported consideration of EMCF when the school staff originated from an EMC.

It may be that this is in part a consequence of no specific interview question addressing the EPs relationships with teachers. Another possibility is that the EP’s relationship with the school might be thought of as of secondary importance inasmuch as it pertains to diagnosis, whereas their consultation with the child’s parents ought to form part of the diagnostic process (NIHCE, 2011). The data may also reflect the idea that EPs consider there to be less of a cultural gap when working with school staff; that through working for a school, the individual undergoes an accelerated process of acculturation which minimises the effect of any EMCF on the EP’s assessment. Although each of the posited explanations has a degree of plausibility, it is this researcher’s opinion that this finding is best explained through consideration of language. Language, the need for an interpreter and the consequences of consultation conducted in this way, were identified by each of the participants as a factor that impacted upon their assessments. Working with school staff however presumably presents the EP with no such linguistic barrier.

5.2.1.4 EPs’ use of Heuristics

Heuristics appear an appropriate term for describing EPs’ interactions with ethnic minority families. For an EP to talk in terms of ‘group norms’ is potentially misleading, as it is hard to imagine a set of circumstances whereby an EP might have collected normative data from their local communities regarding child development, attitudes or suchlike. Similarly to make such a claim, could conceivably be offensive to the groups they are trying to serve (e.g. in instances where cultural practices may delay or speed the acquisition of particular skills). A heuristic however, is a rule of thumb that helps guide the practitioner; it appears both a more palatable term, and a more accurate description of the process engaged in. It enables EPs to communicate their experiences in non-absolute terms making clear the potential for exceptions. Differential attitudes, background circumstances, material resources and willingness to engage with EPs – were all trends where participants have felt sufficient evidence exists to justify the hypothesis and though there is an absence of normative data, they consider the heuristic useful in their practice. For instance, one participant mentioned that they
were conscious that it may not be considered appropriate in certain cultures for a woman and man to have a private conversation. This would be an example whereby the EP has not relied on statistically validated normative data, but nonetheless has adopted a heuristic that they believe has enhanced their practice.

Yet heuristics are rarely considered in the formulations of psychological models of assessment. Weight does appear to be given to evidence based practice, and the derivations of formulations and conclusions from the best available evidence. However it may be worth considering whether these processes might also be complemented by consideration of the EPs’ use of heuristics. EPs may draw upon non-normative data trends with regards to unestablished prevalence of conditions, best ways of relating to SENCos, or relating to the recommendation of interventions. It could be said that the EPs accumulation of idiographic data through their practice informs their utilisation of such heuristics.

5.2.2 Theory of EPs’ Learning around ASC, EMCF and their Interaction

The initial review of literature did not uncover a unified theory detailing how EPs learn, and develop their practice. This section considers findings that supported or did not support research that pertained to EP learning.

5.2.2.1 Learning from Colleagues

The review of literature around EP learning drew attention to the capacity for professionals to learn from their colleagues. Wenger (1998) stated that as individuals become a valid member of a community of practice they develop an identity accordingly and learning occurs both in collaboration with others and through activities situated in that learning community. Findings from this study lend support to this notion, two participants identified the formative part of their learning as resulting from work with colleagues and one bemoaned the lack of opportunity to learn from their colleagues. This appeared especially true when participants had the opportunity to be part of a multi-disciplinary team.

5.2.2.2 Learning through Research

The review of literature indicated that there were three means by which EMCF might affect the presentation of ASC; parent-child interaction, early schooling experiences and language. Some participants did state that ethnic-cultural influences might impact upon the development of the child. For instance one EP felt that EMCF could lead to children erroneously appearing
developmentally delayed. Another participant also alluded to this when they spoke of different ethnic groups having different norms. Although they did not affirm the norms spoken of, should the EPs assertion be valid, that different ethnic groups do have different norms, it is only reasonable to assume that these have emerged from the community’s own experience.

However none of the participants specifically mentioned the capacity of EMCF to influence the presentation of ASC through the variables of language, parent child interaction or early schooling. This was surprising for the researcher, firstly that no participant felt that EMCF might obscure the presentation of ASC, and secondly because the researcher’s interpretation is that not only ought this to be a hypothesis that emerging from the analysis of literature, but that it appears to be a logical extension of some of the points raised by the participants. For instance, if EMCF can cause children to present as though they have developmental difficulties, then it appears plausible that this might also the case in ASC. Moreover, if particular EMC groups ‘have different norms’, it is presumably wise to assume that there is reason for this. If particular communities report that children do not / are not expected to show particular skills until particular times, then it strikes this researcher as not unreasonable that this ought to be investigated, lest the EP inappropriately interpret behaviour. Indeed the review of literature indicated that there were variables (language, early schooling, and parent-child interaction) that might mediate the presentation of ASC, which have been shown to vary across ethnic-cultures. Incongruously it was the EP whose statements left least room for the impact of EMCF that left the interviews seemingly most open to the capacity for EMCF to affect the presentation of ASC; “how confident am I that the environment the child has been brought up in may affect particular features of autism and that’s not something I’ve thought about.”

Findings from this study indicate that EPs developed their learning around ASC and EMCF primarily through on-the-job activities, and not through research “I do read, like all of us, I try to keep up with autism because that’s my area, but my practice is more influenced by my exposure to different families”. This observation does not support the conclusions of Lunt and Majors (2007) who theorised that most EPs are keen to develop theoretical knowledge. It surprised the researcher that in interviewing scientist-practitioners who, by virtue of their participation, had an interest in research, did not mention any specific research as useful in the development of their formulations around EMCF and ASC.
5.2.2.3 Learning through Training

Participants affirmed the value of CPD in supporting their practice. Though the nature and extent of such CPD and training varied from one participant to another, it was a source of learning that emerged as formative for participants.

However, responses from each of the participants suggested that their initial professional training was not crucial to the development of their position around the interaction between ASC and EMCF. Nevertheless, this researcher feels that the initial professional training that EPs undergo has the potential to be more formative than described by participants in this research. The reason for this assertion stems from a change in the training route required of would be EPs. Prior to 2009, all practicing EPs were former teachers, who had undergone a one year master’s qualification to train as an EP. However the change to a doctoral route of qualification not only removed the necessity for teaching experience but brought with it a heightened emphasis on research and potentially a younger demographic of entrants. It is reasonable to hypothesise that this change presents training institutions with more trainees whose professional identities (Izadina, 2012) are less concrete than might have been the case 15-20 years ago (when participants of this study underwent professional training). Another consequence of this restructuring is that a greater diversity of background experiences are shared between trainee EPs (now approximately 70% of trainee EPs are non-teachers), and for longer (three years at university as opposed to one). Two of the participants in this research affirmed that much of their learning around ASC had come from other non-EP professionals. Research by Cuccaro et al. (1996) highlighted, with specific consideration of ASC, the capacity for different professionals to prioritise and emphasise different areas of development in summative assessments. Consequently it feels appropriate to hypothesise that the current route of initial professional training would be more conducive to diagnostically accurate EP assessments than the former route, from which participants were drawn.

Not only might initial professional training be more formative for learning in general terms, but this might be acutely true for both ASC and EMCF. As discussed in Section 1, ASC has risen in prominence over recent years, and is thought to affect many more children than previously believed (Wing & Gould, 2011). Furthermore, public awareness of ASC has greatly changed from 15-20 years ago (when participants of this study trained), facilitating the removal of Asperger’s from DSM V. It is hard to imagine the statement of one participant “I don’t remember there being much about ASC” being echoed by today’s cohort of trainees; as part of this researcher’s training, they have had a series of sessions on ASC, internal and external speakers, and have conducted academic assignments
relating to the condition. Simultaneously, the UK school environment has become increasingly diverse and increasingly pluralistic. One participant stated that they only had one or two sessions on culture and EMC as part of their initial professional training. Though this may still be the case today, and may vary from training provider to training provider, the researcher believes it likely that the direction of movement will have resulted in this being given more weight than it might have 15 years previously.

5.3 IMPLICATIONS FOR PRACTICE

This section considers implications for practice that arise from the findings of this research. Implications for the assessment of individual children are considered with regards to consultation and direct work with a child. Wider implications relating to EP learning and equality of access are also considered.

5.3.1 Consultation

What was affirmed, in different ways by different participants, was the importance of building a shared understanding with parents. The review of literature in, and findings emanating from, this research suggest that there are two reasons why establishing a shared understanding might facilitate accurate assessment. Firstly the analysis of the literature indicated that there can exist variations in what [socio] cultural groups define as developmentally normal (García, Mendez-Pérez & Ortiz, 2000) and (Mandel, 2007). This is supported through the experience of one participant who spoke of [ethno] cultural groups [sometimes] having different developmental norms. The review of research indicates that parental responses in consultation may vary in part owing to their ethno-cultural heritage – participants, though not necessarily aware of the specific studies (e.g. Mandel et al., 2007), appeared to be sensitive to the apparent phenomenon and freely spoke of adjusting their practice in response.

The other way by which shared understanding may facilitate accurate assessment was through enabling EPs to ascertain the meaning behind a behaviour. One participant saw this as crucial to their assessments. Both Daley (2002) and Bernier, Mao and Yen (2010) indicated that ethnic-culture can affect the meaning that is ascribed to observed behaviours, and this study suggests that consideration of alternative meanings underlying behaviour is something actively engaged in by at least one participant.
Although the developing of a shared understanding is something not unfamiliar to EPs, evidence from this study suggests that some EPs have drawn on particular strategies that they have found helpful in this regard. EPS’ might consider constructing a document of strategies that EPs have found useful, such as visiting school to arrange an appointment, drawing on comparisons with siblings, or visiting parents at home, all of which emerged from this research. Other strategies that this researcher has found helpful in their own practice have included a preliminary phone call to introduce themselves and seeking to visit parents on more than one occasion.

More broadly however, each of the participants spoke of the EP role in such assessments as extending beyond identification. Whilst developing a shared understanding and cultivating a strong relationship with parents will assist accurate identification of ASC in EMC, the salience of this factor’s emergence from interviews appears to hint at something more; namely that some EPs might consider formal identification as of secondary importance to supporting those around the child. With this in mind it may be helpful to think of a potential distinction made by EPs between summative and formative or functional assessments. In this research a case has been made that the accurate identification of ASC is of value and importance. However to claim this is not to claim pre-eminence; there are other important activities that an EP might engage in during what might be termed an ASC assessment. For instance, EPs are not medical professionals, EPs value being able to engage with, and advocate for, parents. EPs often see their role extending beyond the diagnosis, and looking at the best way of supporting children. Additionally, developing a shared understanding with parents enabled one participant to advise parents on how their child might best be supported, without needing to wait for the outcome of an assessment process “and quite often there are simple things we can do to help them, and then I’ll refer them to school and many other parents sometimes find them helpful”. The fact that when the design of a considered ASC pathway did involve an EP, EPs were used predominantly to provide post-diagnosis support suggests that EPs do not wish to limit their role to diagnosis.

One participant indicated that they “might ask different questions, based on [their] experience of different cultures”, suggesting that encouraging EPs’ exposure to and experience of different EMCs might inform the way in which they conduct consultations. Additionally two participants discussed the possibility of asking families directly as to their values and priorities. It is the belief of the researcher that this may be an easier line of enquiry for some EPs than others. At a recent EP forum on ‘Race and Culture issues in EP practice’ that the researcher attended, a Principal EP expressed their frustration that others in their service were not asking routinely asking clients as to their ethnic
heritage, despite it being an LA mandate. Over the course of the forum it became apparent that a) EPs from BME backgrounds felt happier to ask such questions, and that b) EPs from EMC backgrounds (including Caucasian EPs abroad) could often take offence at being asked such questions. The consensus emerging from the forum was that when EPs were members of the ethnic majority, they feared they would be seen as prejudiced in making such enquiries, whereas when they were part of the ethnic minority they felt it less likely that their questions would be judged as inappropriate. Incidentally of the two participants who raised this issue, one indicated that they would find such questions awkward to ask – the other who appeared happy to do so, described themselves as someone identifiable as not of British heritage.

The researcher also believes that this difference can reflect cultural attitudes of the EP. Arguably, EPs who practise in the UK and operate within an individualistic culture, where children are encouraged to ‘forge their own identity’, and not to be defined by the successes or failures of their family may find it less intuitive to ask questions regarding heritage. In contrast, EPs influenced by more collectivist cultures may find it very natural to ask about such things, and it may be a typical rapport building topic. This would be an example of how EP individuality might mediate the ways in which best practice is realised in the EP community – the same questions that might be appropriate and helpful for one EP may in fact present a barrier to relationship for another. One might argue therefore that EPs ought to consider any recommendations for practice, from this research or any other source with consideration of their own attributes.

5.3.2 Work with a Child

With regards to working with an individual child, each of the participants held that ASC presents in the same way irrespective of ethnic culture. Consequently they did not report interpreting behaviour differently, or looking for/prioritising different ASC indicators. Based on the review of literature this researcher is not convinced that this is necessarily the correct course of action and feels that further research into this area might be warranted. One participant openly questioned whether “the environment the child has been brought up … [affects] particular features of ASC” and this researcher feels that this is a question that remains unanswered. Were the identification of ASC in the UK to reflect the believed universality of prevalence with regards to different ethnic groups, there arguably would be no case to answer. However it is felt that a possible discrepancy in identified prevalence (as indicated by SEN statements) justifies closer examination of the premises, including the premise that ASC presentation is unaffected by ethnic culture. This questioning of the participant touches upon two prominent themes in this research, firstly; Are there contextual factors
that influence particular features of ASC? Secondly, Are EPs confident in their assessments for ASC when from EMC groups? The musing of these participants suggests that with regards to the latter they do not have confidence; and based on evidence from the review of literature, this researcher might state that a lack of confidence is preferable to misplaced confidence.

Nonetheless, each of the participants was able to identify specific choices they made in their practice to facilitate accurate assessment of ASC with EMC groups. These included:

- The use of ‘culturally neutral’ pictures when working with a child.
- The use of school staff fluent in the child’s language to interact with them on behalf of the EP.
- The consideration of alternative – ethnic-cultural explanations of observed behaviour.
- The conducting of a repeat observation in response to learning of an EMCF (relating to the cultural appropriateness of eye contact).

The decision of one participant to conduct a repeat observation in response to learning was of particular interest as the participant in question had initially affirmed that such knowledge was of minimal tangible value to their assessment. It seems implausible that in the intervening nine weeks between interviews, they had undergone a change how they constructed issues of psychological assessment with minority groups. Given their long standing professional interest in ASC and many years of experience with EMC groups, it seems unlikely that they would have experienced such a marked alteration in such a short space of time.

More probable explanations draw on the circumstances surrounding a second interview. They may have felt more comfortable on the second occasion, having established more of a relationship with the researcher and being in their own office. It might simply have been a good (or bad) day, and they felt freer to speak without qualification. Or the differing nature of responses were in part a product of the questions in the follow up interview and that these were asked on a separate date.

On the first occasion, the participant had prepared themself to answer a number of questions relating to the interaction between EMCF and ASC. Some of the questions asked were especially direct in this regard, such asking if they perceived differences in presentation associated with EMC. They may have been keen to communicate their viewpoint (that the “use any constructs of ethnicity and culture [are unnecessary], because ... autism permeates all”) in unequivocal terms. However,
having clearly communicated their views, they may have been less vigilant on the second occasion, and when posed with less direct questions, elaborated with greater abandon.

The researcher’s interpretation of this discourse reflects their hypothesis regarding the participant’s character during the initial interview. It is possible that they chose to emphasise the pitfalls of reported cultural knowledge (for instance, that it is hard to verify in absolute generalisable terms). Even if generally accurate, this need not apply to the child in question. Therefore, given the limited utility, and unverifiable reliability of such knowledge, and any other ethnic-cultural assertion, the prudence of this participant’s position was conveyed, pursuit of generalisable EMC knowledge would not be the best way forward.

It may be the case that this vignette shows an EP grappling with the utility of nomothetic or generalisable EMCF knowledge (Miller & Frederickson, 2006). On one hand, the EP thinks that not only is the effect of culture on ASC presentation minimal, but aspects of ethnic culture itself cannot be adequately established; the EP need not examine EMCF further. However, on the other, when in the process of an actual assessment, and presented with nomothetic information of potential relevance, they did feel it helpful (and ultimately justifiable), to adjust their practice decisions in response. Whilst in theory, idiographic knowledge is to be valued at the expense of the nomothetic, in reality, such information can be useful, not necessarily in a normative respect, but in informing the development of heuristics.

There was not a consensus on the extent to which the observation of a child’s language ought to form an important part of an EP’s assessment. Through conducting this research, and exploring alternate interpretations, the researcher has become increasingly aware of their own theoretical sensitivities in this regard. As a trainee EP, they consider one of their assets or strengths to be their ability to engage with ‘hard-to-reach’ students. Operating out of a traded model of service delivery, where they are acutely aware of their status as a trainee, this skill is visible to staff in school, and provides a measure of credibility when feeding back findings. Upon reflection, the researcher feels that they are perhaps not objective in assessing the necessity of this interaction in assessments generally, or specifically when ASC is a hypothesis.

Nonetheless, it is felt that the hesitancy in endorsing a position whereby no direct interaction with a child is required in the course of a good assessment, is underpinned by more than the researcher’s own theoretical sensitivities. Without knowledge of what a child says in an observed interaction, an
EP may miss information that supports or stands in contrast to a diagnosis of ASC. Observed speech might be echolalic, a child may be talking about the emotions of a doll, or using the doll as a train. They might be addressing their peers by name, or simply calling each one ‘teacher’. This not to understate the importance of ecologically valid observations, indeed it can be argued that the very thing that is most desirable for the EP to record is the behaviour of the child when not interacting with psychologists, however, the researcher holds to the assertion that meaningful supplementary evidence might be uncovered through direct work with a child.

5.3.3 Equality of Access

A question that has arisen throughout this research is the extent to which there is a unified position on whether diagnosis is always helpful. Even if there exists a differential proportion of children being diagnosed as with ASC in particular ethnicities, this may be reflective of differential numbers of children who are assessed for ASC. The question may be one of access, are children from different ethnic groups advantaged or disadvantaged with regard to their accessing of ASC assessments. For all of the best efforts of an EP to conduct a culturally fair assessment, if particular groups are being disproportionately assessed, then this could give rise to disproportionate identification on a national scale.

The point at which children are assessed may also be crucial. This study has highlighted the capacity for different LAs to assess children in different ways depending on their age. One participant stated that the assessment of young children in their LA appeared to consist of little more than the community paediatrician conducting an ADOS and pronouncing a decision. This EP indicated that they felt this gave rise to many false positives, whereby children at an older age had a label which did not seem appropriate. Research by Mandell, Ittenbach, Levy and Pinto-Martin (2007) in the United States of America suggested that children of Black heritage (eventually given a label of ASC) would typically receive a diagnosis of ASC two years later than their Caucasian counterparts. A similar phenomenon might well be observed here. Parents from particular EMC groups might be slower to raise concerns with outside bodies owing to; stigma around ASC, lack of understanding of ASC, or different expectations of childhood development. Professionals might have less confidence in ruling out a language delay when English is not spoken at home, or if the child is only beginning learning around imaginary play. Upon noticing a difference, parents may choose to have the child assessed in a different country prior to engaging with UK systems. Consequently it may well be the case that children from EMC backgrounds are referred for an ASC assessment at an older age. This could mean that the nature of their ASC assessment is different, rather than being assessed at a
preschool age (where diagnosis is considered less accurate), they might be assessed at age seven, and by a multi-disciplinary team. It may be such a phenomenon is actually a protective factor, safeguarding children from EMC backgrounds from being erroneously identified with ASC.

Alternatively it may simply be the case that more children from the ethnic majority are assessed for ASC. Findings from this study pointed to an apparent mistrust of UK systems from some EMC groups/individuals. Particular EMC groups were also perceived to be passive in their engagement with services. From the researcher’s own practice, in some instances, parents simply refuse to provide parental permission, a prerequisite for EP assessment and assessment for ASC. One can imagine a situation whereby the assessment process is culturally fair and uniform, however owing to differing proportions of referrals, differential rates of identification emerge.

A question that has arisen throughout the research is the extent to which EPs share a unified position on whether assessment for identification is always helpful. In some schools a formal diagnosis may not be necessary for them to provide appropriate support. In some families, a diagnosis might be unwanted, and was described by one participant as potentially “devastating”. Another participant pondered “and I suppose it goes back to the issue of whether a diagnosis is useful or not”. For an EP who considers their role in a more functional capacity, concerned primarily with support and not identification, there may be circumstances whereby conceptualising behaviours through an ASC lens might not be helpful. Kang-Yi, Grinker, and Mandell (2013) argued that for Korean families, a non-diagnosis of ASC was preferred, and not always a barrier to effective intervention; there were alternative ways of describing the child that did not necessarily compromise their development.

In the UK it could be argued not to benefit the social development of a child in a community that stigmatised or shunned SEN, if a diagnosis of ASC were to be conferred on them. Instead their social development might be better served if they were thought of as 'a little bit rebellious' or 'needing routine'. Similarly if a child resides in a community where mental illness was believed to be a divine curse (such as some of those that the researcher has practised in), it would probably disadvantage their educational development if they go to a hospital and receive a diagnosis from a psychiatrist. One might speculate as to the ways in which such an outcome might influence parental expectation, or community engagement with their academic progress. The value of a label for ASC has been much debated, and was not the focus of this research. However the utility of diagnosis may differ, or be perceived to differ by EPs, between ethnic groups. Participants were not asked 'do you feel
the assessment process/ label of ASC can be an unhelpful distraction in meeting an EMC child's needs? Consequently their position on this cannot be conclusively known.

Relatedly, one participant questioned the value of identifying the child’s needs if the family has other priorities, e.g. a pending eviction, unsafe living circumstances, or family bereavement. One might equate this to a dereliction of duty. In the same way that we would expect a teacher to continue to address educational needs, or a doctor medical needs irrespective of the environment, an EP should continue to do, and believe in the value of, their job. That even if it may not bring about a radical change in circumstances for the family or the child, that the insight and advice offered will make a difference, and to play down the potential impact does the profession a disservice.

To frame it positively however, it is conceivable that this critique could also be said to down-play the variety of ways in which an EP can make a positive contribution to a child’s welfare and education. It could be said to come down to the professional judgment of the EP. If the EP responds to the situation fatalistically, decrying the impact of their work owing to a greater unmet need then the critique appears valid. However if the EP maintains that their conventional assessment work is valuable yet identifies a still greater need in which they are poised and equipped to address, then the attitude might be conceptualised as a positive.

From the responses of participants, little thought was given to ways in which EPs might facilitate equality of access. In a similar way that the sample appeared not to ascribe weight to the potential influences of the mesosystem or exosystem on the child’s presentation, the EPs did not appear to consider the impact they might have in promoting equality through adjustments at wider levels.

Each participant spoke of a potential stigma around ASC and disability, which they perceived to be more common among EMC groups, and one participant alluded to particular EMCs being reluctant to engage with institutional services. Striking by its absence however was that this observation was not consistently accompanied by described action. It is reasonable to assume that taking steps to address such concerns at a systems level would be beneficial, for specific families and for encouraging the speedy identification of psychological conditions throughout the community. However only one EP referenced efforts made in this regard. They believed that their assessments with EMC groups had been facilitated by the legacy of work done in schools around ASC previously conducted by the EPS and other LA services. It was the same participant who spoke of adjustments
they would make in setting up appointments on account of perceived cultural characteristics, and in raising ethnicity monitoring with EPS management.

Notably neither of the two EPs who were involved in the design of the LA ASC pathway (and thereby had the most capacity to minimise the impact of EMCF on ASC identification) reported raising, or discussing, EMCF in their discussions around pathway construction. This may in part relate to their non-perception of disproportionate identification as one of local significance/validity. However it may also be indicative of the non-prioritisation of EMCF by some participants. Neither of those involved in pathway formulation had sought out ethnicity data for their service, or for the assessment of ASC in their LA, even when data might have been available and when serving EMC groups an active priority of the service. It appears as though some participants did not wish to consider EMCF more than they needed to, at least with regards to their assessments for ASC.

The researcher has identified a number of possible ways by which EMC groups might better access the LA ASC pathway and associated apparatus.

- The publication of the leaflets detailing the ASC pathway. Only one LA in this research had a standalone document that served this purpose. Summaries might also be produced in languages used in the area.
- The legacy of community outreach, in and beyond schools, was identified as a facilitator of one participant’s assessments. Such outreach could have benefits for many services.
- Encouraging both genders to be well represented in staffing of the ASC assessment panel. This research suggests that for some ethnic minority groups, this could be an important issue.
- Encouraging the EPS (or indeed the ASC assessment panel) to reflect ethnic diversity itself in its staffing. This may help to make the process more emotionally accessible for some families, and guard against mistrust.
- Though all EPs reported using interpreters, it was unclear as to whether those employed by a non-LA service provider would be able to access interpreters as easily as their LA employed counterparts. For one EP, using interpreters not from school helped put families at ease.

Financial constraints have the capacity to limit the considerations an EP might desire to make in promoting equality of access. In discussing workplace learning for trainee EPs, Woods (2014) writes;
Over the last two years, most LA psychological services have moved towards a partial, or even fully, ‘traded’ model of service delivery, in which the service is required to generate income from local ‘customers’, such as schools, to cover its costs. (Woods, 2014, p90)

Such a service, conceivably accountable to shareholders, may be far less incentivised to engage in costly activities or courses of action that will not yield any financial reward. Indeed one participant, speaking of the systems level consideration of EMC, stated that “as long as EPs were part of the LA, if the LA don’t see it as a priority, it just didn’t happen” – before going on to question the consequences “now that EP services are fully traded...”. One participant working in an EPS without supervision (wherein much autonomy was afforded to the EPs), reported being able to make adjustments that incurred a financial cost. For others however, such as ‘associate’ or Locum EPs, any deviation from company/service protocol may be hard to deliver. The prospect of EPs engaging in systems-level work that might facilitate equality of access (such as pathway design, or organisational level research) may be reduced.

5.3.4 EP Learning

5.3.4.1 Learning from Other EPs

Two participants identified a barrier to learning as the extent to which EPs operate in isolation. For one the job was described as lonely, meaning that they did not have confidence in how their colleagues perceived the interaction between ASC and EMCF. Another participant stated that being unable to utilise the knowledge of their EP colleagues risked them missing something in their cases, “And whilst collectively we have knowledge ... we work quite autonomously...you might be missing something... because that could address different knowledge bases that EPs could have”. The light touch management that gave rise to favourable autonomy in one instance also limits the extent of EPs developing their own practice through sharing their learning with colleagues.

The value of supervision to EP learning in this area is endorsed through this research. Yet the extent to which EPs are able to access supervision varies greatly, with one participant reporting that there was none in their service. Woods (2014) writes that “the current movement to traded service delivery models may also risk compromising the regularity/quantity or quality of practice supervision to trainees” (p97). However it would also be true to state that the current movement also threatens the extent to which qualified EPs are able to access supervision.
For some participants, engaging in interviews appeared to serve a similar purpose to supervision. With this in mind, the author questions whether EPs could be encouraged to engage more in research. At present EPs are required to keep a log of their CPD. A similar requirement mandating their participation in research would present ethical questions and risk compromising the research of others. However, if this process has been as valuable for EPs as they indicated (and of that there is no guarantee) then a case could be made for allowing EPs to credit their participation in research as CPD, perhaps at a 50% rate. Alternatively the Association of Educational Psychologists could mandate that for EP employers wishing to advertise using their website that; they must release EPs for one day each year for participation in EP led research.

Perhaps a more elegant solution however might be for the BPS to adopt a service rating system. At present, the researcher’s own experience suggests that some EPs can find it difficult to ascertain reliable knowledge regarding potential service providers prior to working in the geographical area. However it would be feasible for the BPS to adopt a service rating system, whereby a service provider scores a star for the provision of a particular feature. For example a LA that affords their EPs one hour of supervision a week may receive one star. If they release the EP to participate for eight hours of research per annum, they would also receive a star. If EPs are compensated for travel with an ‘essential’ car allowance, or have access to their own desk, this may also earn them a star. The creation of a graduated criterion could help EPs select the service best for them and also provide employers with a means of objectively highlighting particular strengths. The extent to which EPs are available to participate in research might form the basis of a ‘star’ award and thereby employers might be incentivised to build this into their model of service delivery in order that they might attract the best candidates.

Such a policy would have the added advantage of building on existing guidance from the BPS. In order to promote the highest quality of Educational Psychology services, guidance was published on some indicators that may be indicative of a quality service (BPS, 2006). Such standards were not intended to be prescriptive, and served as an encouragement for services to self-evaluate, but suggest that the development of an objective rating system would be conceivable.

5.3.4.2 Learning from Others on an ASC Multi-Disciplinary Team

This research both affirmed that EPs can be involved in a formal multi-disciplinary assessment process for ASC (Waite & Woods, 1999), and makes clear that this is not always the case. On two
occasions, finance was mentioned as a barrier to this – however one participant also made clear that not all EPs desired to be engaged in this process. Concerningly with respect of accurate diagnosis, the capacity for EPs to be disconnected from the LA ASC pathway was highlighted in two cases. On one level this was evidenced through differing descriptions of the LA assessment protocol, however it was also stated explicitly by two participants. For one participant, being outside of the LA apparatus caused anxiety and a loss of confidence in the assessment process. For another the alleged advantage of personal connections making referrals for ASC assessments, suggests that LA systems are not always accessible for EPs. Although the researcher considers this a threat to the validity of assessments, the engagement of EPs with multi-disciplinary teams was spoken about in very positive terms by the participants. The opportunity to work collaboratively with other professionals, and to have set times when this was mandated (as opposed to the possibility of calling if needs be), was identified as a formative source of learning for EPs.

To this end, an EPS might consider mandating each EP to participate in a multi-agency service, thereby improving professional understanding, and developing individual learning. With specific regard to ASC identification, it is conceivable that on an annual basis each EP might engage in the observation of a non-EP professional undertaking an ASC assessment with a child. Although such a requirement might also be made of trainee EPs, adopting such an approach would encourage qualified EPs to consider alternative explanations for behaviour, and the resultant conversation following such an observation might provide EPs with an opportunity to critically reflect on their own practice.

5.3.4.3 Learning regarding EMCF

Although each of the participants affirmed that they had learnt from the ethnic diversity present in the areas that they had worked in, there was less confidence in stating specific concrete ways in which this was the case. In part, the researcher believes this could reflect internal dissonance on the subject area. On one level it is socially acceptable to think one ‘treats all children equally’, indeed any other response invites more questions; ‘how differently?, why?, what’s the evidence?’; leaving oneself open to criticism by stating that ethnicity impacts upon the choices made. On another level EPs consider themselves to be holistic practitioners, contextual thinkers, who acknowledge the myriad factors impinging on child development – advocates for parents. To say that one has learnt nothing from living in a diverse community ... might lead to accusations of narrow mindedness, or arrogance in thinking that they emerged out of training the finished article so much so that their practice is not shaped in any way.
This pattern is supported by the researcher’s own practice experience; few EPs they have worked with have had confidence in stating specific ways in which one ethnic culture is different from another. The researcher contends that discussing ethnic culture is fraught with the potential for misunderstanding, and a difficult topic for EPs to engage with, especially if they are not of EMC heritage themselves.

As a trainee psychologist, it has appeared to the researcher that much lip service is given to the idea of cultural diversity. Many of those brought in to contribute to the researcher’s three years of professional development have conveyed the position that all view the world through their own social and cultural constructions, that pluralism is a positive, and ethnocentrism negative. At first glance, such a notion appears admirable, that people of all backgrounds should be welcomed and celebrated seems laudable, however in the researcher’s experience, few of the EPs that were brought in to equip their cohort have felt comfortable with the implied corollary, namely that that families from different ethno-cultural origins have particular specific attributes. Therefore the EP, though holding onto a pluralistic worldview, rarely ventures into exactly what such culturally derived qualities might be. Ethnocentrism is bad, and so is stereotyping.

It is arguably convenient for psychologists to adopt the position that the job is to study the human mind and behaviour devoid of cultural influence. Human hardwiring for behaviour, perception, and cognition ought to be universal therefore there is minimal disadvantage to using participants drawn from a small sample. In 2008 a survey of six prominent psychology journals (Arnett, 2008) demonstrated how widespread this position is: over 96% of the subjects tested in psychological studies from 2003 to 2007 came from North America or Western Europe. Furthermore 70% were from the United States of America alone. In short, 96% of human participants came from countries representing just 12% of the world’s population.

To this researcher, it consequently appears as though the EP community is supporting the wider position that cultural differences, where they exist, are superficial in nature. Such factors are nominally considered important, however when it comes down to the identification of ASC, obsessive compulsive disorder (OCD), oppositional defiant disorder (ODD) or others, ethnic culture no longer has a significant part to play. This might reflect the socio-political context in which EPs work. It is hard to imagine a mainstream politician either denying the benefits of multiculturalism or positively expediting the way in which they believe Japanese culture differs from Chinese culture.
Similarly, in the area of SEN, claims of cultural bias remain, question marks in popular culture regarding the cultural sensitivity of cognitive assessments, and the identification of emotional and behavioural difficulties in particular minorities (Hick, 2006). It would be professionally brave for an EP from the ethnic majority to speak of treating children or families differently on account of their ethnic minority culture.

Nonetheless, based on the data collected EPs are happy to affirm that learning occurs. They may stop short of normative declarations, but each participant made points that were ethno-culturally specific, factors associated with an ethnic-culture that were not associated with another. For the most part, reported learning was incidental, through casework experience and somewhat osmotic. Where more concrete examples were given it appears as though EPs learnt about this area through working with other professionals, in or outside of schools. There was little evidence of EPs adopting a systematised approach to learning about ethnic culture, such as attending trainings, conducting research, or seeking out opportunities to work with a particular ethnic group. However in one instance, a participant resolved to ‘examine further’ a reported cultural trend that they were first exposed to through a colleague.

Two participants expressed reservations about learning about ethnic-culture. One found it hard to explore directly with clients what their principles and values were; “[its] quite awkward to ask that to be honest, it’s like you’re treading that line really about why are you asking me this – are you about to make a judgment on me”. However the difficulty appeared to stretch beyond the surface and reflect intrinsic attitudes around the extent to which generalisable ethnic cultural knowledge exists. The same participant stated; “I think research wise, how do you research culture? – I think it’s really easy to slip into stereotypes about cultures....So even researching what are [certain] people’s principles are would not be a good start, so it’s got to be individual and got to be based on the family”. Based on one statement from another EP “obviously you can’t claim that you have grasped [cultural understanding], we are talking about intricacies and a complete history, you can’t possibly...”, they too appeared to view the pursuit of generalisable ethnic-cultural knowledge as without due merit. There is an extent to which this is true, one could argue that time spent ‘researching’ a specific culture would never be as valuable to the EP as the knowledge gained from spending that time with a particular family, developing idiographic knowledge of the particular case. However it strikes the researcher as peculiar that participants enthusiastically affirmed the value of working with EMC groups, how it has influenced their practice, and how they adjust (in some instances feel they are ‘forced’ to adjust) in response to the unique needs of the community; and yet
state that the pursuit of more of such knowledge would not aid them. Based on these findings the researcher posits that many EPs may too be grappling with the utility of nomothetic vs idiographic knowledge in their own practice (Miller & Frederickson, 2006).

Given that EPs’ learning about EMC appears to come through serving with EMC groups, one might hypothesise that this could be an area to which greater attention might be paid during initial professional training. For example trainee EPs might be required to submit one casework report for a child for with EAL. In addition they might need to demonstrate two instances of working with interpreters over their training. Institutions coordinating trainee placements might consider ascribing weight to ensuring maximal cultural diversity, thereby increasing exposure, and the opportunity for the trainee to learn around EMCF.

### 5.4 IMPLICATIONS FOR RESEARCH

The nature of this research was exploratory, it sought out a small number of practitioners experienced with ASC to conduct an in depth analysis of the extent to, and ways in, which they considered EMCF in their assessments for ASC. It was not an audit of nationwide EP practice, but rather a snapshot from which good practice might be derived. From this research, a number of considerations made were identified, along with adjustments made by EPs when working with families from an EMC heritage. This research also established areas in which no considerations were deemed necessary. These findings lay the groundwork for a wider consideration of EPs’ practice in this regard. Further research might investigate the extent to which the good practice identified through this research is applied and engaged with by other EPs. It would also be informative to know whether EPs who trained under a doctoral route, and did not originate from a teaching background, held the same positions with regards to the interaction of ASC and EMCF.

None of the participants in this study felt that they interpreted behaviour differently on account of the child’s ethnic heritage. However, it is conceivable that they may imperceptibly adopt different thresholds in their analysis, and one participant could not be sure that they did not subconsciously ‘try a little harder’ when working with EMC groups. The researcher feels that a UK-based replication of Cuccaro et al.’s study (1996), whereby school psychologists were sent vignettes and asked to rank a list of possible conditions in order of likelihood in response to the differing vignettes, would be valuable. Though this would not establish whether or not any individual was inclined towards a diagnosis or non-diagnosis as a function of ethnicity, the collection of large scale data could permit
wider conclusions to be drawn regarding the UK EP community or the nationwide community of those involved in formal assessments for ASC.

In a similar vein, a large scale analysis of EPs’ (and indeed other practitioners’) interpretation of behaviour may help establish whether in assessing children for ASC, practitioners prioritise different indicators depending on the ethnicity of the child. Practitioners might be shown four videos of children undergoing an ADOS, and asked to identify whether they felt the child met the criteria for an ASC diagnosis and the three observations that most strongly led them to this conclusion. It is conceivable that particular indicators are held to be more important with different groups. For instance, when assessing a Caucasian child, participants may highlight the modulation of eye contact or the nature of play with dolls, as a determining factor in arriving at their judgments, whereas different indicators may be ascribed salience in assessments for children from an EMC background. It would be especially important for such a study to ensure all necessary ethnical precautions were taken.

One issue that has been unearthed through this research is that EPs do not appear to make much consideration of EMCF with regards to establishing equality of access. Participants appeared most comfortable engaging with factors and impacts at the microsystem, and seemed to attach less weight to the interaction of EMCF in a broader context. The review of literature postulated that individuals from different ethnic groups may not access services in the same way or to the same extent. Furthermore, a one year audit of one ASC clinic concluded that those seen by the service were not necessarily reflective of the catchment area it served. This strikes the researcher as an area where further research would be easy to conduct and warranted. Each of the LAs examined in this research had a formalised assessment pathway for ascertaining whether a child has ASC. If referral forms asked parents to identify the child’s ethnicity, then it would be neither complex nor time consuming to ascertain whether children of a particular ethnicity were:

- a) Referred for assessment in proportionate numbers to the catchment area,
- b) Accepted for assessment in proportionate numbers to the catchment area, or
- c) Given a diagnosis of ASC in proportionate numbers to the catchment area.

Such an analysis would allow a LA to establish whether there were ethnic differences in their region, and if so to pinpoint the stage at which these occurred. For instance; if a larger than expected number of Caucasian children were identified with ASC in a particular authority, this research would
enable them to establish whether disproportionate diagnosis continued to occur, and if so whether this was reflective of the assessment, the decision process of who to assess, or the nature of referrals for assessment.
REFERENCES


APPENDIX A: INTERVIEW QUESTIONS

Questions (numbered) and prompts (letters) for the initial semi-structured interview.

1. How long have you been an EP, and how long have you been involved in the assessment process for ASC.
2. How is ASC assessed in the area you work?
   a. Who else is involved in the assessment process?
3. How would you describe your constructions of ethnicity and culture?
4. Do you feel there is a difference in the presentation of ASC when evident in young children from ethnic minority backgrounds?
5. Please recall a case where you assessed a child from an ethnic minority background for ASC. Were there any considerations of culture that were useful in your assessment?
   a. Were there any differences in this assessment that you felt were related to the ethnicity of the child or family?
   b. Did you feel any test used with the child was culturally appropriate?
   c. Were there any aspects of the child’s behaviour that would have been better understood with consideration of ethnicity or culture?
   d. Was your understanding of the child’s behaviour in any way informed, enhanced or constrained by your understanding of the home culture?
6. In your practice are there any constraints in factoring ethnicity into your assessments for ASC?
7. More broadly speaking, does your consideration of ethnic factors differ when assessing a child with possible ASC compared to other psychological assessments?
Questions (numbered) and prompts (letters) for the follow up semi-structured interview.

1. Are you aware of the EPs monitoring ethnicity data of students passing through its service
2. Are you aware of the LA collecting ethnicity data of students entering into the ASC pathway?
3. Do you feel that your practice has been influenced by the ethnic-cultural-background of the communities you work in?
4. How have your experiences of ASC pathways influenced your thinking around effective ASC assessments?
5. Could you identify the ways in which you have developed your knowledge regarding contextual factors (non-within child factors) in your assessments for ASC?
6. Do you feel that your initial professional training, and CPD experiences have been instrumental in developing learning in this area?
7. In our previous conversation you mentioned a specific student. How satisfied were you with this assessment compared to your usual levels of satisfaction?
APPENDIX B: CONSENT FORM

An exploratory analysis of how Educational Psychologists consider ethnic minority cultural factors in their assessments of children for Autistic Spectrum Condition

CONSENT FORM

If you are happy to participate please complete and return the form by email to james.rupasinha@postgrad.******.ac.uk

1. I confirm that I have read the attached information sheet on the above study and have had the opportunity to consider the information and ask questions and had these answered satisfactorily.

2. I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason.

3. I understand that the interview will be audio-recorded

4. I agree to the use of anonymous quotes

5. I agree that any data collected may be published in anonymous form in academic books or journals.

I agree to take part in the above project

Name of participant ____________________________ Date ____________________________ Signature ____________________________

Name of person taking consent: ____________________________ Date ____________________________ Signature ____________________________
An exploratory analysis of how Educational Psychologists consider ethnic minority cultural factors in their assessments of children for Autistic Spectrum Condition

Participant Information Sheet
You are being invited to take part in a research study that will be assessed as part of the researcher’s Doctorate in Educational and Child Psychology.

Before you decide whether to take part it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.

Who will conduct the research?
The research is being conducted by Trainee Educational Psychologist James Rupasinha based at the University of Blank

Title of the Research
An exploratory analysis of how Educational Psychologists consider ethnic minority cultural factors in their assessments of children for Autistic Spectrum Condition

What is the aim of the research?
The aim of this research is to ascertain the ways in which EPs factor in considerations of culture or ethnicity into their ASC assessments. It is hoped that this study will inform how EPs can better serve children with possible ASC from ethnic minority families. There are two research questions.

1. In what ways do ethnic minority cultural factors impact upon EP’s assessment for ASC?
2. How does the EP’s work context influence their assessments of ethnic minority children with possible ASC?

**What would I be asked to do if I took part?**

Attend and take part in one 45 minute semi-structured interview regarding the consideration of ethnicity and culture in Educational Psychologists assessments of children for ASC. The following seven questions will be asked.

1. How long have you been an EP, and how long have you been involved in the assessment process for ASC.
2. How is ASC assessed in the area you work?
3. How would you describe your constructions of ethnicity and culture?
4. In your service, what are the facilitators and barriers to working with clients from an ethnic or minority cultures when assessing children for ASC?
5. What, if any differences do you feel there may be in the presentation of ASC when evident in young children from ethnic minority cultures?
6. Please recall a case where you assessed a child from an ethnic minority background for ASC. Were there any considerations of culture that were useful in your assessment?
7. More broadly speaking, does your consideration of ethnic minority cultural factors differ when assessing a child with possible ASC compared to other psychological assessments?

**What happens to the data collected?**

The focus group meeting will be recorded and fully transcribed by the researcher. Confidentiality and anonymity will be maintained. The transcript of your interview will be analysed ‘thematically’ by the researchers (Braun & Clarke, 2006).

**How is confidentiality maintained?**

The interview will be audio recorded and fully transcribed by the researcher. The transcript will be fully anonymised. As soon as the full transcript is available, the audio recording of will be permanently erased. Two copies of each transcript will be stored for 5 years on an encrypted University laptop and also on an encrypted University portable hard drive stored in a locked filing cabinet in the personal office of Professor *****.

**What happens if I do not want to take part or if I change my mind?**
It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time without giving a reason and without detriment to yourself.

**Will I be paid for participating in the research?**
There will be no payment for participating in this research.

**What is the duration of the research?**
The interview will last for no more than 45 minutes.

**Where will the research be conducted?**
It is suggested that the interview be conducted at your place of work at a time to be arranged which is convenient to you.

**Will the outcomes of the research be published?**
Findings from this research will form part of the researcher’s professional doctorate thesis. In this, and any subsequent publications all confidentiality and anonymity will be preserved. There is a possibility that it may also be published in a scientific journal: if this is the case then your consent will be sought to use interview data as part of this.

**Contact for further information**
Trainee Educational Psychologist, james.rupasinha@postgrad.******.ac.uk
Telephone ***** (Please leave a message with Programme Secretary)

Supervisor: 
******
Telephone ***** (Please leave a message with Programme Secretary)

**What if something goes wrong?**
If there are any issues regarding this research that you would prefer not to discuss with members of the research team, please contact the Research Practice and Governance Co-ordinator by either writing to **********************, by emailing: Research-Governance@******.ac.uk, or by telephoning *******
### APPENDIX D: TIMELINE AND BUDGET

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<thead>
<tr>
<th>Approximate Dates</th>
<th>Item</th>
<th>Financial cost</th>
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<tbody>
<tr>
<td>6&lt;sup&gt;th&lt;/sup&gt; February 2013</td>
<td>Submit Thesis Proposal together with ethical approval documentation</td>
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<tr>
<td>20&lt;sup&gt;th&lt;/sup&gt; February 2013</td>
<td>Attend Thesis Panel</td>
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<tr>
<td>21&lt;sup&gt;st&lt;/sup&gt; Feb 2013</td>
<td>Thesis Panel feedback</td>
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<td>24&lt;sup&gt;th&lt;/sup&gt; Feb 2013</td>
<td>Ethical approval application</td>
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<td>16&lt;sup&gt;th&lt;/sup&gt; March 2013</td>
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<td>20&lt;sup&gt;th&lt;/sup&gt; March 2013</td>
<td>Pilot interview</td>
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</tr>
<tr>
<td>21&lt;sup&gt;st&lt;/sup&gt; March 2013</td>
<td>Participant recruitment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7&lt;sup&gt;th&lt;/sup&gt; April 2013</td>
<td>Participant selection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14&lt;sup&gt;th&lt;/sup&gt; April 2013</td>
<td>Begin data gathering</td>
<td>Transportation &amp; Phone Bill</td>
<td>4</td>
</tr>
<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt; July 2013</td>
<td>Begin data analysis</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>7&lt;sup&gt;th&lt;/sup&gt; November 2013</td>
<td>Submit Literature review for tutor feedback</td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>20&lt;sup&gt;th&lt;/sup&gt; December 2013</td>
<td>Submit Methodology for tutor feedback</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>20&lt;sup&gt;th&lt;/sup&gt; January 2014</td>
<td>Submit Results for tutor feedback</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>20&lt;sup&gt;th&lt;/sup&gt; February 2014</td>
<td>Submit Discussion for tutor feedback</td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>28&lt;sup&gt;th&lt;/sup&gt; March 2014</td>
<td>Give Notice of Submission of thesis</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>4&lt;sup&gt;th&lt;/sup&gt; May 2014</td>
<td>Feedback results of thesis to participants</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>10&lt;sup&gt;th&lt;/sup&gt; May 2014</td>
<td>Submit electronic copy and then two hard bound copies of thesis</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>8&lt;sup&gt;th&lt;/sup&gt; June 2014</td>
<td>Submit copies of thesis to mock viva tutors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23&lt;sup&gt;rd&lt;/sup&gt; June 2014</td>
<td>Mock viva</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>7&lt;sup&gt;th&lt;/sup&gt; July 2014</td>
<td>Viva</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>14&lt;sup&gt;th&lt;/sup&gt; July 2014</td>
<td>Begin corrections</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7&lt;sup&gt;th&lt;/sup&gt; August 2014</td>
<td>Submit final copy of thesis</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### APPENDIX E: OPERATIONAL RISK ANALYSIS

<table>
<thead>
<tr>
<th>Risk</th>
<th>Level of Risk</th>
<th>Contingency Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPs in North West may not agree to participate in research</td>
<td>Low</td>
<td>When communicating with EPs stressed anonymity and minimal inconvenience</td>
</tr>
<tr>
<td>Personal tragedy to befall researcher</td>
<td>Low</td>
<td>Kept clear records so that research can be continued at a later date</td>
</tr>
<tr>
<td>Loss of data</td>
<td>Low</td>
<td>Backed up all research data</td>
</tr>
<tr>
<td>Face to face interviews may prove difficult to arrange</td>
<td>Low</td>
<td>Considered submitting a minor amendment request to switch the modality to phone-interviews</td>
</tr>
<tr>
<td>EPs may be unprepared, not used to talking about cultural differences in assessment</td>
<td>Low</td>
<td>Informed possible participants of interview topic and questions prior to interview and agreement to participate</td>
</tr>
</tbody>
</table>
APPENDIX F: PROCESS OF THEMATIC ANALYSIS

Fig. G1: Extract of transcript (with codes) from participant 1.

Fig. G2: Sample of codes grouped into subthemes from participant 1.
Fig. G.3: Assortment of subthemes into basic themes

Fig. G.4: Grouping of basic themes (post-stick notes) onto organising themes (groups of paper)
**APPENDIX G: THE LINK BETWEEN BASIC THEMES AND ORGANISING THEMES**

Table H1: The link between Organising themes and Basic themes - ‘William’

<table>
<thead>
<tr>
<th>Organising Themes</th>
<th>Basic Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Culturally Specific Factors</td>
<td>Insular</td>
</tr>
<tr>
<td></td>
<td>Gender</td>
</tr>
<tr>
<td></td>
<td>Behaviour is misinterpreted</td>
</tr>
<tr>
<td></td>
<td>Identity</td>
</tr>
<tr>
<td></td>
<td>Passivity</td>
</tr>
<tr>
<td></td>
<td>Parents related to him</td>
</tr>
<tr>
<td></td>
<td>Disadvantaged in accessing services</td>
</tr>
<tr>
<td></td>
<td>Seeking a second opinion</td>
</tr>
<tr>
<td></td>
<td>Religion</td>
</tr>
<tr>
<td>EP’s Developing Knowledge</td>
<td>On the job activities</td>
</tr>
<tr>
<td></td>
<td>Exposure</td>
</tr>
<tr>
<td></td>
<td>Subtle</td>
</tr>
<tr>
<td></td>
<td>Directly ask families</td>
</tr>
<tr>
<td></td>
<td>Delivering training</td>
</tr>
<tr>
<td></td>
<td>Initial professional training</td>
</tr>
<tr>
<td></td>
<td>NIHCE</td>
</tr>
<tr>
<td></td>
<td>Participation in research</td>
</tr>
<tr>
<td></td>
<td>EP colleagues</td>
</tr>
<tr>
<td></td>
<td>Time constraints</td>
</tr>
<tr>
<td></td>
<td>Supervision</td>
</tr>
<tr>
<td>Shared Understanding</td>
<td>Comparisons with other children</td>
</tr>
<tr>
<td></td>
<td>Difficult to judge feedback</td>
</tr>
<tr>
<td>EPS Management</td>
<td>Legacy</td>
</tr>
<tr>
<td></td>
<td>Autonomy</td>
</tr>
<tr>
<td></td>
<td>Non collection of ethnicity data</td>
</tr>
<tr>
<td></td>
<td>Supervision</td>
</tr>
<tr>
<td>General Process of ASC Assessment</td>
<td>Discrepancies</td>
</tr>
<tr>
<td></td>
<td>Influence</td>
</tr>
<tr>
<td></td>
<td>EPs  not on multi-disciplinary panel</td>
</tr>
<tr>
<td>EP Adjustments</td>
<td>Presenting behaviours</td>
</tr>
<tr>
<td></td>
<td>Consider &quot;possible cultural</td>
</tr>
<tr>
<td></td>
<td>Integrating the context</td>
</tr>
<tr>
<td></td>
<td>Asking questions</td>
</tr>
<tr>
<td></td>
<td>Subtle</td>
</tr>
<tr>
<td></td>
<td>Practical.</td>
</tr>
<tr>
<td></td>
<td>Flexibility</td>
</tr>
<tr>
<td></td>
<td>Extra effort</td>
</tr>
<tr>
<td>Schools</td>
<td>Schools can be culturally knowledgeable</td>
</tr>
<tr>
<td></td>
<td>Staff can speak the mother tongue</td>
</tr>
<tr>
<td></td>
<td>Adjustments that schools can make EP as they relate to the school.</td>
</tr>
</tbody>
</table>
### Table H2: The link between Organising themes and Basic themes - ‘Mary’

<table>
<thead>
<tr>
<th>Organising Theme</th>
<th>Basic Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>LA Structures</td>
<td>Multi-agency collaboration&lt;br&gt;ASC Pathway&lt;br&gt;Support from non EP colleagues</td>
</tr>
<tr>
<td>Culturally Specific Factors</td>
<td>Gender&lt;br&gt;Acceptance&lt;br&gt;Unwanted diagnosis&lt;br&gt;Understanding&lt;br&gt;Ambition&lt;br&gt;Attitudes&lt;br&gt;Stability&lt;br&gt;Trauma</td>
</tr>
<tr>
<td>EP Adjustments</td>
<td>Schools&lt;br&gt;Expectations&lt;br&gt;EP Individuality</td>
</tr>
<tr>
<td>EP Actions</td>
<td>Views of Child&lt;br&gt;Language&lt;br&gt;With the child&lt;br&gt;What the EP looks for&lt;br&gt;Schools</td>
</tr>
<tr>
<td>Consultation with Parents</td>
<td>Relationship&lt;br&gt;Priorities&lt;br&gt;Safety&lt;br&gt;Awareness&lt;br&gt;Collaboration&lt;br&gt;Constructs</td>
</tr>
<tr>
<td>Relationship with Schools</td>
<td>Arrivals&lt;br&gt;Fear of unknown&lt;br&gt;Harder for schools to build relationships</td>
</tr>
<tr>
<td>EP Individuality</td>
<td>Personal assessment tools&lt;br&gt;Personal stereotypes&lt;br&gt;Personal dissatisfaction</td>
</tr>
<tr>
<td>EP Learning</td>
<td>Supervision&lt;br&gt;Exposure&lt;br&gt;Subtle&lt;br&gt;Research&lt;br&gt;Constraints&lt;br&gt;Schools&lt;br&gt;Family&lt;br&gt;Initial Training&lt;br&gt;Day to Day work&lt;br&gt;CPD&lt;br&gt;Over time&lt;br&gt;Initial Professional Training&lt;br&gt;Dedicated LA team&lt;br&gt;Monitoring demographics</td>
</tr>
</tbody>
</table>
Table H3: The link between Organising themes and Basic themes - ‘Grace’

<table>
<thead>
<tr>
<th>Organising Theme</th>
<th>Basic Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Culturally Specific Factors</td>
<td>Stigma</td>
</tr>
<tr>
<td></td>
<td>Gender</td>
</tr>
<tr>
<td></td>
<td>Eye contact</td>
</tr>
<tr>
<td></td>
<td>Developmental norms</td>
</tr>
<tr>
<td>LA Procedures</td>
<td>Collection of ethnicity data</td>
</tr>
<tr>
<td></td>
<td>LA priorities</td>
</tr>
<tr>
<td></td>
<td>Collaboration between LA services</td>
</tr>
<tr>
<td></td>
<td>Funding</td>
</tr>
<tr>
<td></td>
<td>ASC pathway</td>
</tr>
<tr>
<td></td>
<td>Home visits</td>
</tr>
<tr>
<td>Schools as Partners</td>
<td>Schools influence consultation</td>
</tr>
<tr>
<td></td>
<td>EP build capacity in schools</td>
</tr>
<tr>
<td></td>
<td>Vicarious assessments</td>
</tr>
<tr>
<td>The Distinctiveness of ASC</td>
<td>Less need for consideration of cultural factors</td>
</tr>
<tr>
<td></td>
<td>Cultural factors considered</td>
</tr>
<tr>
<td>Parental Consultation</td>
<td>Breaking down unhelpful practices</td>
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<tr>
<td></td>
<td>Construction of feedback</td>
</tr>
<tr>
<td></td>
<td>Relationship</td>
</tr>
<tr>
<td></td>
<td>Appropriate parenting</td>
</tr>
<tr>
<td></td>
<td>Language barrier.</td>
</tr>
<tr>
<td></td>
<td>EP role</td>
</tr>
<tr>
<td>Direct Work with Child</td>
<td>No difference in presentation</td>
</tr>
<tr>
<td></td>
<td>Less need to hear language</td>
</tr>
<tr>
<td>EP Learning</td>
<td>Professional training</td>
</tr>
<tr>
<td></td>
<td>Collaborative training with different professionals</td>
</tr>
</tbody>
</table>