The present 'energy crisis' does not really represent a shortage of energy, just a shortage of liquid hydrocarbons. The real crisis is the problem of how the abundance of energy available might be harnessed and equably distributed, this being partly a technical and partly a moral problem. Similarly the problem of how psychology might contribute positively to our future social needs does not represent a lack of talent, adaptable technique or good intention within psychology, but rather a failure to develop the structures whereby the potential of psychological science might be encouraged and permitted. Our children have a right to expect us to have tested out psychology to the full. Psychologists' present professionalism should not stand in the way of this.

11   THE PROCESS OF RECONSTRUCTION: AN OVERVIEW

Gervase Leyden

The development of early psychological services and the work of educational psychologists in child guidance clinics has been fully documented in Chapter 2 of the present volume and elsewhere (Keir, 1952; Summerfield Report, Appendix A, 1968). It is clear from these accounts that virtually from the outset most educational psychologists were faced with a definition of their area of competence made by other people. Burt (1969) in his review of the Summerfield Report, quotes the views of Moodie (the first Medical Director of the first Child Guidance Clinic) that 'psychology is a branch of knowledge dealing with the structure and operation of intelligence; psychiatry is a branch of medicine dealing with the mechanisms involved in all forms of behaviour, normal as well as abnormal'. With few exceptions this relegated educational psychologists within child guidance clinics to a psychometric role permitting occasional negotiation over the acceptability of personality testing and an occasional treatment session under the guise of remedial work. Although psychologists sought to emerge from this restricted role we absorbed many of those underlying clinical assumptions to augment our heavily psychometric training.

One consequence of the early identification with child guidance and perhaps the school health service, was that as psychologists we incorporated other assumptions into our work that were not necessarily appropriate to psychological services. As a result we established the concept of 'referrals', which related to 'children with problems', and the referrals were generally initiated by someone other than the child or his family. In turn this created 'waiting lists' before assessment or 'diagnosis' and occasionally 'treatment' could be attempted. Although we followed medical concepts, we lacked the supportive resources, staff and facilities those concepts imply. Schools must have been relieved, if surprised, that a service was emerging to accept responsibility for such assumptions. It is probably still true that schools do not appreciate how meagre are the resources available to a school psychological service — particularly when it operates on a child guidance model.

If the early psychological services had merely to work out the

appropriateness of the medical assumptions alone, then subsequent developments might have been considerably more effective. However, many psychologists had received no formal training as educational psychologists, and a sizeable minority had not studied psychology at undergraduate level but had followed 'equivalent' higher degree courses, usually in education. Many had trained and worked as teachers before starting a study of psychology. When the information was collected for the Summerfield Report, 21 per cent of educational psychologists had taught for more than nine years, and a further 8 per cent for more than five years, but 40 per cent were without specific training in educational psychology, and 20 per cent had not studied psychology at undergraduate level. It is therefore hardly surprising that the early quest for a professional identity was also strongly influenced by assumptions deriving from a background in teaching, and the particular services of prescriptions and injunctions that this implied. What would have been the subsequent work had our introduction been as applied psychologists (even within the education service) but without a strong conceptual allegiance to other disciplines? Nevertheless the potential applied psychologist had first to resolve the dissonance between the clinical and educational assumptions before he could initiate ways of making his knowledge and skills available for the benefit of children and those responsible for them. In practice he found himself expected to offer both an individual or casework service for all children and their families who might be referred, as well as a support and advisory function for schools. This conflict could not be resolved effectively in those terms. Additional staff simply furnaced the latent demand, but the essential contradictions remained with the result that the recent improvements in staffing ratios have not alone been sufficient to settle the contradictions. Nor did the dramatic growth in school psychological services after the Second World War guarantee an independent profession. Many psychological services were administered by the school health service often with a corresponding limitation on role, although it is equally true that some services would not have been established without medical support. The 'range of duties' largely focused on psychometric assessment of individual children. Section 34 of the 1944 Education Act gave the local education authority the duty of ascertaining which children were in need of special educational treatment. The LEA was required to consider the advice of medical officers, together with reports from teachers and other persons. The information was summarised in a series of forms with the psychologist generally contributing little more than psychometric findings of ability and attainment to the medical form

2HP and the school medical officer making the actual educational recommendation. In the case of more severely handicapped children the psychologist was frequently not invited to contribute at all. Williams' (1965) article on the 'Ascertainment of ESN Children' is a good summary of the limitations of those procedures and of the arguments advanced by some psychologists for a more positive role.

The preoccupation with psychometry would not have survived for so long without nourishment from other sources, and this has been amply provided from within the profession. Most of the educational psychology training courses were based on the premise that assessment techniques were a major application of psychology to the problems of children. On my own training course I cannot recall seeing a child for any purpose other than to administer a test. Discussions about school organisation went little further than establishing whether they could provide an empty room for the psychologist and child. The development of 'prescriptive' tests only gave further support to the view that psychometry offered the most promising prospect. Few psychologists challenged Thorndike's dicta that 'If a thing exists, it exists in some amount' and 'if it exists in some amount, it can be measured'. Many in fact went further, 'If it can be measured, it should be measured'. The Psychologist's office became in Burt's phrase, 'an HQ for EQs and IQs'.

It must be difficult for recent entrants to the profession to appreciate the relatively uncritical enthusiasm for testing in the post-war years, and the unlikely situations in which it was practised. Cloakrooms, convents, assembly halls, dining rooms, prisons – even toilets, have featured in colleagues' accounts. I personally know of one psychologist whose practice was to test whoever was in the waiting room, whether he had been referred or not. Her subsequent reports contained fascinating allusions to the IQ and attainments of parents, relatives, neighbours – or whoever happened to accompany the child. Such mindless excess was a unique eccentricity but we did accept that individual assessment was a prime essential of our work. 'Diagnosis' was based on the knowledge of a wide range of tests and the ability to select the one most appropriate. Vernon (1968) was quite accurate in reflecting that 'the standard approach of British Child Psychologists when faced with a backward or maladjusted child, has been to test his IQ and attainments'.

Even on those limited terms few services, particularly in the Midlands and North could possibly cope with the demands on them. Most of the tests psychologists had been trained to use (e.g. WISC, ITPA, Griffiths, Merrill-Palmer) assumed individual work with children – and this was also the perspective of most training courses. Faced with school popula-

legitimacy pivoted on that technique, and there was no shortage of allusions to babies and bath water. Thus test scores provided an agenda for discussion in which neither teacher nor psychologist felt threatened and the search for explanation by tacit agreement focused in the child's responses. Take that away, and where might it lead? Even Burden's (1973) recent indictment of current tests hedges at the point of implementing his own conclusions, and is tantalisingly vague about alternatives and how they might be introduced.

Fortunately it is impossible to follow any work with pupils, teachers or parents in schools without being made forcibly aware of the significance of school organisation, the internal social dynamics, the curriculum — and the status accorded to different parts of it, and even the extent to which the design of the buildings can impose its own pattern on the structure of the school day. Although the same traditional techniques were initially applied the perspective rapidly broadened to encompass not only an individual child but also other contributory factors from within the school itself. Once this point was reached, the sterility of the traditional approach became obvious and the process of reformulation inevitable. Suddenly it became permissible and necessary to exorcise other inherited shibboleths which influenced the way in which we were working.

During the 1960s there was a decisive shift away from testing for the purpose of classifying, towards assessment as a basis for consequent remediation for the child or the situation. Inevitably this stimulated a re-examination of our role in ascertaining children for ESN(M) schools. For many years this had been an issue where the dissonance between the medical and educational elements was resolved, and for once the precarious trick of riding both horses simultaneously seemed relevant beyond the circus ring. 'Disability of mind' required 'special educational treatment'. There was a general consensus among educational psychologists in the fities and sixties that the responsibility for making such judgements should not rest with school medical officers, but that psychologists and teachers should be primarily involved (Woods, 1975; Williams, 1965).Eventually these views were recognised by Circular 2/75 which outlined the essential psychological contribution in identifying children's needs and suggested some improved procedures for recording them. Ironically, these were introduced after a decade during which the concept of segregated special schooling had been seriously questioned. Circular 2/75 did not explicitly acknowledge these misgivings, but the wording of the new procedures does permit the alter-

native use of special resources.

The controversy in the 1960s about the value and implications of separate special education echoed the heredity/environment debate. Post-war, the ESN category unwittingly was more akin to a medical/educational condition. As previously indicated, the official 2HP was headed 'Report on child examined for a disability of mind'. It concluded that the child 'is/is not' educationally subnormal with a caveat for those children 'unsuitable for education at school' and children requiring a special physical examination or treatment at a child guidance clinic. The hereditarian-constitutional argument held sway. The psychologist contributed little more than IQ or other test scores for the medical officer to include under the 2HP, although even here some doctors carried this out themselves.

Yet the link between educational failure and social or cultural factors had been well established as far back as Gordon's studies of canal boat children in the 1920s, and had been freshly emphasised by the Newsom and Plowden reports and by research studies into the effectiveness of compensatory programmes. Evaluation studies of special schooling proved disturbing. Williams and Gruber (1967) classified the environmental handicaps suffered by children in ESN schools and found reduced infant schooling (as with summer born children) to be an important school variable associated with educational failure. Certainly no evidence emerged that the children attending ESN schools were a homogeneous group, but in fact encompassed a broad range of social handicap and learning difficulties. The grouping was primarily administrative and gave no indication of need, nor did it prescribe programmes or methods of teaching. In view of the diversity of 'diagnosis', it is not surprising to find that research evidence of the value of special schooling is, at best, inconclusive. Tizard (1966), whilst acknowledging the limitations of most of the evaluation studies, was only able to identify one such investigation which indicated clear cut gains by children receiving special schooling — and this was in a special class. Numerous other studies found no actual gains, and evidence that some children did less well. More recent reviews of evaluation research on special schooling (Presland, 1970; Moseley, 1975; Morgan, 1977; Ghodsian and Calnan, 1977) have not been able to present conclusive evidence of its effectiveness on the criteria studied, although it is possible there may be improved personal and social adjustment within the school in some cases. However, there is a strong risk that the children may have a difficulty in integrating within the community and in adjusting to an adult role and job. Many of the

tions of 20,000 to 30,000 and a system of open referrals with no initial screening, the enthusiasm for testing began to wane, initially on the simple grounds that it was inappropriate and impossible for the large number of children referred. Psychology clearly had a relevance for many children, families, schools, in fact the whole community. But equally clearly the preparation of the educational psychologist and the assumptions of the school psychological service in which he worked obscured this.

In view of current psychological interest in the structure and organisation of schools it is ironic to recall the low priority given in the fifties and sixties (and alas, currently, in some services) to defining goals, evaluating procedures and providing support or opportunities for professional developments within our own services. Few professions at that time recognised the implications of the 'knowledge explosion' of the last few decades and 'preparation for change' was not an aspect of training courses. Although psychological services themselves were relatively new, as has been indicated their assumptions were more traditional. There was an understanding that the role of the psychologist was essentially static, gradually maturing and enriching in sophistication over time, a Stilton Cheese theory of role. Initially fresh and malleable, the psychologist soon achieves a firmness and even consistency which is quite palatable to most people. However, Dubin's work suggests that the 'shelf life' of the traditional product has significantly diminished over the years.

The rapid development of services in the 1950s produced expectations and demands from teachers and others that had not been entirely predicted. The introduction of a psychologist into an area previously without one did not simply graft an extra worker with a particular perspective into the old situation, but produced a totally fresh picture, revising the perceptions and expectancies of all the individuals, agencies and institutions with access to him. With an 'open' referral system this of course included everybody. It was at that point, faced with alarming and insistent demands for our time that we began to realise the irrelevance of many of our accumulated skills for the range of demands being made, particularly in view of the paltry support resources available. Doubts about the legitimacy of psychometry as practised were beginning to erode confidence in that technique. In addition clinical work was often criticised by teachers as remote and unrealistic. The response was a definite move from clinics to the setting where most of the referrals originated — the school. However, simply transferring 'individual assessments' or 'casework' from clinics to schools did not dispel

those criticisms since the techniques themselves were of dubious relevance to the needs of the school as an institution and made little sense in the life of the pupils or teachers. The shift in premises was simply geographical.

Bruner (1966), in reviewing the failure of educational psychology to produce a major contribution to educational practice identified the basic flaw: *'the task was not really one of application in any obvious sense, but of formulation'*. Individual psychometry or treatment had not only failed to produce effective answers but prevented the appropriate questions being asked, since they had diverted the psychologist into a separate set of activities that were virtually self-contained — they asked their own questions and provided their own answers.

The reaction against the psychometric movement has been covered earlier in this book. It is too comfortable to forget that psychology departments and training courses endorsed the practice, and that the laudable intention was to identify and remedy children's learning difficulties. However the application of tests on the scale that we witnessed in the fifties and sixties had unintended results. Both child and psychologist were diminished by the process. The child became translated into a set of scores or numbers. (I worked in one service where all case notes had been filed in IQ categories.) His indifference, his anger, his confusion, his expectations, his fear were important to the extent that they were perceived to influence scores. The psychologist in turn was limited to a technician's role. Yet test scores did not provide explanations — they required them. Nevertheless as psychologists we frequently complied in using psychometric techniques to answer questions not formulated on educational, psychological or scientific grounds. For instance, group test surveys of school populations were regularly carried out to identify children for individual special school ascertainment. Far more time was allocated to this exercise than in asking questions about whether such children benefit from a separate form of education, or in studying the influence of school organisation of teaching methods on the failure of some children to progress in school. Perhaps the 'flooding' produced by the considerable period we spent questioning children overcame any tendency to ask questions elsewhere.

Clearly we were perceived by others, by teachers, parents, children, administrators and psychiatrists as psychometrists. Equally clearly we also saw this to be our area of particular competence and often operated entirely within this restricted framework. The reaction against psychometry induced further anxiety in those psychologists whose

studies can be criticised precisely on the grounds that these sort of difficulties led to the original placement in a special school, but this does not answer the criticism that there seems to be little positive evidence that schools have been successful in helping children to overcome their difficulties. That so little evidence exists, and that so much of it is inconclusive is not a criticism of the work of special schools, nor of teachers. It is a further sad demonstration that as educational psychologists we have tended to accept assumptions without testing them, and have not rigorously scrutinised our own work. The hours spent in 'routine ascertainment' were in inverse proportion to the fleeting evaluation of the merit of what was being done.

This position has uneasy ethical overtones for the psychologist in his work with individual children and parents. In the light of current evidence, how do we answer parents' anxieties or children's fear of stigma if special schooling is proposed? Nor do those occasions where parent and child express no reservation necessarily justify such a move. Miller (1973) represented the views of a number of psychologists: 'Separating children from their peers, labelling them as deficient, and inadequate, and denying their parents rights over choice of schooling is a fairly drastic procedure. In order for it to be justified, the evidence that children benefit from the process must be unequivocal, and obvious not only to the teachers and administrators, but to the parents and children themselves. This evidence appears to be lacking.'

An appreciation of a child's educational development clearly involves a study of the interaction between the child and his school. Similarly, there is an inter-relationship between ESN(M) schools and their feeder primary and secondary schools. The special schools have played an essentially passive role in receiving children referred to them, via the school and psychological service, as 'slow learners'. In practice the referral was often triggered by the child presenting management difficulties in the school, of which learning difficulties were only a part. Consequently special schools have been faced with a significant number of children presenting both learning and behaviour problems and this in turn has required the school to devise methods of coping with their additional needs. The school cannot proceed on the premise that its pupils are primarily experiencing learning difficulties and that emotional or social problems are little more common than in other schools. Furthermore, the actual existence of special schools influences the outlook and organisation of its feeders, particularly in respect of slow learning children. Faced with unresponsive and possibly 'difficult' pupils and the knowledge that a system of special schools exists it is not

surprising that the latter are often seen as an answer. When acute educational failure can be resolved by transferring the failing pupil to a special school, a valuable feedback function may be lost. The original school may lose the incentive to examine the role of its own organisation and methods in contributing to what is seen simply as a child's failure. Nor does it encourage the school to consider ways in which additional resources of staff, equipment and guidance can combine to provide an appropriate learning and developmental climate for the child in his own school. Responsibility for the acutely failing child is transferred from the feeder to the special school. The psychologist acts merely as catalyst in this process, absolving himself even from the responsibility of evaluating the changes he has engineered.

One of the dangers of the institutional role of the educational psychologist is that the apparent client may be contaminated by the institutional client. Although the apparent client may be a child experiencing difficulties, the covert client is often the institution, be it school or authority. Removal of this 'problem' from the jurisdiction of the institution may be interpreted as success. Such a crude oversimplification clearly ignores some essential factors of the situation, such as individual successes achieved by special schools, difficulties of reallocating resources for an individual child at local level, and it also denies the genuine concern and skilled help demonstrated by individual teachers. Nevertheless, the psychologist has to take into account and understand the influence of institutional forces – particularly if they run counter to the needs of the child.

Although most of the studies cited offer little support for current practices in segregated special schooling, there is evidence that 'compensatory' methods based on careful diagnosis of individual needs and subsequent 'prescriptive' programmes can be effective. The work of Morgan (1971; see also Moseley, 1975) at Dinsdale Park School is one of the more impressive demonstrations of how individually structured learning programmes can overcome reading difficulties in disadvantaged, slow learning children. Now that the administrative category of ESN pupils is beginning to give way to individual identification of need, it should be possible to study more effective ways of allocating resources for special education. If the needs are social or cultural, then education ought to reflect this and the research projects in compensatory education in both this country and abroad should be studied, if only to avoid the well-documented mistakes. For smaller groups of children who are experiencing more specific learning difficulties there are promising implications in the work of both Schubert (1973) and Wedell

(1973). Such approaches may in fact demonstrate a continuing need for some form of special schools as a 'learning resource' not for children broadly categorised as 'ESN' but for those whose learning difficulties require more sophisticated analysis and remedial techniques.

I have given some attention to the issue of special schooling because it seems to me that the psychologist's contribution to it offers some immediate lessons about our services and the way we work. Initially we contributed largely as psychometrists, as technicians, providing test scores for other people to use. It would be naive to assume that individuals did not circumvent this, but most of us did not make a full contribution as psychologists, and were not always able to control the way in which our findings were implemented. For instance, a recommendation for special education could be interpreted in various ways by the school, teacher, psychologist, adviser or medical officer. In cases where actual placement was decided by administrators there was no guarantee that the education provided would match the needs of the child as defined. More currently, 'giving psychology away' clearly requires a greater responsibility for the psychologist in being aware of the situation in which it is being used, in monitoring and perhaps controlling that usage. (And at that point it can hardly be called a gift!)

The dearth of research on the value of special school placement is a rebuke to the psychologists who initiated such recommendations, not to the teachers involved. Where services are too busy or overwhelmed to evaluate their recommendations then there are more dangers in continuing uncritically than in calling a halt for an appraisal of what is being achieved and what is being assumed. Unguided activity does not confer effectiveness and surely we no longer have to justify the need for services to create time for identifying objectives and goals, devising and evaluating methods of achieving them and permitting staff opportunities for developing their own professional skills.

All these lessons apply equally to our work in child guidance clinics. The traditional model of psychiatrist, psychiatric social worker and psychologist working as an interdisciplinary team gave the psychologist in training and in practice the chance to play a role in treatment. Seldom the lead, it did sometimes include lines, but was generally little more than a walk on part. The audience though small, was loyal, middle-class and prepared to queue at length for a production which achieved a lengthy run before the critics gave it their serious attention. Using a terminal metaphor, Rehin's (1972) article 'Child guidance at the end of the road' charged clinics with operating an obsolete Freudian methodology whose effectiveness they have not been able to

demonstrate. He rejected the 'team' concept as being a wasteful duplication of scarce resources and offering virtually no role for the father, a striking anomaly where the focus is the whole family rather than the child alone. Some of Rehin's assumptions about treatment and the concept of 'mental illness' failed to register the particular disenchantment with child guidance felt by many practitioners and clients. However, his criticisms of the highly selective intake, irrational referrals and the use of highly educated, high status professions on an exercise of unproven value available only to a small fraction of the child population expressed fairly widespread misgivings. Although Rehin rejected the current practice of child guidance on the grounds of ineffectiveness and theoretical inadequacy, his proposals concerned themselves with the administrative reconstruction of health, educational and social services rather than the helping process itself. Tizard (1973) similarly found little evidence that child guidance as a clinical activity was appropriate for the size or nature of difficulties experienced by children and families in the community. However he suggested a more limited, clearly specified approach to treatment, with the actual emphasis of the service shifting to school-based measures. Although child guidance clinics had focused on the child as a symptom of the family problem, Tizard was urging a broader perspective to include the social environment of the school as a contributor to the incidence and duration of 'maladjusted' behaviour. Although individual clinic teams essayed into schools, Tizard's conclusions did not reflect a concerted trend in child guidance practice away from a preoccupation with child pathology. Indeed, following Rehin, most of the debate has been concerned with where the clinic team members should be based, rather than what they should do. Whether or not child guidance clinics reappraise their purpose and practice, the role of the educational psychologist within such teams needs rescuing from its archaic obsolescence. The role advocated by Tizard recognises the recent developments in psychological services and a renewed interest in the application of psychological theory to work with children. Unless the teamwork principle permits each member an effective contribution it is not worth upholding. If developments in child guidance practice and philosophy over the next few years recognise and incorporate the full potential of each contributor a different and possibly exciting and effective interdisciplinary service may emerge. Not all the regional discussions following Circular 3/74 and its proposals of 'a network of services' engender optimism, but there is still time for a productive realignment. If not, then Olive Sampson's (1975) article 'A dream that is dying?' may have sounded the lament.

Hindsight too easily passes as insight and facile criticism of traditional practice often reveals a lack of appreciation of constraints imposed on developing services. It was not the purpose of local authorities to provide general employment for educational psychologists, and services were generally introduced by education departments with certain tasks in mind, and with their own assumptions about how such tasks might be carried out. The last fifteen years have been a painful struggle to reappraise those functions and only by so doing has it been possible to emerge from a hybrid teacher-clinician role to that of psychologist, based in the education service. The point at which schools, or other agencies, feel it worthwhile to *invite in* a psychologist to provide an additional perspective or help them overcome a problem rather than *referring on* a child gives the school access to a far wider range of alternatives. These can also include the possibility of individual help for the child if appropriate.

This sort of development has been hindered by the rather inflexible use of referral forms by both teachers and psychologists. The principle of open referrals was laudable, but the form itself had some undesirable connotations, and obscured the issue of who was the real client. Interestingly enough when parents or pupils spontaneously sought the help of a psychologist they were not asked to complete such a form. While forms remain in use, Hedderly's (1976) advocacy of a contract-based referral system indicates that services can adopt a more flexible policy. However, there is a clear need for some post-Caxton innovations to improve the communication between psychological services and those who use them. Perhaps some of the confusion surrounding the debate on the use of referral forms relates to the broader issue of the extent to which the psychologist undertakes any individual work with children — or whether he intervenes solely at the individual level. In my view this is a false choice. School organisation and curriculum matters cannot be seen in isolation from the individual child any more than the child can be divorced from his social or school setting. The dilemma is in being available to those children or families who may be significantly helped (however defined) by the intervention of a psychologist, without being submerged under a confetti of forms. A large part of the solution is to work with and through the institution and as this is at the expense of time traditionally spent on individual work it is even more important that those cases selected for individual study or casework are carefully and effectively identified. Unfortunately, many referrals are not appropriate and too much time is spent by psychologists in 'personal screening' usually by a school visit. Increasing the

information content (and researching the validity) of the referral process may reduce this, but progress ultimately depends on the recognition that 'referral forms' of 'problem children' are not the only means of initiating discussion between teachers and psychologists. Furthermore, it would be interesting to study the implications of limiting actual individual casework or intervention to those children or families who refer themselves, rather than to focus so heavily on those who are referred by someone else.

In fact, most services would be hard pressed to offer an adequate individual face-to-face service for 5 per cent of the school population, and would be utterly swamped if 10 per cent were referred. Yet the evidence of the Isle of Wight Survey and the National Children's Bureau indicates that a significantly higher proportion present problems of educational concern. Even if intervention on traditional lines were an appropriate response, only one or two services in this country are currently staffed at a sufficient level to be able to offer it, and even these services would question the assumptions behind mass referrals for some form of 'psychological' screening. Clearly we should reserve individual case studies for those situations where the focus of the problem is both 'within' the child or family and amenable to such techniques. With a more selective referral procedure, it would then be possible for services to offer teachers and others more guidance and support in overcoming difficulties in the setting where they occur, be it in school, home or elsewhere. Although one could make a case that all school children would benefit from individual face-to-face guidance by an educational psychologist, this is not currently feasible — nor is it necessary if closer liaison between psychologists and teachers permits primary help to be offered to all children through the teacher.

Where have these developments led us? If Toffler's 'future shock' is the realisation that the world you have been trained to believe in does not exist, then there are some advanced cases within the psychological services. Educational psychologists of my generation and older have found the basic tenets of a significant part of our training and practice increasingly open to question from ourselves and others. The pace of dissatisfaction may have accelerated, but the embryonic doubts themselves have been present for the last fifteen years or so. The Summerfield Report (1968), following up migrants from the profession, found pressure of work together with reservations about the quality and usefulness of some of it were already being advanced — along with misperceptions of role and problems of communication with medical and

administrative colleagues. Such studies as are available have only confirmed those doubts, and we have now reached a stage where a rethinking and reformulating of the function of psychological services is inevitable, if only because so many of the traditional assumptions no longer hold. The most hopeful sign is that the critical rethinking is not the sole prerogative of new entrants to the profession and that much of the thrust is from those trained in conventional lines who have attempted to implement that training. In the past decade there has been a counter growth of spontaneous innovations by individual services and individual psychologists. Doubts about the uncritical use of norm-referenced tests, the process of selecting children for special schooling and our work in child guidance clinics have been voiced loudly within the profession. Most of the subsequent innovations have taken as their theme a more flexible dialogue and openness between psychologists and consumers and less reliance on professional mysteries, relics and rituals, counterpointed by research or evaluation of the measures. Thus, although these developments are not centrally orchestrated they are forming a recognisable movement.

The development of school-based measures and various kinds of teachers' courses or 'workshops' signalled the shift of emphasis away from responding to individual referrals towards experimenting with preventive measures. Initially courses tended to be a simple extension of the limited role previously outlined, and were largely restricted to such topics as educational testing or reading failure. By the late 1960s a number of services had developed a variety of integrated measures such as residential courses, supportive pamphlets and information sheets, and school-based experiments in alternative ways of meeting the needs of special groups of pupils. For example, the West Sussex service under Labon (Labon, 1973; Acklaw and Labon, 1971) was one of a number which explored what could be achieved by attempting to apply psychological concepts to 'problem areas' within schools — as well as developing a comprehensive network of courses and discussions with teachers on other educational issues. An important element in the West Sussex service was the allocation of time for the psychologist to update his own knowledge and skills, and this was a further sign of the profession beginning to respond to its changing role. Also at this time Presland (1970, 1973, 1975) began his series of pamphlets for teachers in which he gave highly practical examples of how a range of psychological techniques could be applied to the sort of difficulties faced by class teachers. Another recent example is the work of Wolfendale (1976) in developing a screening procedure that was essentially a feedback device

for teachers linked to in-service training and the production of materials.

Courses have now become a commonplace for making psychological findings available not only to teachers, but also to parents, social workers, residential staff and others, and videotape recording techniques have proved particularly appropriate for this work. Encouragingly, the preparation of in-service courses for teachers and others is now being included in some training courses for psychologists (Ward, 1975). The need to improve pre-crisis contact has become generally established. However, as most educational issues are multi-dimensional, other agencies such as advisers and college education departments also have a significant contribution to make; we should jointly aim for a colloquium rather than a bilateral dialogue.

This greater emphasis on courses and workshops has been one extension of role, and has demonstrated that the psychologist can be an appropriate consultant or facilitator to whom teachers and parents can turn. The possibilities of such contacts transcend the alleviation of 'problems', and the workshop approach, particularly with parents of handicapped children has produced highly encouraging results. A major advantage of joint workshops is that the psychologist-client/parent relationship is avoided and this permits few more challenging discussions and feedback. This can spark off a more creative fusion, of which one example is the Cleveland parent-psychological service group. Originally this grew from a series of joint film seminars between psychologists and parents in touch with the psychological service but grew into a more broadly based parent group, supported by the psychologists who acted as facilitators within the group, and for the group within the local authority. This generated a whole range of specialist resources including a Toy Library, Parent Workshop, weekend use of swimming pools for handicapped children and their families, film seminars, Saturday morning and school holiday playgroups, all developed against a background of discussion about children's and families' needs. This was a remarkable achievement within just two years and illustrates what is possible when the psychologist steps beyond the restrictions of a purely clinical role and risks himself and his professional skills by joining with parents or others in the process of defining and attaining their goals.

If individual casework alone does not offer a sufficiently productive support for schools (and is only available to a small proportion of children, given current staffing levels), where should we concentrate our relatively limited resources in order to offer a more effective service? There seems little doubt that the school curriculum, organisation and

the need to offer staff more personal guidance and support in their pastoral work are vital areas. The Newsom and Plowden reports (and to an extent, Bullock) created an atmosphere in which some refreshing developments took place, particularly in terms of the curriculum. Our interest should certainly not be confined to the areas of reading, or particular learning difficulties, and Bruner's 'Man: A Course of Study' (MACOS) is an ambitious illustration of what can be achieved. 'A' level psychology courses are also on the syllabus of some schools, and others have introduced option courses in child development with the local psychological service (and the next generation of parents). Certainly one of the advantages of working with individuals or groups of pupils is that it provides an insight into the meaning of the whole school day from their point of view, and the extent to which the curriculum reflects their personal, social and intellectual needs. It reminds us that at all ages and stages of schooling many classroom problems relate primarily to the gap between the child and the extent to which the tasks he is set are relevant to him at this stage of his growth and are within his competence to perform. My own teaching (innocent of Newsom) contained quaint but largely irrelevant vignettes on such topics as 'A day in the life of a lumberjack' or 'Hop pickers in Kent' to adolescents who needed more direct guidance in making sense of their own society and their own behaviour. If we are genuinely concerned about such issues as vandalism in schools, relationships with young people and preparation for life in a broader community, then many elements of the overt curriculum still seem bizarre.

In respect of school organisation and the need to offer more support particularly to pastoral care and other specialist staff, we have been surprisingly reluctant to grasp the positive opportunities. Nevertheless as we are concerned with the personal growth and development of pupils — and not 'merely' their academic attainments — we do have a distinct contribution to the organisation and functioning of school pastoral care systems. It is an increasingly common experience that a more productive impact can be made by joining in with school-based meetings of pastoral care tutors and their relevant staff, both in terms of discussions of the needs of specific children as well as in considering (and evaluating) the effects of school-based procedures on the adjustment and development of the pupils. This approach does not preclude further individual work with some children any more than a 'child-focused' perspective would ignore the social and family context, but it does mean that any subsequent intervention with individuals or small groups is likely to be more effective if backed up by a network of

in-school support systems, which of course are also available to all pupils, and not just those few whom the psychologist can help directly.

What other assistance can we offer schools in this area? In-service workshops and courses have already been advocated, and joint exercises of this kind which explore the growth process and are perhaps less didactic will benefit both teachers and psychologists. More formally, schools do need more evidence on which to make decisions about organisation, care systems and remedial arrangements. Secondary schools in particular have faced difficult decisions during the past decade as they have been internally reorganised and often regrouped. Yet at the time such decisions were being taken Weeks (1966) was pointing out 'the only experience we really have of such large institutions is the older public schools, the lunatic asylums and Her Majesty's prisons'. However the need for continued research at local level is underlined by Galloway's (1976) recent intriguing survey of Sheffield schools which found no evidence that large schools had a higher truancy rate or excluded more pupils. Projects of this nature seem a fruitful area of joint enquiry by schools and psychological services. There is a clear need for some careful evaluation of the effects of different forms of school measures on the adjustment, development and progress of pupils, to be carried out within authorities to provide local answers to questions since neighbourhood and other community factors can impose their own imprint on what is feasible.

If then we are to offer both a sophisticated casework in respect of the most complex client-centred problems and also function as an effective up-to-date psychological resource to whom teachers and others can turn, our own in-service or part experience training is in urgent need of development. Some services already make internal arrangements of this nature (e.g. Cleveland, Nottinghamshire) but there are many reasons why it should be extended. For instance, a significant number of practising educational psychologists were trained according to concepts that are no longer widely held. Apart from the annual DECP courses there have been relatively few opportunities for psychologists to update skills. A further consequence of the growth of psychological knowledge and research into child development is the demands this imposes on the individual psychologist faced with a wide range of duties and requests for help. Can one person bring equivalent expertise to studies of a pre-school blind child; a gifted sixth former who becomes seriously depressed; or a hyperactive seven-year-old presenting severe management problems in an open plan school? Faced

with such a range of complexity, I am sure that many psychologists did
fall back on tests in an attempt to make sense of an apparently bewil-
dering case load. As Cornwall (1973) remarked, 'It would be difficult
to imagine the individual who had the requisite knowledge, interest and
aptitude to meet the demands made at every age and ability level. All
this provides a strong argument, at a time when change is imminent,
and at a time when we are in a position to determine how our profes-
sional role will develop, to consider the implications of specialisation
for professional practice and structure.' Cornwall lists nine areas of
specialism (e.g. pre-school children, reading disability, counselling,
research, children with specific handicaps, etc.) and discusses ways in
which they might be incorporated within the structure of a service.
Specialist posts require advanced post-experience training and this
would probably be more appropriately based within university training
departments where particular specialisms currently exist. However, the
continuing in-service training previously advocated could properly be
based within the local authority service, perhaps with a regional pooling
of internal resources as well as link-ups with existing training depart-
ments.

In view of the changes we have witnessed over the past decade, and
the likelihood that the pace of change will accelerate, a commitment to
a systematic, continuous programme of in-service training for psychol-
ogists is more important than ever if we are to adopt a responsible
approach to our clients and offer 'value for money' to the local author-
ity which employs us. The past decade has also seen an unusually large
influx of new entrants to the profession, and this in a sense has dissem-
inated the fruits of current training throughout the profession to an
extent that is unlikely to be repeated as economic cut-backs and the
effects of the falling birth rate reduce the number of places on training
courses. Not all the suggested innovations have proved feasible or
appropriate, but they have served as a catalyst and as a result provoked
other developments. The examples given in the latter half of this chap-
ter are particularly interesting to me as they illustrate what can be
achieved within the existing structure of services, quite apart from the
more revolutionary developments discussed in earlier chapters.

In Bruner's terms, we are making the decisive step from 'application'
to 'formulation' and regardless of the particular path taken, the role has
changed for all time. The ground clearing of the last five to ten years has
made it possible for growth to occur at the level of both infrastructure
and superstructure so there are unusual opportunities for development
across age levels and hierarchies. Dare we take it — and the responsibility

of defining what we mean and what we contribute as psychologists? Or
will we remain content in our discontent, forever attributing our con-
dition to the restrictions we perceive to be imposed on us by others?