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An Exploration of the Profession of Psychology in Aotearoa New Zealand Schools

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Abstract

In order to make inferences based on, or create theories around aspects of the profession of school based psychology in New Zealand, we must know what the profession looks like. The roles of, and services provided by, psychologists in schools have been the subject of research by numerous authors internationally, however few studies have been conducted within the New Zealand context. The present study utilised a survey methodology to gather information regarding the characteristics, training, employment, and service provision of psychologists working in Aotearoa / New Zealand schools, and their perceptions of barriers to the provision of services. Results from 59 New Zealand psychologists working in the school context are used to provide a description of the profession of psychology in Aotearoa / New Zealand schools. Data indicates that the respondents provide a wide range of services in the school context including a focus on consultation, assessment, and intervention based services. Respondents identified lack of knowledge surrounding available services, limited availability of psychologists, funding issues, and systemic issues to be barriers that inhibit provision of psychological services to schools.
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Chapter One: Introduction

The role of psychologists working within the school context differs internationally and in New Zealand and a range of titles including School Psychologist, Educational Psychologist, Counsellor, and psychologist in education are used. In New Zealand, the context of this study, psychologists working in education may be registered under various scopes of practice including Educational Psychologist, Clinical Psychologist, or Psychologist. For continuity, the terms ‘school based psychologist’, or ‘psychologist in the school context’ have been used throughout to describe the psychologist working within an educational context.

1.1 Aim

This study explores the profession of psychology in the Aotearoa New Zealand school context. It is focused on providing a description of the characteristics and service provision of practitioners, as well as the perception of psychologists regarding the barriers and facilitating factors to service provision. In investigating psychologists working in schools, a clearer conception of the profession is expected to be developed, providing an improved understanding for school staff, families, and those preparing to enter the profession on what psychology in schools can offer.

1.2 Rationale for the study

Misunderstandings about the role and responsibilities of psychologists working in the school context are not new. International research outlines both the services psychologists are expected to provide, and the services they can and do provide (Agresta, 2004; Corcoran & Finney, 2015; Wang, Ni, Ding, & Yi, 2015), and calls for action in enhancing parent and teacher understanding of special education services (e.g. Kerry-Henkel & Eklund, 2015). In order for school psychologists’ services to be utilised, those using them must be fully aware of the extent of services available, and what to expect when working with a school based psychologist. In the New Zealand context, Bardon (1980)
reiterates this point, recommending that psychologists in schools ensure school professionals, parents, and the community know who they are, why they are here, and what they can do. The role of the school based psychologist in New Zealand has changed considerably, with psychologists transitioning from an emphasis on the ‘gate keeping’ role of assessment and eligibility placement, to assume more ecological approaches (Brown, 2010). The move toward the varied role of the school based psychologist has added to the confusion and uncertainty around their responsibilities within the school system and the services they can provide. There are a number of questions surrounding the profession in New Zealand and how it is perceived across the educational context which need to be addressed. At the heart of these issues is the clarity in the role of the psychologist and the services that they provide.

1.3 Defining psychology in the school context

Early descriptions of school based psychology were simplified, and referred to the main purpose of the psychologist. For example Walter (1925) described the purpose of the psychologist as "to bring to bear upon educational problems the knowledge and technique which have been developed by the science of psychology" (p.167).

The New Zealand Psychologists’ Board definition emphasises the range of skills and experience needed for successful practice, and the variability of roles and responsibilities. They describe school based psychologists as professionals who:

... apply psychological knowledge and theory derived from research to the area of learning and development, to assist children, young persons, adults, and their families regarding their learning, academic performance, behavioural, social and emotional development, by using psychological and education assessments and applying interventions using systemic, ecological and developmental approaches. Such practice is undertaken within an
individual’s area and level of expertise and with regard to ethical, legal, and Board-prescribed standards. (New Zealand Psychologists Board, 2016).

1.4 History of Educational Psychology

Through examining the history of school based psychology, we can explore the development of the practices we see in the profession today. The advancement of school based psychology as a profession has occurred alongside the emergence of the various roles held and services provided by practitioners. As such, the role of the psychologist in schools today is significantly more multifaceted than was evident in previous years.

1.4.1 History of Educational Psychology

Internationally, the origins of psychology in schools can be traced to the late nineteenth and early twentieth century which marked an era of social reforms, many of which were targeted at children. Within this period, radical changes in thinking were seen in areas to do with ‘child-saving’: among these movements were compulsory schooling, the development of institutions serving children, juvenile courts, and mental health (Cohen, 1985; Fagan, 1992; Lowry, 1998). Earlier generations saw the child as redeemable by society, however, at the turn of the century there became a strong sensitivity to the idea that within children lay the salvation of society (Fagan, 1992); that children represented a vulnerable societal group who should be protected through public policy. The ‘child-savers’ hoped that through improving the conditions of children’s lives, specifically through systematic education, many of the problems evident in urban America would be diminished (Cohen, 1985; Fagan, 1992; Lowry, 1998).

The introduction of education laws which followed the child-saving movement dramatically changed public schooling, and saw the increase of school rolls to include those children who had not previously attended school or who had been unsuccessful (Cohen, 1985; Fagan, 1992; Lowry, 1998).
Fagan (1992) explains that “compulsory schooling was potent among those forces creating the circumstances for the emergence of special education services and the subsequent need for “experts” to assist in the process of child selection, their educational segregation, and the increasing bureaucratic segmentation of public schools” (p. 237). Early special education programs emerged and, corresponding to the segregation ideology of the era, children identified as in need of special services were isolated and referred for special class placement (Lowry, 1998; Phillips, 1990). School based psychology was at first centred around the child-study model, where emphasis was placed on individual differences among children, the causes of such differences, and the influences or effects these may have on learning and behaviour (Phillips, 1990). As such, school based psychology practices were at first entirely devoted to the identification and placement of children experiencing difficulties in the school context.

Another significant point of origin for school based psychological services, was the foundation of the American Psychological Association by G. Stanley Hall in 1892 (Berliner, 1993; Fagan & Wise, 1994; Lowry, 1998). Hall was considered the father of the child study model, and influenced the establishment of the first clinical facility operating from within public schools (Fagan & Wise, 1994). Clinics spread quickly between 1900 and 1930, with the majority of schools having access to services and it was during this time that the profession of psychology in schools was formalised (Lowry, 1998). Development of group and individual achievement tests in the early twentieth century allowed psychologists the means to differentiate children, and the use and acceptance of these tests soon became widespread (Fagan & Wise, 1994). As such, the primary role of the first school based psychologists was on the use and interpretation of psychological and educational tests. In 1975, the ‘Education for all Handicapped Children’ law (now known as the Individuals with Disabilities Education Act (IDEA)) was introduced which aimed to expand the role of the school psychologist beyond testing. From this act, prerereferral assessment, intervention, and prevention models gained popularity, which eventually lead to the conception of the contemporary psychologist, whose role encompasses both direct and indirect services (Fagan, 1992; Lowry, 1998).
1.4.2 Educational Psychology in New Zealand

As part of the Education Act introduced in 1877, a national curriculum was launched and the Department of Education was established to oversee the 12 district education boards across New Zealand. Despite specifying that education be free, compulsory, and secular for all children at a primary school age, the Education Act 1877 did not allow for specific support for children with diverse learning needs. After the identification of the lack of support for children with special needs in 1920, the Royal Commission on Backward Pupils in Schools established several special classes to cater for these needs. The profession of educational psychology was not formalised until the establishment of the Psychological Service within the New Zealand Government Department of Education, just 60 years ago (Edwards, Annan, & Ryba, 2007; Jimerson, Annan, Skokut, & Renshaw, 2009).

While internationally the deficit based child centred model had significant influence on the primary functions of school based psychologists, the establishment of the profession in the New Zealand context was committed to having a different focus. Following the development of the Psychological Service within the New Zealand Government Department of Education in 1948, the first official educational psychologist emerged; Professor Ralph Winterbourne, who established the first official training program for educational psychologists in 1960 (Brown, 2010; Edwards et al., 2007). While the beginnings of the profession followed the American model outlined above (Faulkner, 2007), Winterbourne advocated for a more general service delivery, with a focus on collaboration with parents and teachers (Brown, 2010). A gradual increase in the varied role of the psychologist ensued, with a move away from the early emphasis on diagnosis and placement toward a more ecological approach, entailing collaboration with schools and school leaders.

Following the introduction of the profession of Educational Psychology in New Zealand, there have been a number of changes in the structural systems of the government agencies involved. In 1989, as part of extensive government reforms and service restructuring, a number of
changes were made to the Psychological Service including the abolishment of intelligence testing in special education placement (Bourke & Dharan, 2015; Brown, 2010; Brown, 1997; Edwards et al., 2007). Until recently, services were managed within the Special Education (SE) section of the Ministry of Education where the majority of Educational Psychologists are employed (Jimerson et al., 2009). Following the Ministry of Education Learning Support Update in November 2016, Special Education has been reclassified as learning support (LS). The introduction of the special education funding policy in 2000 (SE200) brought with it a change in the service delivery system. LS is funded only to address the most severe and difficult situations, identifying only 2% of the school population as eligible for the Ongoing and Reviewable Resource Scheme (ORRS) and provision of teacher aide hours (Brown, 2010; Brown, 1997; Coleman, 2011). A new group of professionals, Resource Teachers: Learning and Behaviour (RTLB) were established to provide services to remaining children who do not qualify for SE services. As a consequence of heavy workloads and the complex and demanding nature of the work, psychologists have adjusted their practice in an attempt to distribute their resources fairly and effectively (Edwards et al., 2007). The approach, which utilises indirect service delivery and a development of supportive systems relies on the ecological perspective emphasised in international literature.
Chapter Two: Literature Review

The function of school based psychology has evolved considerably from the restricted psychometrician role which emerged with the profession. Today, the roles and functions of school based psychologists are considerably more varied and complex. The following chapter presents a review of the literature focusing on the development of the profession, the services provided, and challenges faced by school based psychologists in today’s society.

2.1 Roles and Services of the School Psychologist

Historically, psychologists working in schools have primarily focused on the provision of assessment based services and on testing children’s eligibility for access to specialised classes and/or funding (Bourke & Dharan, 2015; Forlin, 2010; Prout, Alexander, Fletcher, Memis, & Miller, 1993; Reilly, 1968; Roberts & Rust, 1994). The necessity for psychologists to move beyond this ‘gate-keeping’ function of assessing children has been extensively investigated and discussed in literature (Bourke & Dharan, 2015; Bradley-Johnson & Dean, 2000; Brown, 1997; Coleman, 2011; Conoley & Gutkin, 1995; Lacayo, Sherwood, & Morris, 1981; VanVoorhis & Levinson, 2006) and support for a move toward the creation of environmental systems which are healthy for children to exist in is evidenced (Bradley-Johnson & Dean, 2000; Conoley & Gutkin, 1995). Survey based research in the US which focused on the job satisfaction of psychologists revealed that school based psychologists desired an increase in time providing consultation to parents and teaching staff, and in research based activities (Levinson, 1990; VanVoorhis & Levinson, 2006; Worrell, Skaggs, & Brown, 2006). Emphasis was placed on a greater focus on the provision of indirect services, preventative strategies, use of systematic evaluation of services, research based activities, and a broader view on the issue of diversity (Bradley-Johnson & Dean, 2000; Eloff, 2015; Forlin, 2010; Harris & Joy, 2010; Moolla & Lazarus, 2014; Watkins, Crosby, & Pearson, 2001).
Research indicates that psychologists are beginning to eliminate old practices, incorporating recommended practices in their place (Bradley-Johnson & Dean, 2000), and an increase in the variety of services provided is evident (Fagan, 1996, 2002; Roberts & Rust, 1994; Wang et al., 2015). The development of the role of the school based psychologist means practitioners now have the responsibility to provide an extensive range of services, which has resulted in a ‘muddy’ professional barrier between psychologists other helping professionals, specifically school counsellors, social workers and, in New Zealand, RTLBS (Astramovich & Loe, 2006; Brown, 1997; Conoley & Gutkin, 1995; Prout et al., 1993).

**2.2 An Exploration of the Roles of the Contemporary School-based Psychologist**

Following a changing perspective, school based psychology has worked to solidify its identity and integrate practice into the broader goals of education and development (Astramovich & Loe, 2006; Sheridan & D’Amato, 2004). While connections to special education eligibility and assessment have been enduring, international literature shows the promotion of an expanded role with an emphasis on ecological practice, and an increased focus on prevention, school wide intervention, consultation, and collaboration between families, schools, and community organisations (Astramovich & Loe, 2006; Bradley-Johnson & Dean, 2000; Forlin, 2010; Graves, 2014; McIntosh, Martinez, Ty, & McClain, 2013; Meyers, Meyers, Graybill, Proctor, & Huddleston, 2012). Based on the Massey University Educational Psychology Department’s ‘School Psychologist Role and Duties’ document (2015), the following roles and services provided by modern psychologists will be explored: (a) consultation; (b) psychoeducational assessment; (c) special education; (d) provision of professional learning; (e) provision of psychological programs; (f) participation in school community; (g) interventions; (h) response to critical incidents and emergencies; (i) administration duties; (j) maintaining professional competence and continuing professional learning; and (j) Senior Psychologist responsibilities. The document has been included as Appendix A.
2.2.1 Consultation

Consultation based services are considered in literature as a major component of modern-day school based psychology and permeate all aspects of school based psychologists’ service delivery (Athanasiou, Geil, Hazel, & Copeland, 2002; Hazel, Laviolette, & Lineman, 2010; Newman, Barrett, & Hazel, 2015). Consultation provides a means for psychologists to deliver direct support to adults (e.g. teachers, parents, and caregivers), indirect support to the child, and promote systems level change to support the academic, behavioural, and social-emotional needs of the child (Guiney, Harris, Zusho, & Cancelli, 2014; Newman et al., 2015). The overriding principal of consultation is that supporting the adults existing within the child’s natural environment (e.g. teachers, parents, caregivers) will result in more significant and lasting changes than will a child-centred intervention provided by a temporary outsider (i.e. the psychologist) (Hazel et al., 2010).

Although consultation is considered by practitioners to be one of the primary responsibilities for psychologists working in education today (Athanasiou et al., 2002; Grimley, 1978; Lacayo et al., 1981; Levinson, 1990; Smith, 1984), research over the past two decades has consistently reported an under-emphasis on the consultative responsibility in practice (Agresta, 2004; Guiney, Harris, Zusho, & Cancelli, 2014; Meyers, Roach, & Meyers, 2009).

A survey of 333 school psychologists registered with the National Association of School Psychologists (NASP) in the US showed a discrepancy between the desired time and actual time spent in the consultative role (Costenbader, Swartz, & Petrix, 1992). Results revealed that the majority of school based psychologists spend between 0 and 30% of their time in a consultative role, despite the same practitioners considering spending between 30 and 50% as the ideal. When asked to provide a reason for this discrepancy, participants identified time (50%) and administrative/organizational barriers (23%) as barriers most often preventing them from working consultively. Similar survey based research of 339 NASP registered school based psychologists, conducted almost a decade later, revealed comparable results (Wilczynski, Mandal, & Fusilier, 2000).
School Psychologists within Wilczynski et al.'s (2000) study reported insufficient time, and an extended commitment to assessment practices as the primary barrier to providing consultative services.

There have been a number of positive outcomes reported of psychologists as consultants creating system levels change, however literature also cautions that sufficient training is needed to ensure a successful consultative role (Conoley & Gutkin, 1995; Mägi & Kikas, 2009; Miller & Sawka-Miller, 2008). In an exploration of contributors to the failure of the profession of school based psychology in the US, a lack of university training in areas specific to systems change and the consultative role of the psychologist is reported (Conoley & Gutkin, 1995). In particular, it is noted that it cannot be assumed that training psychologists in clinical and scientific areas of school psychology will also develop the skills necessary to invoke change in principals, board members, and other relevant professionals. University training may not always equip psychologists with the necessary skills for the development of relationships necessary in order to be a successful consultant, and practitioners need to be aware of this potential barrier.

2.2.2 Psychoeducational Assessment

Historically the provision of psychoeducational assessment has been regarded as the primary role for school-based psychologists. Assessment based services encompass the delivery of a variety of formal and informal assessment tools, including standardised and criterion-referenced academic and cognitive tests, observations, and interviews. The general purpose of assessment within the profession of school based psychology, is to inform the development of interventions or recommendations surrounding aspects of the child’s educational and psychosocial attainment (Bowles et al., 2016). As such, assessment is an integral part of the overall provision of psychological services in schools.

A shift in perspective and consequential legislation changes saw a call for a decrease in the focus on assessment to support the expanded role of the psychologist (Fagan & Wise, 1994; Lowry,
However, recent research has suggested a continued heavy emphasis on assessment practices (Agresta, 2004; Watkins et al., 2001; Wu & Zhang, 2012). Psychoeducational assessment has been reported as the most time-consuming activity, with results from survey based research in North America reporting that school based psychologists spend between 40% and 60% of their time engaged in assessment based activities (Bowles et al., 2016; Harris & Joy, 2010; Watkins et al., 2001; Worrell et al., 2006). Despite presenting as a preferred activity, research reported the desire of psychologists to spend less time providing assessment services (Corkum, French, & Dorey, 2007; Jordan, Hindes, & Saklofske, 2009; Watkins et al., 2001; Worrell et al., 2006). Comparable results were found when looking at the practices of school based psychologists outside of North America, such as in recently in South Africa; with (Eloff, 2015)reporting assessment as an integral part of the practice of school-based psychology; the UK, with (Norwich, 2005) evidencing the need for a more complex, systemic model; and in countries where the profession is still developing (Gilmore, Islam, Su, & Younesian, 2015). Research surrounding the actual and perceived roles of the school based psychologist clearly evidences a continued expectation to “predominantly [provide] psychoeducational assessments” (Wu & Zhang, 2012, p. 66).

2.2.3 Special Education and Intervention provision

Special education services include activities surrounding the development and consideration of individual education plans (IEPs), individualised family service plans (IFSPs), and service eligibility. Intervention based services include the development and implementation of interventions in consultation with family, school staff, and other specialists.

The importance of both intervention and special education based services has been reported (Reschly, 2000; Roberts & Rust, 1994; Watkins et al., 2001). A comparative study of the roles of Tennessee and Iowa school-based psychologists revealed that school based psychologists commit up to 27% of their time to intervention based activities (Roberts & Rust, 1994). Additionally, school-based psychologists across both states reported their desire to spend more time in intervention. In
a further survey based study of 522 US educators, it was revealed that ‘Special Education Input’ and
behaviour intervention activities were both perceived as being between the ‘very important’ and
‘fairly important’ categories, ranking only behind those services related to assessment activities.
A review of the literature surrounding psychologist activities indicated the general desire of school
psychologists to occupy an expanded role (Graves, 2014; Hughes, 2015; Jordan et al., 2009).

2.2.4 Participation in School Community and Response to Critical Incidents/Emergencies

Participating in the school community involves attendance at administrative meetings with
school staff, contribution to school level policy, and provision of counselling and therapy to students.
Additionally, school-based psychologists play an important role in supporting school communities
following traumatic incidents and emergencies. Traumatic incidents have been broadly defined as
events which have the potential to cause significant disruption to the regular operation of a school
and result in a negative subjective response of students and a lowering of emotional, academic,
and/or physical wellbeing (James, 2016).

Despite having different origins, school psychology has evolved alongside counselling
practices in schools and both professions have expanded to overlap substantially with one another
(Agresta, 2004). While not consuming time to the same extent as other roles, the counselling role
continues to be constant. Survey based studies exploring the counselling role of 178 school based
psychologists in the US revealed that an average of 17% of time was spent in counselling practice,
which can be broken down into various categories of counselling such as individual, parent, crisis
intervention, and group (Prout et al., 1993). A further study examining the different roles of school
psychologists, school counsellors, and social workers in the US, also indicated the importance of the
counselling role of the school psychologists (Agresta, 2004). The surveyed school psychologists
reported spending a combined 15.02% of their time in counselling practices; individual counselling
(7.38%), group counselling (2.55%), crisis intervention (3.11), and conflict resolution (1.98).

Although crisis intervention only represents a small part of the overall responsibilities of the
school based psychologist (Agresta, 2004), this does not fully indicate its significance. School based
psychologists assist schools in the managing of traumatic incidents and emergencies, encouraging students to understand the patterns of loss experienced, identify feelings surrounding grief, and seek support where necessary (Rowling & Holland, 2000). Literature shows that effective management of traumatic incidents and emergencies can alleviate feelings of loss and suffering at the time of the event, as well as prevent long term negative effects associated with trauma (O’Brien, Mills, Fraser, & Andersson, 2011). While not all practitioners have had sufficient training surrounding the management of traumatic incidents and/or emergencies, literature cautions that these psychologists “will soon find themselves at a disadvantage because, sooner or later, a crisis will arise” (James, 2016, p. 404).

### 2.2.5 Provision of Professional Learning and Psychological Programs

The role of school based psychologists in staff development and in the education of parents, teachers, and students on various therapies and programs, falls under the umbrella of provision of professional learning and psychological programs. It has been suggested that in order to be truly effective as school psychologists, efforts and attention must be focused on adults in direct contact with the child, encouraging them to support the child’s diverse learning needs across environments (Conoley & Gutkin, 1995; Gutkin & Conoley, 1990; Mägi & Kikas, 2009; O’Keefe & Medway, 1997).

In support of the importance of the provision of professional learning, UK based literature surrounding the specialist services provided by school based psychologists identifies staff development as one of the five levels of services necessary in order for the profession to achieve its goals (Mitchell, 1997). This idea is strengthened by survey research examining the role perceptions of school psychologists by school staff in the US (Hagemeier, Bischoff, Jacobs, & Osmon, 1998). Outcomes of the survey found that up to 49% of school staff felt it important that the school psychologists be more involved in staff, community, and organizational training programs. Additionally, recent research around expectations school principals hold regarding the role of school psychologists showed that perspectives are changing (Mägi & Kikas, 2009). The survey of 107 school
principals revealed that school principals are beginning to understand the importance of developing the skills of staff, considering the work school based psychologists do with school staff as highly important.

2.2.6 Administration Duties

While administration duties are without a doubt among those duties which must be carried out by psychologists, there is little literature both historically and recently which provides insight into this aspect of professional work. When administration duties were acknowledged, their importance was often underplayed and/or this type of service was of least significance. For example in a survey of 77 subjects in Canada, it was revealed that administration duties were perceived to be the least important role played by the psychologist (Violato, Gurmal Rattan, Gornall, & Perks, 1981). Likewise, an investigation of 362 school based psychologists in Pennsylvania found that administration duties were only reported to take between 0 and 5% of time for over 60% of psychologists (Levinson, 1990). In contrast to these findings, a more recent survey based study of psychologists in the US revealed that administration duties, such as completing paperwork, were carried out in lieu of other important services (such as the provision of counselling and assessments) due to time constraints (Hanchon & Fernald, 2013). The fact that practitioners are reporting administrative activities as preventing them from fulfilling other roles is worrying, as it is important to recognise the legal aspect of administrative services. Keeping individual records is both an important legal and professional requirement for ensuring competence, with case files often providing the only written record of contact and the rationale behind it. Records serve as useful indicators for treatment or intervention, outlining the success of previous and current interventions, and ease the process of transition when clients require input from other providers (Drogin, Connell, Foote, & Sturm, 2010).
2.2.7 Maintaining professional competence and continuing professional learning

The maintenance of professional competence and continued professional learning is a professional requirement for New Zealand based psychologists and international psychologists alike. In order to continue practicing in New Zealand, psychologists must demonstrate an ability to maintain their professional competence, adhering to both the New Zealand Psychological Society’s Code of Ethics for Psychologists Working in Aoteroa/New Zealand (2002), and the Health Practitioners Competence Assurance Act (2003). Professional learning allows psychologists to keep up to date with relevant research and strategies, and in turn contributes to the psychologist’s ability to maintain competence as. However, New Zealand psychologists working within the school context receive little to no funding or release time for conducting research to inform their practice and therefore must rely heavily on internationally based literature which does not always fit into the specific culture of New Zealand schools (Edwards et al., 2007). In the US, similar regulations are in place, with the school based psychology standard being upheld by the American Psychological Association’s Ethical Principles of Psychologists and Code of Conduct (2002). Both the US and NZ codes imply that both the ability to critique and consume literature, and the ability to integrate research into practice are central to the provision of an ethical service (Babione, 2010).

Psychologists indicated that staying up to date with relevant literature was one of the most importance service types carried out (Jordan et al., 2009). However, literature surrounding the continued competence and professional development of school based psychologists was mixed, with evidence both supporting and neglecting its importance. For example, a study of role functions of school based psychologists in Canada found that when comparing six common services provided, in-service education was most commonly ranked among two least important role functions, with in-service education ranked fourth, fifth and sixth in priority in over 60% of responses (Violato et al., 1981). More recently however, a survey based study on school psychologists in Canada which examined various activities of school psychologists including in-service education and research showed that while little time was spent in either professional activities, 48.5% and 33.3% of
psychologists respectively indicated that they needed more time performing activities in these areas (Jordan et al., 2009). A common theme in literature surrounding the future of school based psychology emphasises the importance of evidence based practice, and the use of research in informing the knowledge base underlining service delivery and evaluating the effectiveness of services (Benson & Oakland, 2011; Miller & Sawka-Miller, 2008).

2.2.8 Senior Psychologist Responsibilities

Senior psychologists provide leadership for teams of psychologists and are responsible for undertaking services such as the provision of professional leadership for a team of psychologists, the establishment and/or review of psychology based policy, procedures, and practices of operation, and the supervision of psychologists for registration. Literature suggests the provision of supervision to other psychologists as a key role of Senior Psychologists (Annan & Ryba, 2013; Harvey & Pearrow, 2010). However, survey based research has shown that school based psychologists have limited contact with supervising psychologists, with only 38% of respondents reporting access to professional supervision (Silva, Newman, Guiney, Valley-Gray, & Barrett, 2016). Receiving supervision from senior psychologists is likely to promote adherence to high standards of practice, ensure effective and high quality service provision, and provide learning opportunities for school based psychologists (Harvey & Pearrow, 2010; Silva et al., 2016)

2.2.9 Summary

Although numerous studies have been conducted surrounding the roles and services provided by psychologists in schools in many countries, recent New Zealand based research exploring this area is sparse. Looking at the groups of services explored in the literature, it is clear that psychologists working in education today are no longer restricted by assessment based practices, and have adopted an expanded role.
2.3 School based Psychology in Aotearoa New Zealand

2.3.1 Infrastructure of school based psychology in Aotearoa New Zealand

The practice of school based psychology in New Zealand is referred to as educational psychology (Edwards et al., 2007). In order to practice as an educational psychologist, practitioners must be registered by the New Zealand Psychologists Board (NZPB). In order to meet NZPB requirements, applicants must hold a minimal of a master’s degree in psychology from a Board accredited university, and have completed an approved internship of at least 1500 hours of supervised practice. School based psychologists practicing in New Zealand are required to adhere to the Code of Ethics for Psychologists Working in Aotearoa/New Zealand (New Zealand Psychological Society, 2002), a document developed by the New Zealand Psychological Society (NZPS). Additionally, their practice is expected to follow a set of competencies outlined under the Health Practitioners Competence Assurance Act 2003.

2.3.2 Preparation and training of school based psychologists in Aotearoa New Zealand

There are currently two educational training programs established in New Zealand. After completing a master of educational psychology degree, students are eligible for entry into the internship year which includes a theoretical component alongside the completion of 1500 hours of practice supervised by a university-accredited supervisor. At the conclusion of the internship, students are required to participate in an examination process conducted by a panel of educational psychologists to assess the competence of the student before providing a recommendation to the Psychologists’ Registration Board for registration (Edwards et al., 2007)

2.3.3 Services provided by school psychologists in Aotearoa New Zealand

The New Zealand school based psychologist is moving away from the traditional primary provision of psychometric testing to a role focused more closely on consultation, direct teacher support, and managing a relationship between the home and school environments (Brown, 2013). New Zealand psychologists working in education today have fundamental responsibilities in
both direct service provision; working directly with students, and in indirect service provisions; providing consultation to school staff and families, contributing to program development, and working directly with those working closely with children (Brown, 2013). The 2006 International School Psychology Survey found a similar result, revealing that school based psychologists in NZ spent significantly less time providing psychoeducational assessments than their international counterparts, and more time in a consultative role and in developing and managing interventions (Jimerson et al., 2009).

Following the government reforms and service restructuring of Special Education in 1989, intellectual assessment requirements for special education placement were abolished (Brown, 2010; Edwards et al., 2007). Because of these changes, school based psychologists working in the New Zealand context are no longer restricted to psychoeducational assessment practices in determining access to specialised funding or support for special educational needs (Bourke & Dharan, 2015). This allows for more freedom surrounding the determination of when and how assessment practices are used and permits a move away from traditional assessment tools to the more ecological assessment approaches (Fagan & Wise, 1994; Phillips, 1990). However, assessment practices still remain one of the primary roles for psychologists working in the school environment in New Zealand (Bourke & Dharan, 2015; Edwards et al., 2007)

In current practice, New Zealand school based psychologists are required, and have the capacity, to work at a range of levels concurrently; from working through a systems-level approach to at an individual child level, often within the same day (Bourke & Dharan, 2015; Edwards et al., 2007; Jimerson et al., 2009). Services at the individual level are provided to those presenting with severe needs. Individual level services involve assessment, focusing on the identification and analysis of the areas of need, followed by the implementation of intervention strategies, and an evaluation of the support systems in place (Edwards et al., 2007). In addition to the provision of individual level services, psychologists working in schools have a key role in the delivery of systems-
level interventions. Systems-level interventions involve the provision of support in areas such as crisis prevention, school-wide program evaluation and implementation, and other services which aid in providing support to the wider school community. As such, the skill set of a psychologist working in New Zealand schools needs to be extremely diverse (Bourke & Dharan, 2015), and encompass various services and roles.

2.3.4 Cultural Competence

The census of 2013 indicated that 14.9% (598,605 people) of the New Zealand population identified as Maori, and 7.4 % (295,941 people) identify as Pacific people (Statistics New Zealand, 2013). When we compare the average education of Maori and Pacific people with those of European ethnicity, it becomes clear that a cultural imbalance exists in our country, with the rate of completion of qualifications differing considerably between Maori and European students (Statistics New Zealand, 2013). New Zealand systems, including government, education, and social organisation systems, were set in place during colonization, and are based upon a largely European and individualistic perspective. Cultural racism exists when a dominant ethnic group imposes on other groups their practices, values, and cultural order, a criteria for which they are expected to live by (Nairn, 2007). The Code of Ethics developed for New Zealand Psychologists recognises the existence of cultural racism within our society, and encourages practitioners to become aware of personal values and beliefs and ensure that these do not distort practice to disadvantage clients (Nairn, 2007). Despite an increase in research surrounding ethnicity or ethical practices within Aotearoa over the last two decades (Herbert & Morrison, 2007), psychological assessment and evaluation continues to be focused on a predominantly European perspective (Milne, 2005).

Literature surrounding the provision of services by school based psychologists in New Zealand reports that appreciation of Maori understanding and traditions are reflected in practice, however little evidence surrounding this statement is provided (Jimerson et al., 2009). New Zealand based research surrounding training programs for school based psychologist evidence an increased focus on an ecological perspective of practice which includes commitment to bi-cultural issues and
the Treaty of Waitangi (Annan, Ryba, Mentis, Bowler, & Edwards, 2004). Whether the revised training model for psychologists is considered sufficient, and whether this training translates into culturally responsive practice is an issue that warrants exploring.

2.4 Barriers to Psychological Services in Schools

Literature surrounding the roles and services provided by psychologists in schools suggest a number of barriers within the profession of school based psychology. Numerous studies have demonstrated the perception of both school staff and psychologists surrounding the need for an increase in time spent in consultative roles and providing training services, and less time carrying out assessment-based activities. Although the need has been identified, there are a number of barriers which research has found to prevent the necessary changes from occurring.

2.4.1 Time and workload constraints

A lack of time is a commonly reported barrier to the provision of school based psychological services, exacerbated by large caseloads and the unbalanced student to psychologist ration (Curtis, Hunley, & Grier, 2002; Hanchon & Fernald, 2013; Jimerson et al., 2009). Time has been reported to be one of the most significant barriers to the provision of services, with 94.9% of US school based psychologists identifying ‘lack of time during school day’ as a barrier in a national study (Hanchon & Fernald, 2013). Given the number of roles and services psychologists are commonly expected to provide, the issue of time is an understandable one and reflects the necessity to prioritise some services, usually assessment based services, to the detriment of other important roles such as consultation and intervention implementation.

Exploratory research of the profession of school based psychology also identified time as a limiting factor, attributing this to the large student to psychologist ratio (or high caseload) (Curtis et al., 2002). Findings suggest that psychologists working within the school environment spend a proportionally larger amount of time on assessment practices as the student ratio increases. They suggest that by decreasing the student ratio to closer to 1000:1; as recommended by the NASP,
psychologists will have more opportunities to engage with higher priority roles which are of greater benefit to schools and students. According to Jimerson et al.’s (2009) survey of New Zealand educational psychologists, ‘professional burnout’ is rated as the most evident internal challenge faced, which may be in part caused by the reported 1:1500 psychologist to student ratio. Research shows that the most commonly experienced factor leading to burnout is that of quantitative job demands; that is, too much work for the available time. Workload pressure and time constraints have consistently been related to an increased feeling of burnout, or more specifically, an increased experience of the exhaustion component (Maslach, Schaufeli, & Leiter, 2001; Shoji et al., 2016).

2.4.2 Organisational barriers

Organisational systems existing within the profession of school based psychology represent another potential barrier to service delivery. The New Zealand Code of Ethics for Psychologists working in Aotearoa/New Zealand (2002) states that psychologists must take personal responsibility for their practice, ensuring practice is safe, competent and effective. However, due to the majority of psychologists in New Zealand being employed by the Ministry of Education, practitioners do not always have control over their own workloads. The increasing need for school-based psychologists, and a shortage of those trained in the profession result in heavy workloads being implemented and enforced by employers. Internationally, psychologists working in education are employed mainly by schools themselves, and serve the population of one school community. As national organizations have little say in the day-to-day practices for many international school based psychologists (Jordan et al., 2009), organisational barriers within international literature are less apparent.

2.4.3 Role clarity

It is interesting to note that the issue of the time allocation for assessment services comes up in research (Bowles et al., 2016; Eloff, 2015; Harris & Joy, 2010; Lacayo et al., 1981; Levinson, 1990; Riccio & Rodriguez, 2007; Rosenfield & Nelson, 1995; Smith, 1984; Sotelo-Dynega & Dixon, 2014; Wu
& Zhang, 2012), to the extent that the assessor role itself can be seen as a barrier to effective work (Meyers & Swerdlik, 2003). Perhaps a more accurate portrayal of this barrier however is suggested by Suldo, Friedrich, and Michalowski (2010) in their exploration of personal and systems level factors influencing the role of psychologists in US schools. They suggest the predominant role of the psychologists as the assessor is due to the lack of clarity in the role of the school psychologist. Looking at literature surrounding the perception of school staff on the role of psychologists in schools, a lack of clarity and understanding of the role of the psychologist is an issue. For example, survey based studies revealed that despite school psychologists reporting a desire to decrease assessment activities, teachers and administrators still rank assessment practices as the most desired service provided, rating it ‘very important’ (Watkins et al., 2001). It is possible that assessment activities are favoured over other services due to the lack of role clarity for psychologists working in schools, and a lack of understanding of the professional boundaries between similar helping professions (counsellors, psychiatrists, social workers etc.), with school staff unaware of the range of services the school psychologist can provide, and expecting services such as counselling or professional training to be undertaken by other professionals.

2.5 Research Questions

While there are a handful of studies exploring the ecological focus of New Zealand school based psychology (Annan, 2005; Bourke & Dharan, 2015), the training of psychologists (Annan et al., 2004), and problems with organisation of school based psychology (Brown, 2010; Coleman, 2011), only Jimerson et al.’s 2009 study provides substantial empirical data surrounding the characteristics, services, and barriers associated with the profession. However, Jimerson et al., (2009) caution that “the conceptualisation of practice delineated in the survey, and the language selected to gather information about the distribution of tasks did not always match that used by participants” (p.449). It is likely therefore, that practitioners efforts to fit services into the provided categories could cause the report of the profession to not be entirely valid (Jimerson et al., 2009). Furthermore, as survey
data was collected a decade ago, in 2007, it is probable that changes have occurred since its
distribution. Thus, the purpose of this research is to explore the profession of school based
psychology in New Zealand today, paying particular attention to the characteristics of psychologists,
the services they provide, and the barriers and facilitating factors to service provision.

The following research questions have been identified to guide the study:

a) What are characteristics of education based psychologists in Aotearoa / New Zealand?
b) What services are provided by psychologists in Aotearoa / New Zealand schools?
c) What do psychologists perceive as the facilitating factors and barriers to the provision of
   psychological services in school?
d) What changes can we expect in the future for psychology in Aotearoa New Zealand schools?
Chapter Three: Method

3.1 Research Design

The following research uses a mixed method approach for data collection, utilising both quantitative and qualitative data. Quantitative data provides descriptive characteristics of the sample while qualitative data emphasises meanings, experiences and descriptions, and offers a deeper insight into practices (Punch, 2014). The mixed methods design used in this research consists of a single phase of data collection where both quantitative and qualitative data are collected concurrently (Creswell, 2014). In the context of the current study, a questionnaire designed to collect both quantitative and qualitative data was distributed to examine the characteristics, roles and perceptions of the profession of psychologists working in Aotearoa New Zealand schools.

3.2 Method Selection

The current study seeks to explore the profession of psychology in Aotearoa New Zealand schools. When exploring a professional practice or organization, a traditional hypothesis testing approach is not always appropriate (Ivey, 2016). The current research project therefore, is descriptive in design. Descriptive research aims to name phenomena or to classify characteristics, helping to develop understanding surrounding individuals or groups of interest (Lobo, 2005). As in the current study, a descriptive methodology can utilise both quantitative and qualitative data to assist in the development of this understanding. Descriptive research is considered as foundational for research that is correlation or experimental (Ivey, 2016). In order to make inferences based on, or create theories around aspects of the profession of school based psychology in New Zealand, we must at least know what the profession looks like.
3.3 Data Collection

Data for this research was collected via an internet-based questionnaire. The questionnaire contained questions aimed at collecting both qualitative and quantitative data. The following section describes the questionnaire used in this research, a print copy of which is included as Appendix B.

3.3.1 Survey Research

The most natural way to collect information relating to the characteristics of a population is through asking questions and directly observing behaviours (Sapsford, 2007). As a researcher can only observe what can be seen, the direct observation of the thoughts and opinions of participants is not possible. Typically, questionnaires allow the ability to provide a measure of a participant’s knowledge base, attitudes, and beliefs on a specific subject (Tuckman & Harper, 2012). Surveys can be conducted in a variety of ways and are reported to be the most commonly used method of data collection within educational research (Punch, 2014; Tuckman & Harper, 2012).

Online questionnaires – advantages and disadvantages

Survey methodology is commonly used due to its ‘generalisability or universality within given parameters, its ability to make general statements which are supported by large data banks, and its ability to establish the degree of confidence which can be placed in a set of findings’ (Cohen, Manion, & Morrison, 2007, p. 257). In addition to its low cost and capacity for reaching a large sample of participants, literature has identified survey research as effective in attracting a high response rate (Punch, 2014), ensuring anonymity, and removing expectation and bias from the examiner (Dillman, 2007; Punch, 2014). In the modern world, internet based surveys are becoming increasingly common and popular amongst social scientists and other researchers.

With the introduction of web-based survey generation sites, the use of online surveys is becoming progressively more common (Punch, 2014). Online surveys offer a number of benefits over paper-based. Not only do they allow for cheap, flexible and fast access to a diverse, large, and
geographically disparate sample (Roberts & Allen, 2015), and allow for a further minimization of response bias (Punch, 2014; Tuten, 2010), they alleviate the complexity of dealing with large quantities of data. Electronic survey data ensures reductions in human error occurring during transcription, and allows for data to be easily stored, accessed, and destroyed (Lefever, Dal, & Matthiasdottir, 2007). Online surveys also attract more in-depth responses than those which are paper-based (Punch, 2014; Tuten, 2010). Literature attributes this to the increased convenience of online surveys, respondents having more freedom in when and where they participate (Lefever et al., 2007), an increased perception of anonymity (Tuten, 2010), and the ease of data input (Punch, 2014; Tuten, 2010).

Disadvantages surrounding the use of questionnaires centre around the fact that data gathered relies on self-report, therefore, when data is gathered researchers can only measure what a person says they do or believe, which does not always reflect actual actions or opinions. Another set of limitations surrounding the use of online questionnaires are of a technical nature (Lefever et al., 2007). These involve internet service provision (or lack thereof), digital competence of respondents, and automatic diversion software which can cause surveys to be discarded automatically before reaching the potential respondent (Lefever et al., 2007; Roberts & Allen, 2015).

3.3.2 Design of the Questionnaire

An internet based survey-generator, SurveyMonkey was used for the cross-sectional data collection for this study based on research indicating its effectiveness in terms of cost, response time, and ease of access of a large and geographically scattered sample (Lefever et al., 2007; Punch, 2014; Sue & Ritter, 2012; Tuten, 2010). Time constraints of New Zealand psychologists were acknowledged and a questionnaire which allowed for participants to respond at a time and place convenient to them was used to optimize the response rate. The ability of SurveyMonkey to generate a questionnaire with a clear and professional appearance including the Massey University
logo assisted in the easy identification of the education authority and clearer understanding of the research purpose.

The survey, titled "An exploration of the services provided by psychologists in New Zealand/Aotearoa school" consisted of six sections as shown in Table 1 below.

Table 1: Questionnaire section summary

<table>
<thead>
<tr>
<th>Survey Section</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demographic information</td>
<td>In order to obtain an overall profile of psychologists working within the school environment, each respondent was asked a number of general demographically based questions surrounding their age, gender, and ethnicity.</td>
</tr>
<tr>
<td>2. Training and employment</td>
<td>This section explored the time frame and type of employment the participants currently held, as well as the training participants received both before and after registration. Both closed and open ended questions were included in this section.</td>
</tr>
<tr>
<td>3. Services provided</td>
<td>Section three of the survey explored the potential roles held and services provided by psychologists in the school environment.</td>
</tr>
<tr>
<td>4. Service distribution</td>
<td>This section required participants to indicate the contact they had with their clients, and comment on the sufficiency of this contact.</td>
</tr>
<tr>
<td>5. The profession of psychology the schools</td>
<td>This section consisted of four open-ended questions. Participants were asked to comment on factors that had the potential to enable or limit the provision of services to schools, what they perceived as needing to change within the profession, and the extent they felt that services provided were responsive to diversity.</td>
</tr>
<tr>
<td>6. General comments</td>
<td>Survey section six gave participants the chance to comment on any issues/points of interest were not included within the questionnaire.</td>
</tr>
</tbody>
</table>

3.3.3 Validity and reliability of the survey

The sample size for the research was difficult to discern due the infrastructure of the profession of school based psychology in New Zealand and the lack of clarity around the practice of practitioners. As a list of practitioners working in the school setting is not available, invitations for participation were distributed to all New Zealand registered psychologists for who contact details were available, with the number of qualifying participants unknown. For the current study, it was
estimated that between 30 and 40 respondents would ensure rich and varied data, with a higher rate of response would decrease validity issues relating to non-respondent bias.

The questionnaire was trialled and refined with supervisors and adjustments to wording, question order, and question type (e.g. open ended comment box, drop down menu, rating scale etc) were made to increase specificity and ease of answering. The questionnaire was piloted with experienced school based to ensure problems such as incorrect use of terminology, and lack of professional knowledge were minimised.

3.3.4 Data Collection Schedule

The SurveyMonkey website allowed for data collection in a number of ways:

Web Link: This method of collection created a custom URL for the generated survey. This link could then be emailed or shared online.

Email: An email list could be created through the SurveyMonkey site. Custom emails could be composed which are sent to your email list along with an individualised link to the generated survey. This allowed the researcher to track those who had taken the survey, those who had partially completed the survey, and those who had not responded.

Website: The SurveyMonkey survey could be embedded on a user’s or business’ webpage.

For this study, the collection method used was email which allowed for easy tracking of respondents. The email invitation can be found in Appendix B. Those who had only partially completed the questionnaire (Appendix C) and those who had not responded (Appendix D) were sent a reminder message directly, thereby increasing response rate. Additionally, as many of those invited to contribute in the study may not have met criterion for participation, using an email collector meant those participants could easily use the unsubscribe function.
An invitation to participate in the study was sent via the SurveyMonkey website and included a brief introduction of the research. When participants clicked on their individualised link, they were taken to an information sheet preceding the questionnaire. The information sheet included information about the study in more detail, the rights of the participants, and consent information. Participants were required to read and acknowledge this information before being taken to the beginning of the questionnaire.

Two weeks following the original invitations to participate, reminder emails were sent to both those who had not responded, and to those who had partially completed the questionnaire. Three weeks following the original invitations to participate, ‘last chance’ reminder emails were sent out informing participants that the data collection period was coming to an end.

3.4 The Research Study: Settings and Participants

This section provides the setting of the study, the details of the participants, and an outline of the schedule of data collection.

3.4.1 Setting

The study was conducted across both the North and South Islands of New Zealand.

3.4.2 Participants

Selection Criteria

The criterion for participation in this study was simply New Zealand registered psychologists working in New Zealand schools, therefore, as the research is descriptive in design, a random selection of participants from larger population was not appropriate.

Participant Recruitment

878 psychologists were selected to become the sample group. The chosen sample was based on the availability of contact details to the researcher and thus could be considered a convenience
sample. Convenience sampling is a type of non-probability or non-random sampling in which participants are selected for the purpose of the study based on practical criteria, for example ease of accessibility, willingness to participate, geographical location, or time availability (Emerson, 2015; Farrokhi & Mahmoudi-Hamidabad, 2012). There is no existing list of New Zealand based psychologists working in the school environment and time constraints for the duration of this study prevented the compilation of one. The Massey University Educational Psychology Department is currently working on the compilation of a list of all New Zealand registered psychologists. Contact details already collected for this list were invited to participate in the research.

3.5 Data Analysis

Data was analysed using the online platform and exported from SurveyMonkey in both PDF and Excel format. Quantitative and qualitative data were analysed using descriptive and thematic methods of analyses.

3.5.1 Quantitative Data

Descriptive research involves no manipulation of variables and aims to classify characteristics and perceptions of a group (Lobo, 2005). Using SurveyMonkey analysis tools, quantitative data was converted to percentages using the number of responses received in each question, rather than the total number of survey participants. Percentage data was examined to identify trends in participant responses, and compare responses of groups of participants.

As part of data analysis, between group analyses were trialled between naturally occurring groups in the data (e.g. gender, place of employment, age, and ethnicity). However, due to the small response rate and uneven distribution between identified groups, one-way ANOVA results were considered invalid and results of these analyses have not been reported.
3.5.2 Qualitative Data

Qualitative approaches to data analysis are incredibly diverse and complex and utilise thematic analysis as a foundational method for data examination (Holloway & Todres, 2003). Literature identifies thematic analysis as a “rarely-acknowledged yet widely-used qualitative analytic method within and beyond psychology” (Braun & Clarke, 2006, p. 81) research, with thematic coding identified as a process shared across various qualitative analytic traditions (Holloway & Todres, 2003; Ryan & Bernard, 2000). Through this theoretical freedom, thematic analysis provides a flexible and useful qualitative research tool, providing a rich and detailed account of collected data.

Answers to open-ended or ‘comment on’ questions were coded post-hoc, by coding responses and grouping together similar themes. Data analysis was guided by the framework for thematic analysis outlined by Braun and Clarke (2006) and aimed to provide a rich thematic description of the data set as a whole. An essential or realist method of thematic analysis has been utilised in the current study, allowing for the experiences, meanings, and reality of individuals or groups to be identified and described. Coding involved the tagging and naming of selections of text within each data item. Following coding, the analysis of data was refocused to a broader level, and individual codes were sorted into potential themes. A continuous process of alteration and modification of the coding and analysis continued, where themes were reviewed, refined and defined (Braun & Clarke, 2006; Holloway & Todres, 2003) before final themes were presented in table format.

3.6 Ethical Considerations

The Code of Ethical Conduct for teaching research and evaluation involving human participants upheld by Massey University details the following major ethical principles:

a) Respect for persons;

b) Minimization of harm to participants, researchers, institutes and groups;
c) Informed and voluntary consent

d) Respect for privacy and confidentiality

e) The avoidance of unnecessary deception

f) Avoidance of conflict of interest

g) Social and cultural sensitivity to the age, gender, culture, religion, social class of the participants

h) Justice and equitability of participants.

Following the online screening questionnaire provided by the Massey University Human Ethics Committee (MUHEC) which is based on the above code, the current research was found to be low risk. Despite being classed as low risk, it was decided by the researcher to complete a full ethics application in order to ensure potential ethical concerns were fully addressed. Ethical consent for the research was granted by MUHEC under the consent number NOR 16/22.

3.6.1 Informed and voluntary consent

Surveys are designed to maximize response rate, and therefore often use favourably worded, vague, or incomplete information in order to elicit responses (Roberts & Allen, 2015). To ensure participants invited to take part in the research were fully informed, the questionnaire was preceded by an information sheet. The information sheet contained detailed information regarding the purpose of the research, how the confidentiality and privacy of participants would be ensured, storage of collected data, and the consent process. Before accessing the questionnaire, participants were required to read through the information sheet and check a box indicating consent, as per suggestions in the literature (Edwards et al., 2009; Roberts & Allen, 2015).

3.6.2 Privacy and anonymity

Privacy and anonymity are among the key ethical considerations when using online survey research (Emerson, 2015; Roberts & Allen, 2015). In the current research design, potential participants were contacted through email information obtained from a pre-existing list of New
Zealand registered psychologists. As the list is still in development, email contacts were a mix of personal and business accounts. According to literature, perceived intrusions of privacy may be greater when invitations are sent to private email accounts (Roberts & Allen, 2015). In order to minimize perceived breach of privacy in the current study, an unsubscribe function was added to the survey email.

Anonymity is a key aspect of survey research, studies showing that increased perceived anonymity aided in eliciting more truthful and in-depth responses (Lefever et al., 2007; Tuten, 2010). In order to ensure the collection of rich data, steps such as the inclusion of detailed information regarding the anonymised design of the questionnaire were taken to ensure participants perceived anonymity was maximized.

Because of the increased functionality of online surveys, some functions can potentially undermine the respondent anonymity and privacy (James & Busher, 2015; Roberts & Allen, 2015). For example, IP addresses, which are unique addresses assigned to a computer/device when connected to the internet, are often collected automatically by survey generating websites such as SurveyMonkey. In order to ensure the collection of IP information does not threaten the anonymity and privacy of participants, such information is automatically separated from responses when survey data is stored.

3.6.3 Data quality

Obtaining data of a high quality is an essential part of ensuring ethically sound research, justifying any burden placed on or discomfort felt by participants, and resources consumed throughout the research procedure (Roberts & Allen, 2015). One issue needing to be addressed is the representativeness of the data gathered. When using email invitations to solicit responses, a number of issues affecting the representativeness of the sample are likely to be encountered. Firstly, there is a likelihood that some collected email addresses are incorrect. According to research, up to 8% of emails are likely to be returned due to incorrect email addresses (Lefever et al., 2007). Secondly, even if email addresses are correct, automatic ‘spam’ filters can be set up to
separate emails from specific websites, or emails containing specific words in the subject line.

Emails from survey generation websites, or which contain ‘Survey’ or ‘Questionnaire’ in the subject line have the increased potential to be marked as spam (Lefever et al., 2007; Roberts & Allen, 2015). Lastly, even potential participants who do receive and view survey emails may not choose to respond (survey-non-response). The combination of these factors means the potential for non-response bias to affect the quality of data received is increased substantially.

Although it is difficult to overcome the incorrect email addresses and spam filter barriers, steps can be taken to lessen survey non-response. Literature has identified a number of factors related to survey non-response: apathy, perceived lack of importance, perceived lack of anonymity, inaccessibility, and completion time. Although such issues are always going to affect the response rate, these factors were addressed in an attempt to decrease non-response in the current study.

The methods for minimizing each factor are summarized in Table 2.

Table 2: Survey non-response factors and how they were addressed.

<table>
<thead>
<tr>
<th>Factor</th>
<th>Method to minimize effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apathy</td>
<td>The online survey used had the ability to exit and return to the last completed point. This allowed participants to complete the survey at their leisure.</td>
</tr>
<tr>
<td>Perceived lack of importance</td>
<td>In both the email and information sheet sent to the participant, the importance of the study was explained and emphasised.</td>
</tr>
<tr>
<td>Perceived lack of anonymity</td>
<td>Participants were informed of the anonymised design of the data, and were able to skip or refuse to answer any questions they felt may threaten this. No identifiable data was collected.</td>
</tr>
<tr>
<td>Inaccessibility</td>
<td>The SurveyMonkey design was chosen due to its ease of accessibility. In addition, emails sent gave explicit instructions regarding how to access and complete the questionnaire and encouraged participants to contact the research if any issues were encountered.</td>
</tr>
<tr>
<td>Completion time</td>
<td>Attempts were made to ensure the questionnaire would take no longer than 20 minutes. Additionally, participants were able to exit and return to the questionnaire, so did not have to complete the survey in one sitting.</td>
</tr>
</tbody>
</table>
Chapter Four: Results of the Study

4.1 Survey Response Rate

It is important to note that an accurate and meaningful survey response rate could not be determined due to the unknown quantity of school based psychologists working in New Zealand. A total of 878 psychologists who varied in both scope and employment context were able to be contacted based on the contact list obtained. Psychologists were asked to self-nominate themselves to participate in the study if they fitted the given criteria. Of the 878 invited, there were 87 respondents, an initial survey response rate of almost 10%. 28 of these respondents did not fully complete the survey and therefore were not included in the data analysis. As shown in Table 3, a response rate of 3.5% was received following the initial email initiation being sent. Both the first and second reminder emails produced an additional 1.6% return. Study findings, therefore, reflect the data from 59 psychologists practicing in the school context, an overall response rate of only 6.7%. Response rate is further discussed within section 6.3: Limitations.

Table 3: Survey response rates

<table>
<thead>
<tr>
<th>Step</th>
<th>Number Returned</th>
<th>Percent of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Email</td>
<td>31</td>
<td>3.5</td>
</tr>
<tr>
<td>Reminder #1</td>
<td>14</td>
<td>1.6</td>
</tr>
<tr>
<td>Reminder #2</td>
<td>14</td>
<td>1.6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>59</strong></td>
<td><strong>6.7</strong></td>
</tr>
</tbody>
</table>

*Note: 878 psychologists were sent the initial invitation email

4.3 Section One: Demographics and Training/Employment

Responses to Section 1: Demographics, and Section 2: Training and Employment of the questionnaire were used to describe the personal and professional characteristics of the sample. Analysis of the demographic data indicated that questionnaire participants represent a broad selection of psychologists who work in educational setting in New Zealand.
4.3.1 Demographic Information

The number of respondents in each age category is presented in Table 4. Just over one quarter (25.41%) of the participants are under the age of 45, while over sixty percent (61.01%) of respondents are over 50 years of age. Males comprised only 25.42 % (n=15) of the sample, while females comprised 74.58% (n=44).

The number of respondents who identified with each ethnicity is presented in Table 3. New Zealand European were the largest group in the sample, with 81.36 % of participants identifying with this ethnicity (n=48). Maori were the next largest group in the sample, with 6.78% of participants identifying with this ethnicity (n=4).

*Table 4: Age distribution of survey respondents*

<table>
<thead>
<tr>
<th>Age</th>
<th>Number</th>
<th>Percent of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;30</td>
<td>1</td>
<td>1.69</td>
</tr>
<tr>
<td>31-35</td>
<td>2</td>
<td>3.39</td>
</tr>
<tr>
<td>36-40</td>
<td>3</td>
<td>5.08</td>
</tr>
<tr>
<td>41-45</td>
<td>9</td>
<td>15.25</td>
</tr>
<tr>
<td>46-50</td>
<td>7</td>
<td>11.86</td>
</tr>
<tr>
<td>51-55</td>
<td>13</td>
<td>22.03</td>
</tr>
<tr>
<td>56-60</td>
<td>11</td>
<td>18.64</td>
</tr>
<tr>
<td>&gt;60</td>
<td>12</td>
<td>20.34</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>1</td>
<td>1.69</td>
</tr>
</tbody>
</table>
Table 5: Ethnicity of survey respondents

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number</th>
<th>Percent of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Zealand European</td>
<td>48</td>
<td>81.36</td>
</tr>
<tr>
<td>*European</td>
<td>2</td>
<td>3.39</td>
</tr>
<tr>
<td>Maori</td>
<td>4</td>
<td>6.78</td>
</tr>
<tr>
<td>Samoan</td>
<td>1</td>
<td>1.69</td>
</tr>
<tr>
<td>Cook Island Maori</td>
<td>1</td>
<td>1.69</td>
</tr>
<tr>
<td>Tongan</td>
<td>1</td>
<td>1.69</td>
</tr>
<tr>
<td>Niuean</td>
<td>1</td>
<td>1.69</td>
</tr>
<tr>
<td>Chinese</td>
<td>1</td>
<td>1.69</td>
</tr>
<tr>
<td>Indian</td>
<td>3</td>
<td>5.08</td>
</tr>
<tr>
<td>*British</td>
<td>1</td>
<td>1.69</td>
</tr>
<tr>
<td>*Australian</td>
<td>1</td>
<td>1.69</td>
</tr>
<tr>
<td>*American</td>
<td>1</td>
<td>1.69</td>
</tr>
<tr>
<td>I'd prefer not to say</td>
<td>1</td>
<td>1.69</td>
</tr>
</tbody>
</table>

*Note: Specified in ‘Other’ category*

4.3.2 Training and Employment

Participating psychologists were asked to indicate details surrounding their academic training. All participants indicated they had studied up to a post-graduate level (n=59), while 5.08% (n=3) participating psychologists indicated that they had studied further to receive a doctorate (PhD) qualification. 45.76% (n=27) of participants indicated that they had completed further formal qualifications, however of the 54.24% (n=32) who indicated they had not gained formal additional qualifications, 37.5% (n=12) indicated that they had undertaken professional development in some form, completed a number of papers, courses, and/or training conferences since their registration.

When registering with the New Zealand Psychologist Board, psychologists must indicate which scope of practice they are registering within. The largest group of questionnaire respondents (44.07%) were registered within the Educational Psychology scope of practice. The next largest group of psychologists (37.29%) indicated they had registered within the general scope. Educational Psychologist trained Psychologists registered in the ‘Psychologist’ scope of practice were asked to indicate their reasoning behind this choice. Two themes emerged from responses. The most common reasoning was the limitations psychologists felt they placed on themselves by registering in
the Educational Psychologist scope. One psychologist commented “I have developed a range of skills and engaged in training and delivery of services beyond education and did not want to limit my work to the field of education”. Another felt that the “Educational Psychologist [scope] can narrow the understanding of what we offer”. In the past, the only scope available to Educational Psychology trained psychologists was the general ‘Psychologist’ scope. The second emerging theme reflected this, with a number of psychologists indicating that they “couldn’t see any benefit to change from [the] original psychologist scope”.

Psychologists working in New Zealand can gain employment in a number of contexts including Government Agencies, District Health Boards, schools, Non-Government Organisations, Primary Health Organisations (PHOs), and in privately owned practices. The Ministry of Education (MoE) is a Government Agency which employs Psychologists to work in the Educational context. This is the agency for which the majority of responding psychologist indicated they were employed by, with 54.24% (n=32) of respondents indicating MoE employment. Employment within a private practice was also common, with 23.73% (n=14) psychologists indicating this type of employment. A summary of psychologists’ main places of employment is displayed in Figure 1.

As shown in Table 6, when asked about length of psychological service provision, over one quarter of participants indicated they had 5 years or less experience (n=15). A similar number of psychologists indicated they had been practicing for between 6 and 10 years (n=13), and for between 11-15 years (n=12).
In summary, the population of the sample is varied, with responses indicating a group diverse in age, gender, training, scope of practice, context of employment, and length of service.

4.4 Cultural responsiveness

Throughout the questionnaire, psychologists were asked to answer questions surrounding culturally responsive training and practice. According to results, only 44.07% (n=26) of psychologists felt the professional training they received prepared them for culturally responsive practice, while
33.90% (n=20) felt the training was limited and 20.34% (n=12) felt it was insufficient. A theme that emerged from responses was the necessity to continue training and receiving supervision in areas of cultural responsiveness after the completion of formal training. Participants responding that training was limited tended to feel that it was difficult to fully comprehend what culturally responsive practice looks like until working in the profession. For example, one psychologist commented “My professional training provided the direction and scaffold required to examine Te Tiriti, however the bulk of my ability to incorporate Te Tiriti into my practice was gained from my internship experience”. Others commented that professional training “was an introduction. Ongoing professional development in Te Reo, tikanga and respectful practice is essential” and “it gave me the tools but it is not until you use them in practice that they develop real meaning”.

Psychologists were also asked to comment on the extent that they felt psychological services were adequately responsive to cultural differences and diversity. Results revealed that improvement is needed to ensure culturally responsive practice, with 61.11% (n=33) of respondents indicating that current practices relating to cultural differences and diversity are inadequate. A number of themes emerged in responses, offering suggestions to improve or reasons for insufficient cultural responsive practice. Most notable, was the identification of a lack of cultural diversity within the profession of psychology. Respondents recognised practitioners’ effort and willingness to practice in ways respecting cultural diversity but commented that “psychologists from [minority] groups are underrepresented”. They felt that cultural responsive practice is inadequate because “the face of Psych services does not represent the face of the need”. One respondent commented “I think they (non-Maori) do the best they can by being strengths-based and non-judgemental, but it would be great to have more ability to offer a Maori for Maori service”. Another theme identified was the need for cultural recognition in individual practitioners. Respondents felt that while the training received in this area was adequate, it was up to the individual psychologist to ensure they took this training on board. One psychologist commented that “even though many psychologists are trained to be culturally responsive, many are still fundamentally unaware of organisational
responsibilities to the Treaty of Waitangi”. Another respondent noted that “MoE is doing a good job in being bicultural/multicultural, but individual practitioners still need to improve”. Respondents indicated that while beneficial processes are in place in order to ensure culturally responsive practice, specifically in the MoE, these are not always adequate. For example, one psychologist commented on the fact that “services are not equitable across regions. Some regions appear to have excellent working relations with Iwi, while others are limited to KTW [Kaitakawaenga, or MoE Maori Cultural Advisor] only”.

4.5 Services provided

In order to gain an overall description of the services provided by psychologists working in the school environment, participants were asked to indicate the services they provided. In each service category, participants were first presented with a selection of common services provided within the category and asked to select those which they provided. Participants were then asked to comment on the most common services they provided within the category.

*Note: As not all psychologists working in the school context serve all the roles, or provide all the services indicated, participants were given the option to skip questions within this section. Therefore, the numbers of participants vary between service categories.

4.5.1 Consultation

Responses were organized into themes and are presented in Table 7. According to participants, consultation and collaboration services are provided to school staff and parents across all areas (educational needs, transition programs, and progress) by the vast majority of psychologists, with 98.31% (n=58) of psychologists indicating that they have a consultative role. When asked to remark on the most common services provided within the consultative category of services, psychologists commented on both who consultation were with, and the subject of the consultation services provided. Of the 68.96% (n=40) of psychologists who commented on who consultations were with, 77.5% (n=31) indicated consultations with school staff and parents as the
first or second most common consultative service provided, while only 7.5% (n=3) of participants indicated that direct consultation with the child as the consultative service most often provided. One respondent commented on his perceived joint importance of consultation with family and school staff, stating:

As a private practitioner, the first 2 were most frequent - assistance to school staff and parents in understanding needs of the child. These were both usually linked together and, importantly, with working directly with parents and/or child to address the issues with the aim of achieving parallel implementation at home and school.

Of the 34.48% (n=20) of participants whose responded on the subject of consultation, 55% (n=11) indicated that behaviour based consultations were the most commonly provided, followed by consultations concerning assessment and intervention (20%), and consultations to do with transition (15%).

*Table 7: Most common consultative based services provided by responding psychologists*

<table>
<thead>
<tr>
<th>Consultation Service</th>
<th>Ranking</th>
<th>Total Number (n)</th>
<th>Percent of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>with:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School staff/parent</td>
<td>30</td>
<td>1</td>
<td>77.5</td>
</tr>
<tr>
<td>Interagency</td>
<td>2</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Child</td>
<td>2</td>
<td>1</td>
<td>7.5</td>
</tr>
<tr>
<td>Group/class</td>
<td>1</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Behaviour</td>
<td>9</td>
<td>1</td>
<td>55</td>
</tr>
<tr>
<td>Assessment/Intervention</td>
<td>4</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>Transition</td>
<td>2</td>
<td>1</td>
<td>15</td>
</tr>
<tr>
<td>Wraparound based</td>
<td>2</td>
<td>2</td>
<td>10</td>
</tr>
</tbody>
</table>

*4.5.2 Psycho-educational assessment*

According to responding psychologists, psycho-educational assessment based services are an important part of the role of a psychologist working in a school context, with 91.53% (n=54) of
psychologists indicating they provide these services. Responses have been analysed into themes and are presented in Table 8.

Table 8: Most common psycho-educational assessment based services provided by responding psychologists

<table>
<thead>
<tr>
<th>Psycho-Educational Assessment Service Main theme</th>
<th>Sub-theme</th>
<th>Number of responses (n)</th>
<th>Percent of group %</th>
<th>Percent of Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment</td>
<td>Ecological Assessment</td>
<td>17</td>
<td>39.53</td>
<td>31.48</td>
</tr>
<tr>
<td></td>
<td>Formal/Diagnostic Assessment</td>
<td>19</td>
<td>44.19</td>
<td>35.19</td>
</tr>
<tr>
<td></td>
<td>Eligibility Assessment</td>
<td>4</td>
<td>9.3</td>
<td>7.41</td>
</tr>
<tr>
<td></td>
<td>School-based Assessment</td>
<td>4</td>
<td>9.3</td>
<td>7.41</td>
</tr>
<tr>
<td></td>
<td>N/A*</td>
<td>10</td>
<td>22.73</td>
<td>18.52</td>
</tr>
<tr>
<td>Report Writing</td>
<td></td>
<td>21</td>
<td></td>
<td>38.89</td>
</tr>
<tr>
<td>Interpretation</td>
<td></td>
<td>17</td>
<td></td>
<td>31.48</td>
</tr>
</tbody>
</table>

*N/A refers to those participants who indicated that they provided assessment services but did not give details surrounding the type of assessments provided.

While the preparation of assessment reports for school personnel and/or parents is indicated as the service provided by the largest number psychologists, with 94.44% (n=51) of respondents indicating their involvement with this process, only 38.89% (n=21) of psychologists indicated this as commonly provided service. The same can be said when looking at the interpretation of assessment results, with 90.74% (n=40) of psychologists indicating they provide this service, while only 31.48% (n=17) provide this service commonly. According to results, diagnosis based assessment is the service that is carried out by the least of the psychologists, with only 48.15% (n=26) of psychologists indicating they have provided this service. However, of those that provided diagnosis based assessment, this service was reported as commonly provided, with 35.19 % (n=19) providing diagnosis as a common service.
4.5.3 Special Education

According to participant responses, 81.36% (n=48) of psychologists carry out services under the category of Special Education (SE). Of those who carry out SE services, the development of interventions or recommendations is the service provided by the largest number, with 97.92% (n=47) of those psychologists who provide SE services reporting they provide this service. In addition to being the service provided by the largest number of psychologists, it is also the service most commonly provided, with 56.25% of respondents indicating this as one of the three most common services they provided within SE. A summary of the most common SE services provided is presented in Table 9. In addition to respondents identifying the development and implementation of IEPs/IFSPs and the linking of assessment results to SE eligibility as commonly provided services (33.33% and 25.00% respectively), 10.42% (n=5) of respondents indicated that parent and/or teacher education was a commonly provided service within the SE category. Respondents explained that “working with teachers to help children’s behaviour” and “ensuring schools and staff respond appropriately to students (sic) learning needs” was a common role. Psychologists also indicated they commonly performed activities which could not be categorized under the above themes, and have therefore been categorized as ‘other’. For example, respondents in this category indicated “trying to get more recognition for students with learning problems..”, “setting a new wraparound service”, “maintaining program integrity..” and “risk management” as the most common SE orientated service provided.

Table 9: Most common Special Education orientated services provided by responding psychologists

<table>
<thead>
<tr>
<th>Special Education Service</th>
<th>Number of responses (n)</th>
<th>Percent of Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>IEPs/IFSPs</td>
<td>16</td>
<td>33.33</td>
</tr>
<tr>
<td>Intervention/Recommendation</td>
<td>27</td>
<td>56.25</td>
</tr>
<tr>
<td>SE Eligibility</td>
<td>12</td>
<td>25.00</td>
</tr>
<tr>
<td>Parent/Teacher education</td>
<td>5</td>
<td>10.42</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
<td>12.50</td>
</tr>
</tbody>
</table>
4.5.4 Provision of professional learning

91.53% (n=54) of respondents indicated they provided services within this category. Table 10 provides an overview of the themes emerging within this category of services. Provision of advice to principals and senior staff regarding the management of individuals, groups, or events emerged as the service provided by the largest number of psychologists, with 90.74% (n=49) of psychologists indicating they provide this service. However, according to responses regarding the most common service provided within this category, provision of advice to principals/school staff was only commonly provided by 25.9% (n=14) of psychologists. The most commonly provided service within this category was unquestionably the planning, provision, and/or coordination of learning activities on specific learning needs, with 85.19% (n=46) of psychologists ranking this in their most common professional learning orientated services provided. A number of psychologists indicated that they provided learning activities broadly, with respondents giving answers such as “educate staff around Autism, anxiety and other diagnosis that affect school performance and behaviour” and “providing training to school staff on topic requested or identified as being useful”. However, responses indicated that psychologists often provide these services in ways specific to their overall role or focus as a psychologist. Examples of this included:

“Presentations to schools [and] RTLBs on psychobiological implications and neuroscience on the effects on the developing brain of trauma, abuse, and neglect.”

“The theory [of] change as it relates to wraparound programs”

“Providing training on appropriate support to Gender Dysphoric adolescents in the school environment”

“Training school personnel re identifying and managing concerning sexual behaviour in children”
Interestingly, while 66.67% (n=36) of psychologists indicated that they do perform services surrounding informing school personnel on the availability of psychological services in schools, only 11.11% (n=6) ranked this as a commonly provided service.

Table 10: Most common professional learning orientated services provided by responding psychologists

<table>
<thead>
<tr>
<th>Provision of Professional Learning Service</th>
<th>Number of responses (n)</th>
<th>Percent of Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advice to Principals/Senior Staff</td>
<td>14</td>
<td>25.9</td>
</tr>
<tr>
<td>Learning activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>46</td>
<td>85.19</td>
</tr>
<tr>
<td>Specific</td>
<td>15</td>
<td>46.3</td>
</tr>
<tr>
<td>Broadly</td>
<td>31</td>
<td>3.7</td>
</tr>
<tr>
<td>Inform re. psychological services</td>
<td>6</td>
<td>11.11</td>
</tr>
</tbody>
</table>

4.5.5 Participation in school community

71.19% (n=42) of participating psychologists indicated that they provide these services, with the attending of school based administrative meetings identified as the service carried out by the largest number of psychologists (76.19%). Responses indicated that only around half of providing psychologists carried out the remaining three services: small group preventative groups being held by 50% (n=21) of psychologists, and counselling/therapy and contribution to school level policy both provided by just 45.24% (n=19) of psychologists. Table 11 provides a summary of the services in this category most commonly provided.

Table 11: Most common school community orientated services provided by responding psychologists

<table>
<thead>
<tr>
<th>School Community Services</th>
<th>Number of Responses (n)</th>
<th>Percent of Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative meetings</td>
<td>25</td>
<td>62.5</td>
</tr>
<tr>
<td>Small group programs for students</td>
<td>15</td>
<td>37.5</td>
</tr>
<tr>
<td>Contribute to school level policy</td>
<td>7</td>
<td>17.5</td>
</tr>
<tr>
<td>Counselling/Therapy</td>
<td>7</td>
<td>17.5</td>
</tr>
</tbody>
</table>
4.5.6 Provision of psychological programs

Services within the provision of psychological programs category include the provision of psychological therapies, the provision of information surrounding group programs for mental health issues and resilience building, the delivery of systems level programs, and the facilitation of small group preventative and proactive programs for students. A problem with the online survey design means that some results within this section are invalid. Only valid responses have been included.

According to responses, 72.88% (n=42) psychologists provide psychological programs within their role in schools. Responses are presented below in Table 12. According to responses, the most frequently performed service within this category was the provision of psychological therapies to individual children. According to respondents, these therapies include Cognitive Behaviour Therapy (CBT), Applied Behaviour Analysis (ABA), Acceptance and Commitment Therapy (ACT) and Parent Managing Training (PMT). Of the psychologists who indicated they performed services in this category, 37.21% (n=16) indicated that the provision of individual psychotherapy was commonly provided. The delivery of systems-level programs for students was the next most common service performed in this category, with 34.88% (n=15) psychologists indicating the frequent provision of this type of service. Nearly half of those psychologists who frequently carried out systems-level interventions most commonly carried out transition-based programs for students, as shown in table 10. The provision of information surrounding access to Mental Health programs was the least frequent activity to be carried out in this category, with only 4.65% (n=2) of responding psychologists indentifying this as a common service provided.
Table 12: Most frequent psychological program orientated services provided by responding psychologists in Aotearoa schools.

<table>
<thead>
<tr>
<th>Psychological program based service</th>
<th>Number of responses (n)</th>
<th>Percentage of Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deliver system level programs</td>
<td>Uncategorized</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Transition-based</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>15</td>
</tr>
<tr>
<td>Provide individual psychological therapy</td>
<td></td>
<td>16</td>
</tr>
<tr>
<td>Facilitate small group programs</td>
<td></td>
<td>13</td>
</tr>
<tr>
<td>Provide info surrounding MH programs</td>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>

4.5.7 Interventions

88.14% (n=52) of participating psychologists indicated that they are involved in the provision of intervention orientated services. The communication and planning of interventions with school staff and parents was the service provided by the largest number of psychologists in this category, with 98.08% (n=51) of those providing intervention services indicating they were responsible for this role. Thematic analysis revealed the most commonly provided services within the intervention category. These are presented in Table 13. Responses indicate that the communication and planning of interventions in collaboration with school staff and parents is overwhelmingly the most common intervention orientated service provided, with 93.75% (n=45) of participating psychologists citing this service as among their most commonly performed. The liaison with professionals and agencies outside of the school was only commonly provided by 47.92% (n=23) of psychologists. Similarly, the coordination and participation in multidisciplinary intervention teams was a service only commonly provided by 50% of psychologists who take part in intervention based activities. One respondent offered insight into this, explaining that

“In the past, [the most common service provided] would have been participating in a multidisciplinary team to deliver intervention. The opportunity for this has been reduced
significantly in Special Education in recent years. Providing behaviour plans and risk assessments rather than hands on intervention is now most frequent work.”

Somewhat surprisingly, only 20.83% (n=10) of psychologists providing intervention orientated services indicate that they commonly act as an advocate for students, with little to no details provided surrounding what this looks like.

**Table 13: Most common intervention orientated services provided by responding psychologists**

<table>
<thead>
<tr>
<th>Intervention Service</th>
<th>Number of responses (n)</th>
<th>Percent of Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication/Planning of interventions</td>
<td>45</td>
<td>93.75</td>
</tr>
<tr>
<td>Coordinate/participate in multidisciplinary team</td>
<td>24</td>
<td>50.00</td>
</tr>
<tr>
<td>Liaison with external agencies</td>
<td>23</td>
<td>47.92</td>
</tr>
<tr>
<td>Student advocate</td>
<td>10</td>
<td>20.83</td>
</tr>
<tr>
<td>Monitoring intervention outcomes</td>
<td>3</td>
<td>6.25</td>
</tr>
<tr>
<td>Intervention training</td>
<td>1</td>
<td>2.08</td>
</tr>
</tbody>
</table>

**4.5.8 Response to critical incidents and emergencies**

Of the participating psychologists, only 57.63% (n=34) indicated responsibilities within this category. Of the psychologists who indicated their role in providing critical incident orientated services, 32.35% (n=11) indicated that the management of TI was the most common service provided within this category, followed closely by individual and group support (26.50%) and assistance with school wide response to critical incidents (23.32). A summary of these results are provided in Table 14. In their responses, participating psychologists explained that in many cases, a TI/critical incident management team is set up which includes psychologists trained to respond to such incidents. However, being part of such a team does not imply regular involvement. For example, one Psychologist said “Traumatic incidents are managed by a specific team. I have been trained but never actually called upon to help”. This category of services was related to specific traumatic incidents (e.g. teacher or student suicide or death, sexual assault at school, major school vandalism) and emergencies (e.g. on-site fire, occurrence of natural disaster, prolonged loss of a utility). However, some psychologists linked everyday work to services within this category. For
example, one psychologist stated “most of my work is as a result of some crisis and [I am] usually contacted by parents to support them, or their young person and school personnel”.

Table 14: Most common critical incident and emergency orientated services provided by responding psychologists

<table>
<thead>
<tr>
<th>Response to critical incident services</th>
<th>Number of responses (n)</th>
<th>Percent of Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management of TI</td>
<td>11</td>
<td>32.35</td>
</tr>
<tr>
<td>Individual and/or group support</td>
<td>9</td>
<td>26.5</td>
</tr>
<tr>
<td>School wide response to critical incidents</td>
<td>8</td>
<td>23.53</td>
</tr>
<tr>
<td>Development of critical incident policies/plans</td>
<td>6</td>
<td>17.65</td>
</tr>
</tbody>
</table>

4.5.9 Administrative duties

Administrative duties involve the maintenance of records, files, and case notes, the collection, collation and maintenance of practice related data, the awareness of school community issues and events which may have an impact of the school, and the communication with senior staff regarding current referral issues. According to questionnaire responses, 83.05% (n=49) of psychologists perform administrative duties, with the maintenance of individual records, files, and notes as the service performed by the largest number (n=45) of psychologists. This was followed closely by the collection, collation and maintenance of practice related data, which was carried out by 87.76% (n=43) of those psychologists who indicated administrative responsibilities. Psychologists were asked to comment on the frequency of the provision of services in this area. A summary of the most frequently performed administration orientated duties are provided in Table 15. The administration duty most frequently performed was the maintenance of individual records, with 71.93% (n=41) of psychologists who carried out administration duties reporting this as the most common duty carried out in this category. Communication with school staff regarding referral issues and maintaining an awareness of issues and events within the school community were the least frequent administration orientated duties performed, with just 8.77% (n=5) and 7.02% (n=4) psychologists identifying these as frequently performed duties.
importance of “developing a strong network of colleagues and investing in those relationships for referral, peer consultation, exposure to ideas/knowledge I didn’t know about etc.) and professional identity and wellbeing maintenance”.

4.5.10 Maintaining professional competence and continuing professional learning

According to questionnaire responses, 96.61% (n=57) of psychologists perform roles encompassed within this category. Psychologists were asked to identify what they considered to be the priority areas of focus within this category. A summary of these areas are provided in Table 16.

Peer consultation was reported to be the top area of focus, with 78.95% (n=45) of psychologists indicating this as a priority area. The area of peer consultation involves participating in both formal and informal supervision through consulting with supervising psychologists and other psychologists in your team. One psychologist commented on the perceived value of consultation in maintaining professional competence and continuing professional learning, remarking on the importance of “developing a strong network of colleagues and investing in those relationships for instrumental reasons (e.g. referral, peer consultation, exposure to ideas/knowledge I didn’t know about etc.) and professional identity and wellbeing maintenance”.

Professional development (PD) was considered to be the second most important areas of focus, with 75.44% (n=43) psychologists identifying PD as a priority area. A range of PD activities were identified by participating psychologists, including personal research, conference and seminar attendance, and training activities. While maintaining practitioner competence is clearly a vital part of continuing practice as a psychologist, many psychologists indicated the difficulty in participating in PD and keeping up with relevant literature surrounding best practice. One psychologist explained “my employer does not recognise these [PD opportunities], or pay for PD opportunities that are
aligned to my competency learning plan”. Another remarked on the importance of participating in ongoing PD, but explained this was difficult as it was “often at my own expense”. Maintaining familiarity with the NZPB Code of Ethics was reported to be the lowest area of focus among activities aimed at maintaining practitioner competencies, with only 26.32 (n=15) psychologists identifying this as a priority area.

*Table 16: Priority areas of focus in maintaining practitioner competencies for responding psychologists.*

<table>
<thead>
<tr>
<th>Professional competence/learning priorities</th>
<th>Number of responses (n)</th>
<th>Percent of Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer consultation</td>
<td>45</td>
<td>78.95</td>
</tr>
<tr>
<td>Professional development</td>
<td>43</td>
<td>75.44</td>
</tr>
<tr>
<td>Demonstrating core competencies</td>
<td>26</td>
<td>45.61</td>
</tr>
<tr>
<td>Maintaining familiarity with the Code of Ethics</td>
<td>15</td>
<td>26.32</td>
</tr>
</tbody>
</table>

**4.5.11 Senior Psychologist responsibilities**

Senior Psychologists were asked to identify the most common senior responsibilities they performed. A summary of these services are provided in Table 17. Of the participating psychologists, 30.51% (n=18) indicated that they had Senior Psychologist responsibilities. Of the psychologists who reported that they had Senior Psychologist responsibilities, the most frequent reported responsibility was that of supervision, with 75% (n=15) of the Senior Psychologists reporting that supervision based practice was one of the most common duties they performed in this role. Supervision encompassed the supervision of intern psychologists, of whom 45% (n=9) of Senior Psychologists supervised, and the supervision of other psychologists in their team, a responsibility of which 65% (n=13) of Senior Psychologists held. The construction of high level policy and the provision of advice to the organisation was reported as the next most frequent duty carried out, with 50% (n=20) of Senior Psychologists performing this duty. This was closely followed by the provision of professional leadership, which was carried out by 45% (n=9) of the Senior Psychologists. The establishment and review of policy, procedure and practices of operation was reported to be
the least frequent duty performed, with only 20% (n=4) of Senior Psychologists identifying these services as commonly provided.

Table 17: Most frequently performed Senior Psychologist services

<table>
<thead>
<tr>
<th>Senior Psychologist responsibility</th>
<th>Number of responses (n)</th>
<th>Percent of Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervision of psychologists in team</td>
<td>13</td>
<td>65</td>
</tr>
<tr>
<td>Supervision of Intern psychologists</td>
<td>9</td>
<td>45</td>
</tr>
<tr>
<td>Supervision practices</td>
<td>15</td>
<td>75</td>
</tr>
<tr>
<td>Construction of high level policy/ advice</td>
<td>10</td>
<td>50</td>
</tr>
<tr>
<td>Provision of professional leadership</td>
<td>9</td>
<td>45</td>
</tr>
<tr>
<td>Establishment and review or policy/procedure/practices</td>
<td>4</td>
<td>20</td>
</tr>
</tbody>
</table>

4.5.12 Summary of Services Provided

Figure 2 and Figure 3 present an overall view of the number of psychologists performing specific psychologist services. Looking at these results as a whole, it is evident that psychologists have an extremely varied role, with a large proportion of psychologists carrying out services across the majority of service categories. Consultation based services are provided by the largest number of psychologists, with 98.31% (n=58) psychologists indicating they perform services within this category. Although the largest numbers of psychologists perform consultation based services, the specific service performed by the largest number of psychologists was within the psychoeducational assessment category, with 100% (n=59) of respondents indicated that they provided the service of interpreting assessment reports. With the exception of Senior Psychologist roles, the service category which the smallest number of psychologists provide is response to critical incidents and emergencies, with just 57.63% (n=34) psychologists reporting that they performed services within this category.
Figure 2: Psychological services provided by psychologists in Aotearoa New Zealand schools
Figure 3: Groups of services provided by psychologists in Aotearoa New Zealand schools
In order to further summarise the services provided by psychologists in Aotearoa schools, participants were asked to indicate which category of services the most and least time was spent. To compare, psychologists were then asked which category of services they would ideally spend the most and least time in. Figure 4 provides a summary of these responses. According to respondents, school based psychologists in Aotearoa are currently spending the majority of their time in consultation based practices. 65.11% (n=28) of respondents indicated services within the consultation category as the first, second, or third largest time commitment. Psycho-education assessment based practices were reported to be the next most time consuming category of services, with 46.35% (n=19) psychologists rating this as the first, second, or third largest time commitment. Time spent providing services relating to critical incidents and emergencies and the maintenance of professional competence was reported to be the smallest time commitment for psychologists, with only 5% (n=2) and 2.22% (n=1) of psychologists respectively rating these categories as requiring a large time commitment. Analyses of responses regarding the categories psychologists reported they would ideally spend the majority of their time performing revealed interesting results. Across the majority of service categories, a psychologists’ ideal time spent was similar to actual time spent. The most significant difference seen when comparing actual time spent vs. ideal time spent was within the provision of professional learning and the administration categories. While just 7.32% of psychologists indicated services within the provision of professional learning were currently within the top three time commitments, 24.32% of psychologists indicated that they would ideally spend a large amount of time providing these services. Within the administration category, nearly a third of psychologists (30.95%) indicated that administration based tasked were among the top three largest time commitments, while only 2.78% reported that this was ideal.
Figure 4: A comparison of current time commitments and ideal time commitments as related to service categories.
4.5.13 Service Distribution

Psychologists in schools work with a range of people, including children, parents/caregivers and whānau, and a range of school staff. Participating psychologists were asked to indicate who they considered to be their client or clients. This question elicited a number of responses from participants, with many psychologists explaining that this often depends on the referral. For example, one psychologist explained that “the relationships among those with respect to ‘who is the client’ is situation-dependent, but can never consider any in isolation from the others”. A reoccurring theme within psychologists’ comments on who they consider the client, is the importance of collaborative relationships between different parties. For example, one respondent stated that “all of the above are critical in the process of assessment and intervention planning”, while another explained that the client is “a combination of the above – the child’s interests are paramount, but it is important to be able to consider and work with others to support the child’s needs being met”. The question responses have been summarised in Table 18.

Results indicated that the child is considered as the client in the majority of cases, with 80% (n=44) of responses identifying the child as the client. However, based on participants’ comments, this number was expected to be higher. For example, one psychologist comments

Really! This is still a topic in University! The child is the primary client and we intervene through an important range of secondary clients – most especially the adults in the network around the child at school and at home. In a casework context, if there was no kid there’d be none of the other stuff to do!

The lower than expected identification of the child as the client may be explained by the varying perspectives taken by the psychologist. One psychologist explained that “my work responds to systems”. The respondent further explains that ‘client’ “is not a word I choose to use. My work is about supporting a system to respond to a child’s learning needs. If the child is a client, one can
view their needs within a deficit frame. If the system is the ‘client’, more inclusive systems can be found”.

Looking at a summary of this question gives a good indication of the people with whom the psychologist most commonly works, with the child and parent/caregiver being the main clients.

*Table 18: Summary of who is perceived as the client of the school based psychologist*

<table>
<thead>
<tr>
<th>Client</th>
<th>Number of Responses (n)</th>
<th>Percentage of Responses %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child</td>
<td>44</td>
<td>80</td>
</tr>
<tr>
<td>Parent/Caregiver</td>
<td>30</td>
<td>54.55</td>
</tr>
<tr>
<td>Classroom Teacher</td>
<td>20</td>
<td>36.26</td>
</tr>
<tr>
<td>Principal</td>
<td>15</td>
<td>27.27</td>
</tr>
<tr>
<td>Teacher Aide</td>
<td>12</td>
<td>21.82</td>
</tr>
<tr>
<td>SENCO</td>
<td>11</td>
<td>20</td>
</tr>
<tr>
<td>BOT</td>
<td>3</td>
<td>5.45</td>
</tr>
<tr>
<td>School (as a whole)</td>
<td>3</td>
<td>5.45</td>
</tr>
<tr>
<td>Other Agencies</td>
<td>2</td>
<td>3.64</td>
</tr>
<tr>
<td>Peers</td>
<td>2</td>
<td>3.64</td>
</tr>
</tbody>
</table>

Participants were asked to comment on whether the direct contact they had with clients across contexts was sufficient. Responses were mixed, with many psychologists feeling their contact with clients was sufficient, while others disagreed. A theme which arose within psychologists comments around this question was the inclination for psychologists to attempt to maximize their role as a psychologist by empowering the agents of change within the system, and thereby minimizing the need for direct contact with the child. For example, one psychologist explained that their “aim is to get the staff running programme[s] as soon as possible, and then monitor their implementation”. Another psychologist who felt that her level of contact with clients was sufficient explained that “my aim is to train those already around the child rather than to heavily involve another, temporary person in their lives”.

Another theme which arose within this question surrounds the effect on different employment types, with many psychologists explaining that it is their job to pick up referrals when
case load allows, and therefore sufficiency of time for contact with clients is their own responsibility. For example, one psychologist explains that “it is my choice to pick up referrals”, while another states that “I decide my own level of contact”. However, in contrast to this, other psychologists, namely those employed by government agencies such as the MoE, stated that they had little or no control over their caseload and therefore had limited control over the time they have for direct contact with clients. Of those participants who felt time spent in direct contact with clients was insufficient; the most commonly cited causes were caseload and time commitments in other areas. For example, one psychologist explained that “due to case-load, it is very difficult to have sufficient contact with clients regularly” while another cited “admin requirements” as a limiting factor.

4.6 Section Three: Profession of psychology in schools

Within section three, psychologists were asked to comment on factors which they considered to facilitate and limit the access to psychologist services in schools. They were then asked to comment on what they considered the most important factors that needed to change in order to increase access to psychological practice and support in schools. Results from these sections have been analysed to reveal themes, and are presented below.

4.6.1 Factors enabling access to psychological services in schools

Psychologists had a range of ideas regarding what factors they felt facilitated access to psychological services in schools. Five main themes emerged from their comments: efficient school staff and systems, knowledge of psychological services available, availability of financial resources, availability of psychologists, and the relationships between schools and Special Education staff. Themes are summarised and present in Table 19.

Of these themes, efficient school staff and systems was the most common factor mentioned, with 38.18% (n=21) of responding psychologists indicating the efficiency of school staff and systems as one of the top factors facilitating the access of psychological services in schools. This category included the referral systems of schools, openness and willingness of school staff to make referrals,
and the knowledge and skill set of school staff involved with the referral system. For example, one psychologist explained “schools in which the leadership is effective and open to working with psychology in service of children & their families” and “teachers who are receptive to the idea of working with a psychologist in service of children in their class” are necessary in facilitating access to psychological service. Other psychologists commented that “knowledge of the referral process” and the “staff advocating and requesting services” as enabling factors.

Another theme emerging was the importance of schools’ knowledge surrounding the availability of psychological services, with 32.73% (n=18) of responding psychologists indicating this as a top factor in the facilitation of access to psychological services in schools. Answers categorised into this theme included those surrounding the senior staff knowledge of psychological services and previous experience accessing psychological services. For example, some respondents indicated that a “clear understanding by principals’ and SENCOs of what service Special Ed provides” and ensuring that “schools and communities [are] fully informed of services that are available to them and who/how to access them” are key factors in facilitating access to psychological services. Others commented that access to psychological services within the educational context “appears to be enabled by previous experience of accessing services, and [the] perceived usefulness of these services”, and the “previous positive experience with psychologists at Special Education/previous successful interventions by the psychologists at Special Education”.

The availability of financial resources is another factor suggested by 29.09% (n=16) of responding psychologists enabling the access of psychological services in schools. Psychologists commented that the “ability to pay for private services”, the “funding support within the school”, and ensuring that “funding is in place to employ specialist staff in Special Education” were important in enabling access to services. Funding varies depending on the type of psychologist employed. For example, in most cases, Ministry of Education psychologists are funded by the Government, while psychologists employed in Private Practice are privately funded. This is reflected when we analyse
the types of psychologists who indicated the importance of financial resources in facilitating the access to psychological services. Of the responding Ministry of Education psychologists, only 16% (n=5) indicated the importance of funding, while half (50%) of psychologists working in Private Practice identified financial resources as an important facilitating factor.

The availability of psychologists also emerged as an important enabling factor, with 21.82% (n=12) of responding psychologists commenting on the importance of the availability of suitably trained psychologists in facilitating access to psychological services in schools. Psychologists commented that “having sufficient psychologists to provide service”, the provision of “prompt appropriate services”, and “the psychologists having a low enough case load to dedicate appropriate time” as facilitating access to psychological services. One psychologist working in a secondary school context commented that “support services are abysmal and do not result in good outcomes for students generally”. The psychologists went on to explain that “having [a psychologist] on staff” was a factor they felt enabled access to psychological services in schools.

The last strong theme to emerge within this section, was the importance of strong relationships between the school and Special Education. 21.82% (n=12) of responding psychologists indicated that they felt a good relationship between senior school staff and Special Education facilitated the provision of psychological services in schools. Psychologists commented that a “strong connection between school and Special Ed” and “good relationships between principals and SE management” were factors that enabled the provision of psychological services in schools.
Table 19: Factors enabling the provision of psychological services in schools

<table>
<thead>
<tr>
<th>Enabling Factor</th>
<th>Number of responses (n)</th>
<th>Percent of Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Efficient school systems</td>
<td>21</td>
<td>38.18</td>
</tr>
<tr>
<td>Knowledge of SE services</td>
<td>18</td>
<td>32.73</td>
</tr>
<tr>
<td>Financial resources</td>
<td>16</td>
<td>29.09</td>
</tr>
<tr>
<td>Availability of psychologists</td>
<td>12</td>
<td>21.82</td>
</tr>
<tr>
<td>School/SE relationship</td>
<td>12</td>
<td>21.82</td>
</tr>
<tr>
<td>Ongoing need</td>
<td>10</td>
<td>18.18</td>
</tr>
<tr>
<td>Parental support</td>
<td>5</td>
<td>9.09</td>
</tr>
<tr>
<td>Interagency collaboration</td>
<td>3</td>
<td>5.45</td>
</tr>
<tr>
<td>Location of MoE office</td>
<td>1</td>
<td>1.82</td>
</tr>
</tbody>
</table>

4.6.2 Barriers to the access to psychological services in schools

Psychologists were asked to comment on what they perceived to be barriers to the access to psychological services in schools. A similar five main themes emerged from their comments: efficient school staff and systems, knowledge of psychological services available, availability of financial resources, availability of psychologists, and the relationships between schools and Special Education staff. Themes are summarised and present in Table 20.

Throughout the comment section, the single barrier identified most often was that of a lack of knowledge around Special Education; who they are, the services they provide, and the ways in which to refer children. This barrier was identified by 41.82% (n=23) of responding psychologists. Availability and financial resources were also perceived to be important factors acting as barriers to psychological services in schools, with 38.18% (n=21) of psychologists identifying both of these factors as barriers.

Some barriers identified could be further categorised into school-based or systemic issues. Systemic issues were those barriers relating to the psychological systems in place. A lack of provision of experienced and appropriately trained psychologists were top of this list, with 18.18% (n=10) responding psychologists indicating that this was a barrier to services. Psychologists commented that “psychologists themselves and the way they behave”, “practitioner judgement”,

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“Educational Psychologists being inadequately trained in consultation than would be helpful in the current model”, and “insufficient behavioural training and knowledge held by many psychologists” contributed to limited access to psychological services in schools. Other systemic issues identified were the excessive Special Education criteria for funding (16.36%), the referral process and its tendency to be time consuming and complex (12.73%), Ministry of Education practices (12.73%), lengthy wait time between referral and receiving of services (10.91), and constantly changing personnel (1.86%).

School-based issues were those barriers identified as stemming from within the school system. The attitude of teachers and parents toward special education services was the most commonly referred to barrier within this section, with 27.27% (n=15) responding psychologists identifying this barrier. Psychologists commented that “schools who want a quick fix and who are less keen to participate in supporting the student”, a “low value of Psych’s by school management team (sic)”, and “schools (principals and teachers) who are resistant to working with psychologists [due to] fear they’ll be shown to be less competent than they would like to think they are” act as barriers to the provision of psychological services in schools. Also within this category, are school referral systems (14.44%), poor relationships (5.46%), lack of teachers’ experience with student with additional learning needs (3.64%), and an aversion of schools to testing (1.86%).
Table 20: Summary of perceived barriers to the access of psychological services in schools

<table>
<thead>
<tr>
<th>Barrier to access to services</th>
<th>Number of responses (n)</th>
<th>Percent of Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Systemic Issues</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of practitioner experience</td>
<td>10</td>
<td>18.18</td>
</tr>
<tr>
<td>Meeting SE criteria</td>
<td>9</td>
<td>16.36</td>
</tr>
<tr>
<td>MoE system</td>
<td>7</td>
<td>12.73</td>
</tr>
<tr>
<td>Referral process</td>
<td>7</td>
<td>12.73</td>
</tr>
<tr>
<td>Long wait time</td>
<td>6</td>
<td>10.91</td>
</tr>
<tr>
<td>Changing personnel</td>
<td>1</td>
<td>1.86</td>
</tr>
<tr>
<td><strong>School-based issues</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teacher/Parent attitude</td>
<td>15</td>
<td>27.27</td>
</tr>
<tr>
<td>School systems</td>
<td>5</td>
<td>14.44</td>
</tr>
<tr>
<td>Poor relationships</td>
<td>3</td>
<td>5.46</td>
</tr>
<tr>
<td>Teacher Experience</td>
<td>2</td>
<td>3.64</td>
</tr>
<tr>
<td>Aversion to testing</td>
<td>1</td>
<td>1.86</td>
</tr>
<tr>
<td><strong>Other issues</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of knowledge of SE services</td>
<td>23</td>
<td>41.82</td>
</tr>
<tr>
<td>Availability</td>
<td>21</td>
<td>38.18</td>
</tr>
<tr>
<td>Financial resource</td>
<td>21</td>
<td>38.18</td>
</tr>
<tr>
<td>Stigma</td>
<td>5</td>
<td>9.09</td>
</tr>
</tbody>
</table>

4.6.3 Changes needed to increase access to psychological practice and support in schools

Psychologists were asked to comment on what changes they perceived as necessary in order to increase access to psychological practice and support in schools. Responses followed similar themes to those in the previous section. An increased number of available psychologists was a common theme, with psychologists commenting on the need for “improved provision of SE staffing for service”, and “more staff employment within SE so that we can actually deliver the expected services rather than the often ‘light touch’ approach or long waitlist”. An increased awareness of psychological services available to schools was another common theme. Psychologists commented that “regular education for school staff regarding service provision & how to seek more information when needed” and an “increased understanding within schools of how helpful we can be” as necessary changes in order to increase the availability of psychological services in schools.

The overall theme to responses within this section was the need for systemic change, taking into account the interrelationships and interdependencies between the various systems involved in
providing support for children with additional needs. Systemic change focused on both the availability and knowledge barriers addressed above, as well as on creating strong relationships between Special Education, schools, families, and community agencies (CYFS, mental health etc.).

For example, one psychologist address changes they felt were necessary, commenting:

... a massive overhaul of the whole ‘them-and-us’ mentality between schools and Special Education [is needed] – look at your paycheck, they all say MoE! More coherent and better map of services/supports – offering what’s needed more consistently across a continuum for whole-school/system level support to intensive casework. An ability to truly deliver on this map – capacity and capability with a strong quality assurance lens.

One change suggested was in the way psychologists worked, changing from being based in an area to being cluster based, or based within individual school. Psychologists commented on the need for the “allocation of psychologists to a cluster of schools with enough time so they can participate in the life community of schools to offer ongoing preventative/systemic work”, and argued that “psychs would do better if they were positioned within schools and seen/used as a resource for children, families, and teachers. Special Education has nothing to do with inclusion. Children’s needs must be catered for within school communities – hence the need for Psychs to be seen as part of the community”. Another systemic change suggested was based on the current funding model and the need for a more flexible criterion for access to Ministry of Education services. One psychologist explained that “the current funding model is based upon children’s deficits and access to services responds to the best articulation of problems. This is an imperfect system”. That is, the current system responds only when behaviour is considered a serious issue. This was further elaborated by the comment of another psychologist who said that the MoE must “loosen criteria for service, it can be all about the worst cases and scenarios. Early intervention is important (e.g. early in the life of a problem)”. Instead, services should be focused around ecological changes, ensuring a “more collaborative, inclusive and supportive approach by all adults [i]nvolved with supporting the
student”. In order to ensure that this can occur, participating psychologists have commented on the need for further training for both school staff and psychologists. One Psychologist commented on the need for a “more systemic approach with greater non-contact time for teachers to learn new approaches/strategies from psychs”, and the need for “better training of [the] psychologists more applicable to the work needed in school and communities”. One psychologist suggested the involvement of “senior psychologists at the leadership tables at departmental and school levels. Upskill EdPsychs in how to be a consultant. Show principals and teacher what psychology can offer (e.g. get dynamic psych to present at appropriate [forums], do really good PD for pupil-free days etc.)”.

The need for a system overhaul was the main theme emerging from psychologists comments regarding the changes they perceived to be necessary to increase the access to psychological services in school. In actual fact, this is currently happening within the Ministry of Education. It will be interesting to see if and how these suggestions have been addressed.
Chapter Five: Discussion

5.1 Introduction

In the following chapter, the results presented in Chapter Four are interpreted and linked to research and literature to explore the profession of Psychology within Aotearoa schools. The discussion is organised around the research questions, using the exploration of psychologist characteristics and service provision in combination with research and literature to then debate the perceived future directions of the profession.

Findings from the study indicated that Psychologists working in Aotearoa schools are most likely to be New Zealand European females, over the age of 50, and working within the Ministry of Education or Private Practice. Psychologists in education are promoting a professional identity that emphasises prevention and school wide intervention, rather than an emphasis on individual testing. Psychologists offer a wide range of services, and are most likely to be able to provide ‘consultation’ based services, while least likely to hold ‘Senior Psychologist’ responsibilities or provide ‘critical incident and emergency’ orientated services. A lack of knowledge surrounding the provision of psychological services in schools, limited availability of psychologists, funding restrictions, negative school and/or parent perceptions of psychology, a lack of practitioner knowledge and systemic issues within the MoE were cited as barriers to the provision of psychological services in schools. Psychologists emphasised the need for systemic changes within the SE sector in order to minimise the impact of these barriers.

5.2 Characteristics of Psychologists working in Aotearoa schools

The results of this study indicated that school based psychologists were predominantly female (74.58%), identified as New Zealand European (81.36%), above 50 years of age (61.01%), employed within the MoE (52.24%), and had completed at minimum of a masters degree (100%).
These findings were consistent with Jimerson et al.'s (2009) study of school based psychologists in New Zealand.

5.2.1 Issues with cultural competence

Within the Code of Ethics for Psychologists working in Aotearoa New Zealand, respect for the dignity of persons is the first of the four central principals, and makes specific mention to te Tiriti o Waitangi as forming the basis of respect for the people of Maori ethnicity. An ability to be sensitive to cultural and social diversity present within Aotearoa forms the basis of culturally responsive practice and is an essential part of the profession of psychology. As Baskett, explained, "learning to work with, understand, and value our bi-cultural agreements with Maori, and to extend the same understanding to other cultural groups, is one of the great challenges of the twenty-first century" (2000, p. 467). When discussing the findings of the current study, there are two areas of concern: the lack of ethnic diversity within our practitioners, and the sufficiency of training surrounding culturally responsive practice. The current study shows that only 6.78% of psychologists identify as being of Maori ethnicity, despite Maori people representing 14.9% of the New Zealand population (Statistics New Zealand, 2013). Without systems in place aimed at specifically increasing the incidence of Maori people undertaking study toward psychology, training programs must attempt to adequately compensate for the lack of ethnic diversity and ensure culturally sensitive practices.

Training programs surrounding culturally competent practices aim to enhance knowledge on the worldviews, value systems, biases, and cultural norms of other cultures. In order to display cultural competence however, one must first have a sound awareness of their own worldviews, their values, biases, and cultural norms (New Zealand Psychologists Board, 2011), an area that is difficult to teach explicitly. When one fails to take into account their own positioning in the world, it is difficult to identify and respect the differences in others’. Many practitioners state that they subscribe to Maori concepts of health and wellbeing and strive to incorporate these into everyday
practice. While this may be the case, it is not necessarily done in a way considered appropriate or sufficient by Maori people. In a largely European culture, dominated by Westernised systems of education, it is often assumed that Maori have become assimilated into the European/New Zealand culture, and that westernised styles of practice are best suited to everyone (Baskett, 2000). Results from the current study show that a limited number of practitioners view training and practice surrounding cultural responsiveness as sufficient, and, where this sufficiency is in practice, it is likely to emerge as, as one psychologist put it, “genuine listening to what is important to a child and his/her family, and often squishing them into a Western psych-oriented paradigm”. New Zealand based literature surrounding training practices for psychologists in education indicate training and research surrounding cultural responsiveness has increased substantially in the past decade (Herbert & Morrison, 2007). This is further evidenced from the results of the current study, with practitioners detailing improvements within school systems and increased availability for cultural related PD courses. Despite this, the majority of practitioners view the training in place insufficient or limited. Psychologists explain that while training courses provided “a platform for some initial understanding”, they felt that it wasn’t until they began practicing that the importance of cultural responsiveness developed real meaning.

Within practice, the Ministry of Education has systems in place aimed at addressing concerns relating to culturally appropriate practice, a specific example being the provision of Kaitakawaenga (Maori cultural advisor). Kaitakawaenga services are available on request and assist in supporting MoE staff in providing services that are responsive to Maori. Practitioners describe these advisors as “very effective in the engagement of Māori families and working alongside Psychologists to support and guide”. Cultural responsive practice was described as ‘a work in progress’ in the current study, with the incidence of practices relating to cultural sensitivity varying between region and office. While some areas are described as having strong cultural relations, with positive relationships between Special Education and iwi evident, other regions seem to be limited to access to Kaitakawaenga only, and this access itself can be restricted due to low staffing.
Durie explained that “some Maori are closely linked to established Maori institutions: marae, hapu, iwi; others are involved in new institutions not always distinguishable from the institutions of other New Zealanders” (Durie, 1994, p.215). Many have adapted their traditional customs and beliefs to form practices than can be described as modern Maori (Herbert & Morrison, 2007). It is not enough therefore for practitioners to have knowledge of the collectivist culture of Maori, and of customs and beliefs of Maori people. Instead, they need to have an understanding of these, an understanding of the person and the systems in which such values are incorporated. While the current study indicated that Kaitakawaenga are successful in supporting this understanding, the numbers and/or availability of the cultural advisors are not always sufficient.

5.3 Service Provision of Psychologists working in Aotearoa schools

5.3.1 A changing role

Findings from the current study supported literature emphasising the varied roles carried out by psychologists in schools. A desired increase in time providing services related to participation in the school community and the provision of professional learning supports literature surrounding the need for an increased focus on indirect service delivery, assisting adults and systems to function more effectively rather than addressing individual behaviour and learning problems (Hannafin & Witt, 1983; McIntosh et al., 2013; Newell & Coffee, 2015; Truscott, Lopez, Fish, & Margolis, 2015). Psychologists in the Aotearoa context have always recognised the importance of consultative practice, and results from the current study support this standpoint, with consultative based services provided by the largest number of psychologists. Despite New Zealand based literature supporting this notion, concluding that psychology in education needs to move away from assessment and toward more consultative based practices; psychologists in the current study have indicated little desire for change in time spent in both psychoeducational assessment and consultation service provision.
The provision of assessment in psychology has been referred to in literature as ‘the gatekeeper role’ (Bradley-Johnson & Dean, 2000; Corkum et al., 2007; Meyers et al., 2009; Wang et al., 2015), alluding to the view of assessment as psychologists’ unique area of speciality and the traditional role of the psychologist in determining the eligibility of students to receive Special Education funding or placement. Disadvantages of this child focused perspective lie in its effectiveness. Working with children on a one-to-one, individual basis can be extremely time consuming for psychologists and result in changes for a small number of individuals. A child-centred approach does not have a major impact on the needs of a school system as a whole (Fagan, 2002). This presents a problem due to the increasing call for contribution to systems-level reforms and school-wide interventions (Newell & Coffee, 2015). Assessment practices, and their ability to identify strengths and weaknesses of the child, provide key information for the successful implementation of supportive strategies for children and are clearly a vital role of the psychologists. However, without sound consultative practices operating alongside, psychologists will have difficulty in ensuring effective change for children in need of support in the educational environment.

A goal of improving education for all students necessitates the involvement of teachers, principals, whānau, and other specialists, which is where the role of consultation and indirect service delivery can be extremely valuable (Truscott et al., 2015). Consultation services have their theoretical basis in an ecological model, contextualising development as occurring within a complex network of interpersonal relationships and multileveled social structures. The development of a child is conceptualised as contextual, dynamic, and shaped by reciprocal interactions with others in our environment (Annan, 2005; Bronfenbrenner, 1994; Pendergast & Kaplan, 2015). By adopting an ecological perspective and increasing consultative and collaborative based services, psychologists have the ability to have a greater impact on children, positively influencing multiple levels in the child’s social context (Pendergast & Kaplan, 2015).
According to results from the current study, New Zealand psychologists working in education identified a desire to provide more indirect-services and emphasised the importance of the formation of effective relationships between people in various contexts, identifying this as a facilitating factor to the provision of psychological services in schools. While literature suggests that consultative and collaborative services such as those provided by New Zealand psychologists are key to providing a successful service (Mägi & Kikas, 2009; Newell & Coffee, 2015; Truscott et al., 2015), it may have had detrimental effects for the profession of psychology in schools, namely, on the way psychologists are perceived. Results from the current study indicated the way psychologists were perceived by schools, whānau, and the community sometimes acted as barrier to the provision of psychological services in schools. While the profession of psychology in the school environment has changed its focus from a child focused ‘assessor’ role to one with an increased focus on consultative practices, whānau and school staff are not always receptive to this change. Expectations of psychological practice, especially in the school context, reflect former perspectives (Annan, 2005). Psychologists explained that schools expected a ‘quick fix’, and were resistant to participating in the process of supporting the students. This attitude toward psychological services is reflected in international literature, with research finding that teachers do not perceive consultative services to be effective (Athanasiou et al., 2002; Doll et al., 2005; Gonzalez, Nelson, Gutkin, & Shwery, 2004). Additionally, in the current research psychologists felt they had a ‘lack of time’ to use their expertise, which resulted in insufficient provision of support services and further supported the “perception that they are not helpful”. Although a lack of time or low staffing rate of psychologists can have a detrimental effect on the efficiency of psychological services, a lack of knowledge of school staff and families surrounding the role of the school psychologists is clearly a contributing factor. The desire for psychologists to perform more services relating to the provision of professional learning and participation within the school community reflects the identification of lack of knowledge of school staff as a barrier and the suggestion for an increased number of personal development courses for teachers.
5.3.2 Formal vs. ecological assessment

An important subject emerging from the current study surrounds the use of formal assessment tools. Results show that assessments based in ecological theory and formal assessment tools are currently being used at a similar frequency, with 35.19% of psychologists indicating they commonly provide formal assessments, while 31.48% of psychologists indicating they commonly carry out ecological based assessments. Both New Zealand literature and international literature has argued for an increased use of ecologically based assessment practices (Bourke & Dharan, 2015; Jimerson & Wilson, 2001; Kratochwill & Stoiber, 2000; Stoiber & Vanderwood, 2008). However, psychologists participating in the current study did not express this opinion.

Assessment based practices in New Zealand must be considered differently to those internationally. Whereas assessment is necessary overseas in order for access to Special Education services and funding (Berliner, 1993; Jordan et al., 2009; Mägi & Kikas, 2009), the Ministry of Education in New Zealand introduced a scheme in the 1990s which included the decision that psychometric testing of children was not required as part of the application process for intensive support (Bourke & Dharan, 2015). This decision allowed New Zealand psychologists working in education to have more control over the assessment approach used, and as a result, assessment based services moved away from assessments normed outside of New Zealand and toward those more ecologically based. With the role of psychologists in education broadening to include the facilitation of teachers’ professional learning, the support of inclusive practice, and the provision of interventions alongside systems work in schools, the focus of assessment has changed (Bourke & Dharan, 2015). Evidence toward use of ecologically-based assessment, with a focus on the provision of consultative based services and systemic school-wide support has supported this change in focus (Stoiber & Vanderwood, 2008).

Ecologically based assessment is a complex process where information about how the child functions in a range of environments is collected in order to inform interventions and supportive
strategies. Examples of ecological assessment include observations, interviews, Functional Behaviour Analysis (FBA), Situational Analysis, and the collaboration with teachers, families, and other professionals. While ecologically-based assessments have the advantage of assessing the child in their natural environment, and emphasising the strengths they display across contexts, they also have their disadvantages. In order to effectively analyse behaviour using such methods, we need highly trained psychologists who are able to access a strong background of professional knowledge (Annan et al., 2004; Stanley, 2010). According to Annan (2005), two aspects must be considered with regard to the ecological process of assessment;

Firstly, the psychologists’ background knowledge of psychological theory and their ability and willingness to develop, and flexible apply, practices derived from these understandings. Secondly, the extent to which psychologists’ practice reflects local cultural knowledge and the voices of individuals involved in particular situations (p. 15).

While it is clear that prescribing to an ecological perception is successful in providing support for children, literature cautions that an ecological perspective must be accompanied by sound training. Using this perspective for assessment, psychologists must be well informed by psychological and educational theory and have sufficient experience in order to successfully draw upon this knowledge to make judgements (Annan, et al., 2004). In the current study, lack of practitioner experience was identified as a barrier to the provision of psychological services in schools. Responding psychologists commented that “practitioner judgement”, “insufficient behavioural training and knowledge, and inadequate training in consultative based practices were apparent problems with the profession. With the move toward ecologically based assessment and consultative practice evidenced in literature, this is concerning.

The purpose of formal, standardised assessment is to gather information regarding attributes associated with the academic performance, the cognitive functioning, and the psychological and mental status of the child (Bowles et al., 2016). Psychologists are first and
foremost scientists, seeking to understand and predict human behaviour and use such information to make decisions and guide intervention processes (Eatwell & Wilson, 2007). Standardised assessments provide us with a tool which enables direct comparison of a standardised sample of behaviour with that of a large sample. Unlike ecological approaches to assessment, standardised assessments are systematic and objective. Such assessments are data based and can be norm or criterion-referenced, providing a direct comparison between the assessed child and the typical performance and/or a measure of progress (Fagan & Wise, 1994).

Just as there are disadvantages with the used of ecological assessments, there are disadvantages with the psychometric approach. The use of assessment in school based psychology has often been associated with a deficit approach, describing the child’s performance in a way emphasising low ability and weaknesses (Fagan & Wise, 1994). This deficit approach however, is often linked to the diagnostic role of assessment and the labelling of a child as disabled in some way in order to allow them access to special services and/or funding, a role which is infrequent in New Zealand due to the 1990 Special Education reforms. Additionally, in New Zealand, one of the main criticisms with formal assessments is the lack of assessment instruments designed specifically for the New Zealand context. Bourke and Dharan (2015) explain that “one discomfort with normative tests relates to the perceived reliability and validity of these measures for New Zealand learners where biculturalism is foundational to ways of working, and where multicultural contexts are important considerations given the changing demographics of the country (p.377). While it may be the case that USA culture differs from New Zealand culture, especially in relation to our indigenous population, this does not denote the assessment tool is unusable. As with any assessment practice, knowledge and experience is required in order for effective use (Eatwell & Wilson, 2007), with psychologists using their knowledge of the context and situation surrounding assessment to ensure results from assessment tools are interpreted appropriately.
Assessment results are always considered in relation to the quality of the data; the collection process, reliability, validity and reactivity of the collected responses (Punch, 2014), and as such, questions will always arise surrounding data quality. Ecological assessment has advantages in being indirect and having the potential to influence a number of children at once, while psychometric testing has advantages in being systematic, objective, and standardised. Main criticisms of both practices however, relate to the training and experience of the practitioner. Ecological assessment is a complex process. The ability of the psychologist to effectively interpret information is dependent on their theoretical background knowledge, knowledge of cultural influences, and ability to form objective judgments based on this knowledge. As psychometric tests are not norm-reference for a New Zealand population, psychologists must use similar knowledge systems to acknowledge this fact, and interpret results accordingly.

Research seems to suggest a move away from psychometric testing toward ecological processes (Bourke & Dharan, 2015), however framing psychometric testing within an ecological framework seems to actually be more holistic and enable the utilisation of both forms of assessment in creating an overall picture of the child. New Zealand based literature suggests this is already the case, with the use of a single assessment tool alone discouraged (Eatwell & Wilson, 2007). Rather, psychometric assessments are carried out within the larger context of ongoing work with a student (Edwards et al., 2007) and used in collaboration with results from other forms of assessment such as observation and interview. While traditional psychometric evaluations ignore the critical impact of environmental factors which may influence and act to maintain identified issues, they are extremely effective in identifying individual characteristics of the child in the form of intelligence, achievement, and social-emotional functioning (Miller & Sawka-Miller, 2008). Results from the current study support this practice, evidencing the use of both psychometric and ecological approaches within the assessment practices of practitioners.
5.4 Systemic changes in the Ministry of Education

In New Zealand, psychologists working in education are predominantly employed by the Special Education section of the Ministry of Education (MoE) known as Group Special Education. The MoE position has many advantages for both psychologists and those using their services. As well as allowing psychologists to consult with members of educational institutions as external agents, the MoE service ensures access to those children with the most significant needs through government funding (Edwards et al., 2007).

Questionnaire responses show that over half of responding psychologists (52.24%) are employed within the MoE while just under one quarter of psychologists (23.73%) are employed within private practices. Psychologists in the current study identified a number of barriers to the provision of psychological services related to the MoE systems. The first of these surrounds a perceived lack of experience of MoE employed psychologists. Though psychologists are required to complete rigorous training before being able to practice, this perception may be caused by systems in place in the MoE, which can require psychologists to carry out tasks that are outside of their expertise areas. This is due to those negotiating the MoE contracts often having limited knowledge of the profession of psychology in education (Edwards et al., 2007). Additionally, the focus of these contracts is on individual students, detracting from the core work of psychologists in schools which focuses on systems, and includes consultations with teachers and parents (Edwards et al., 2007). A lack of time may also contribute to a perception of inexperience. Psychologists working within the MoE have little opportunity to negotiate workloads, and report within the current study that they do not have sufficient time to provide effective services. Other barriers identified relating to MoE services surround the criteria for receiving special education services, the complex referral process, and the long wait lists for children requiring psychological services. The above barriers all relate to the further issues of availability and funding.
Ministry of Education provided psychological services in schools are government funded, allowing all children an equal opportunity to receive assistance on a needs basis. Ideally, all children displaying learning, behaviour, emotional, or other difficulties would have access to psychological services for free, and psychologists would be able to have regular time and contact with the child to ensure efficient service provision. However, as the MoE is fully funded by the government, there is a defined limit to the services that can be provided. Increasing the number of psychologists employed, lowering the criteria for access to Special Education funding, and allowing more time for psychologists to spend with individual clients all require an increase in government funding in order to be achieved. It seems unlikely that there will be an increase in Special Education funding in the near future significant enough to achieve these ideals. As such, there needs to be processes in place in order to ensure services are distributed to children who need them most. These are the referral process, and the criteria for receiving funding – and while they may not be considered perfect, such processes are necessary.

Psychologists within the current study suggest an increase in training surrounding the provision of ecological services, supporting a “more collaborative, inclusive and supportive approach by all adults [i]nvolved with supporting the student”. This is another way in which the MoE system can respond to the lack of availability, referral system issues, and insufficient time spent by psychologists. By providing more services based at a systems level, rather than at an individual level, psychologists can effect change to a wide range of children at once (Athanasiou et al., 2002; Gonzalez et al., 2004; Miller & Sawka-Miller, 2008), and therefore lessen the need for intervention at a time consuming, individual level.

5.5 Knowledge of psychological services in schools

A lack of knowledge surrounding what psychologists do, what services they can provide, and how these services are carried out was recognised as the most significant barrier to the provision of psychological services in schools, with 41.82% of psychologists identifying this barrier. A
A considerable amount of literature exists internationally exploring the perceptions of school staff and teachers on the work of psychologists in schools (Astramovich & Loe, 2006; Athanasiou et al., 2002; Gonzalez et al., 2004; Wang et al., 2015). However, no studies could be found looking at this issue in a New Zealand context. This is important due to the role differences between international and New Zealand based psychologists. School staff and teachers have a significant role in the provision of services; not only do they have daily interactions with students, but it often is their responsibility to identify students in need of assistance and consequently refer them to the psychologist (Wang et al., 2015). The use of psychological services in schools therefore, is largely dependent on the knowledge school teachers and staff have surrounding the role of the psychologist. Additionally, it is difficult for psychologists to provide effective support to children with additional needs when whānau, teachers, and other professionals are not receptive to their services. Because of the significant role these parties play in the implementation of interventions, in order to successfully ensure engagement in interventions, an increase in understanding around what services the psychologist provides and why such services are prioritised are crucial. Psychologists have suggested an increase in their provision of professional learning services to teachers, whānau, and communities in order to enhance awareness of psychological services. Psychologists in the current study identified strong relationships between Special Education staff and school staff as a facilitating factor in the provision of psychological services. Strong collaborative relationships such as these are likely to be associated with an increased knowledge of psychological services and further research investigating association is warranted.
Chapter Six: Conclusion

This study makes an original contribution to the profession of psychology in the school context in Aotearoa New Zealand. In addition to providing descriptive data surrounding the characteristics and current practices of psychologists working in the education context, the resulting data has revealed perceptions surrounding future directions of the profession. This concluding chapter summarises implications for practice arising from this study, and makes recommendations for future research.

6.1 Implications for practice

Psychologists working in the school context in Aotearoa New Zealand are trained to provide a large range of services at both the individual and systems levels, working with school staff, whānau, and community organisations. The exploration of the profession of psychology in Aotearoa schools as it stands today provides the opportunity for reflection and discussion surrounding service provision. Several implications can be drawn from results of the study and the consequential reflections covering the cultural responsiveness within the provision of psychological services, the consultative role of the psychologist, the focus of assessment services, current MoE special education systems, and the knowledge of psychological services available are presented below.

6.1.1 Continued cultural responsiveness training

Currently, there is little cultural diversity amongst psychologists within the profession of psychology in the schools, with an under-representation of Maori and Pacific Island practitioners. It is important that psychologists are aware of cultural differences between and within ethnic groups in order to ensure culturally responsive practice is delivered. Many psychologists in the current study commented that the cultural responsive training they received gave them a foundation for practice, but the true influences of such factors were not evident until they had entered the profession. This necessitates the continuation of culturally responsive training throughout practice.
Due to time constraints evident in practice, employers need to actively encourage participation in cultural training and ensure practitioners are in regular contact with Kaitakawaenga. In line with relevant research, psychologists must be supported to consider and appreciate the diversity represented within their practice and in the community and to work identify, respect, and align their practices with the cultural practices of the local community accordingly (Annan, Dean, Henry, McGhie, & Phillipson, 2010).

6.2.2 Commitment to ecological practice

Results from the current study support both New Zealand and internationally based literature supporting the importance of ecological practice within the profession of psychology in the educational context. A commitment to ecological practice has a number of implications for New Zealand based psychologists.

**Concurrent use of assessment tools**

Traditional psychometric assessments focus exclusively on the assessment of student’s academic, behavioural, social-emotional, and cognitive functioning, which are extremely important in identifying the foundations of presenting issues. Ecological assessments, such as observations, FBA, and interviews provide significant information surrounding environmental factors acting to protect against or maintain such issues. The use of one form of assessment without the other restricts the use of assessment, as it increases the prospect of missing out on important information surrounding the presenting problem. A concurrent use of both psychometric and ecological forms of assessment to collect data, and the interpretation of results in relation to context is suggested as best practice, ensuring a full picture of the influences acting on the student.

**Training and supervision**

Research supports the importance of highly trained practitioners in the provision of effective ecological practices (Annan, 2005; Annan et al., 2004; Bowles et al., 2016; Fagan & Wise, 1994;
Miller & Sawka-Miller, 2008; Stanley, 2010). This is necessary due to the complexity of ecological practice which involves consultation and collaboration with school staff, whānau, and other professionals as well as an ability to draw upon theory and experience in making judgements. New Zealand practitioners are committed to using ecological understandings in informing practice and as such, sound training and supervision is needed. While New Zealand university training programs are successful in providing a contextual and ecological perspective of the world, it is important that training continues beyond university. Annan et al. (2004) explains that while many competencies of psychologists are mastered during training, others require on-going development throughout professional practice. Psychologists are encouraged to seek regular supervision regarding their practices and seek professional development where appropriate in order to ensure continued effective practice.

**Form strong relationships with school staff**

The importance of systems change is a central theme within the practice of New Zealand psychologists in education, but it is difficult to be an advocate for systems change, or work effectively with school staff, families, and children, without developing strong relationships with these groups. Practitioners within the current study identified strong relationships with school staff as a facilitating factor to the provision of psychological services. In addition, literature supports the formation of strong interagency bonds in ensuring effective ecological practice (Miller & Sawka-Miller, 2008; Newell & Coffee, 2015; Truscott et al., 2015). To be most effective, psychologists are encouraged to develop rapport with school staff, both at the senior level and at the classroom level. As well as being seen as approachable, psychologists can ensure school staff are aware of the range of services that can be provided, and the processes for accessing these services.
**Provide professional learning opportunities**

Facilitating continuing professional development of school staff in areas relating to special education will likely remain an important role for psychologists in schools. Before an increase in the provision of professional learning services are provided, an investigation into the perceptions of teachers and school staff surrounding psychological services is necessary. A number of these studies exist internationally, however due to the differing roles of international and New Zealand based psychologists, New Zealand based research is necessary to ensure reliable and valid outcomes. Such a study will assist in identifying gaps of knowledge between school staff and psychologists and professional learning services can be provided accordingly.

**6.2 Recommendations for research**

The results, discussion, and implications of this study provide important foundations for further research around the effects of practitioner characteristics on practice, the efficacy of training programs, the perceptions of school staff and whānau of psychological services, and further examinations surrounding potential barriers to service provision. Suggestions for research have been indicated throughout the discussion and are briefly discussed in the following section.

This research has described the demographics and characteristics of school based psychologists in New Zealand, and reveals imbalances in gender, age, ethnicity, and place of employment. While similar imbalances are seen in international literature (e.g. Jimerson et al., 2006; Jordan, Hindes, & Saklofske, 2009), research has not addressed these issues in the New Zealand context. For example, one psychologist in the current research reports a need for the ‘face of psychology to represent the face of the need’. According to research, more male students are referred for services than female students (e.g. Waite & Creswell, 2014) and, anecdotally, children of Maori ethnicity are referred for services proportionally more often than New Zealand European children. Practitioners suggest an increased number of Maori practitioners will ensure culturally
responsive practice; however, there is a lack of research which investigates this. Research exploring
the effect of characteristic issues such as gender and ethnicity would inform future training
programs and practices of psychologists.

In order to ensure psychological services are utilised, schools, families, community
organisations, and other relevant professionals must be aware of the role of the psychologist in the
school and what services they can provide. Internationally, a number of studies have been carried
out in order to investigate how psychological services are perceived by these groups (e.g.
Hagemeier, Bischoff, Jacobs, & Osmon, 1998; Thielking & Jimerson, 2006). However none have been
carried out in the New Zealand context. The current study has identified a lack of knowledge in the
school as a barrier to psychological services. Additionally, relationships with school staff and parents
have been identified as a facilitating factor. This study lays the groundwork for research comparing
the perceptions of school staff, parents, and other relevant groups on the availability of
psychological services in schools, with those actually available. Identifying these discrepancies
through research would allow psychologists to recognise areas where knowledge is minimal.

The training of New Zealand school based psychologists has been identified as an important
contributing factor to the efficacy of service provision, with practitioners identifying a lack of training
in ecological service provision as a potential barrier. In order to improve training programs, areas
which practitioners felt were lacking or could be improved need to be identified.

The current research identifies a number of factors facilitating and limiting the provision of
psychological services and these have been summarised and discussed. As this research intended to
provide an overall summary of the profession of school based psychology in New Zealand, full
exploration of these factors was not achievable. In order to identify best practice for New Zealand
psychologists and provide evidence for changes which need to be made, further investigations into
these factors are recommended.
6.3 Limitations

Several limitations within the design of this research exist, and therefore cautions are advised when interpreting and reflecting on reported results.

The intention of the research was to access a national sample of psychologists working in the education context. However, a number of difficulties arose in trying to access such a sample. The NZPB has a database of registered psychologists and the scope of practice for which they are registered. Contact details are not publicly provided. Massey University has begun to compile a list of New Zealand registered psychologists and their contact details which was used in the current study. Email invitations were sent to all psychologists, regardless of scope, for which contact details were provided. Psychologists working in education were understood to be predominantly registered under the Educational Psychology or Psychology scopes of practice; however a few Clinical psychologists also work in the school context. Additionally, not all those registered as in the Educational or Psychology scopes of practice currently practice in the educational context. This means that the sample originally invited to participate in the study included numerous psychologists who were not eligible. A response rate of just 6.7% was reported in the study, however the above difficulties mean the survey response rate could not be accurately determined. Edwards, Annan, & Ryba, in 2007, estimated there were 150 psychologists working in education in New Zealand. If this estimation was used to determine response rate of eligible participants, it would be significantly higher at 39.3%. As the size of the sample from which data was collected was not significantly large, and the extent to which it is representative of all psychologists working in education is unknown, findings reported may not generalise to the wider population of psychologists in education.

Data was collected via an anonymous online survey. An online survey was chosen as the assessment tool due to its low cost, ease of access to participants, and ability to collect data within a short time period. The survey developed attempted to collect information on the profession of psychology in schools as a whole and capture a snapshot of the characteristics, service provision,
and perspectives of current New Zealand psychologists. Although there were a number of questions to be asked, effort was made to minimise the time taken to complete the survey. As such, compromises had to be made regarding the depth of the questions and the number of open-ended vs closed question asked. Complex issues for participants run the risk of being oversimplified by the use of closed and ‘tick box’ questions, however, an over use of open end questions increases the probability of non-responders.

In addition to compromises made to the type of questions asked, a number of further limitations were recognised with the survey tool and are presented in Table 21.

<table>
<thead>
<tr>
<th>Limitation</th>
<th>Explanation</th>
<th>Recommendation for future</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survey Structure</td>
<td>The survey was structured with low cognitive-loading questions (i.e demographic, training, and employment questions) at the beginning, and high cognitive-loading questions (e.g. open-ended questions regarding facilitating factors/barriers/necessary changes)</td>
<td>Ensure high-cognitive loading questions are presented earlier on in the survey.</td>
</tr>
<tr>
<td>Leading questions</td>
<td>In ‘Section 3: Services Provided’, participants were presented with a ‘tick box’ list of services before being asked to comment on the common services they provided. Responses indicate that answers to the ‘common services’ questions were influenced by the services identified in the tick boxes.</td>
<td>This limitation could be minimised through the use of solely open-ended questions.</td>
</tr>
<tr>
<td>Time-consuming</td>
<td>Initial feedback from the survey indicated that respondents found the questionnaire to be too time consuming. As well as evident from feedback, the time-consuming nature was apparent from the number of incomplete surveys, and the change in depth of responses.</td>
<td>Efforts were made to lessen time needed for the survey including reducing open-ended questions and allowing exit and re-entry to the survey. In order to lessen time in the future, the survey could be split into various parts, and data collected over a longer period of time.</td>
</tr>
<tr>
<td>Lack of depth in answers</td>
<td>Responses to open-ended questions tended to be overly brief, and only scratched the surface of issues identified. In order to more effectively explore parts of the profession, more in depth answers would be beneficial</td>
<td>Follow up interviews of identified participants would be useful in gaining more in-depth answers pertaining to specific questions asked and issues identified.</td>
</tr>
</tbody>
</table>
6.4 Concluding comments

When comparing the practice in New Zealand with that of school based psychology internationally, the results are promising. Literature shows that international school based psychologists endeavour to incorporate an ecological perspective and systems based interventions into their practice, however New Zealand based psychologists have demonstrated a commitment to these areas of practice both in the current study and in existing New Zealand based studies. Not only is the practice of school based psychology strong in the context of New Zealand today, but there is likely to be a continued demand for psychologists in the education setting in the foreseeable future (W. Phillips, 2011)

In conclusion, the current study has contributed to the limited empirical research available surrounding the profession of school based psychology in New Zealand. It highlights the characteristics of practitioners, information on the range of services provided by psychologists, and facilitating factors and barriers to the provision of these services. In addition to providing a description of the profession, this study emphasises a number of issues present within school based psychology in New Zealand. The description provided in the current study lays the foundation for research to be carried out on a number of aspects surrounding the profession of school based psychology.
References


https://doi.org/10.1521/scpq.17.3.258.20884


https://doi.org/10.1080/13632752.2014.947095


https://doi.org/10.1177/10634266040120010401


https://doi.org/10.1080/10474412.2014.870486


https://doi.org/10.1002/1520-6807(199404)31:2<113::AID-PITS2310310205>3.0.CO;2-R


https://doi.org/10.1080/13803611.2015.1024421


https://doi.org/10.1177/01430343010221005


Appendices

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Appendix E: Non-response email reminder ................................................................. XXIII

**School Psychologist Role & Duties** (Draft, 24/07/15)

**Essential Requirements:**

- Must be fully registered by the NZ Psychologists’ Board, or
- have intern registration and be enrolled in the PGDipEdPsych (Internship) at Massey University
- Clear police criminal history check
- Other

**Role:**

- To provide a child and adolescent psychological service in the school and to work with other staff to support students and families.
- To facilitate access, participation and to maximise educational outcomes for students
- To utilise psychological expertise in education and learning to support and build the capacity of the school community toward the same goals.

**Duties:**

1. **Provide professional learning and information to build capacity of schools and families to improve students’ learning and developmental outcomes. This may involve:**

   a. Providing advice to principal / senior staff regarding management of individuals, groups or events
   b. Providing and facilitating professional learning and information for teaching staff
   c. Providing professional learning and information to parents
   d. Writing items for the school newsletter on relevant issues.
   e. Clearly articulating the role of the School Psychologist, including ethical boundaries to the staff and broader school community.

2. **Participate as a member of School Staff and provide psychological input to the development, implementation and evaluation of school or system learning programs, goals and outcomes. This will involve:**

   a. Attending administrative meetings (school staff and colleagues) as appropriate to role.
   b. Contributing to school level policy input, e.g. behaviour, student well-being, supportive school community strategies
   c. Developing interventions to assist students at points of transition
   d. Participating in relevant curriculum development as requested
   e. Participating in the life of the school community as required, within the limits of ethical boundaries.

3. **Undertake educational and psychological assessment and diagnosis in all areas of child and adolescent development, including:**

   a. Psycho-educational assessment involving intellectual and ability assessment tools, clinical measurement, clinical interview and observation,
   b. Diagnosis requiring analysis and synthesis of multiple measures, other information and understanding of diagnostic criteria as set out in DSM-5 or ICD-10.
   c. Knowledge, experience and understanding of developmental disabilities.
   d. Clear understanding of normal and abnormal child and adolescent development.
   e. Psychological assessment of mental health issues involving clinical measures, clinical interview skills, and observation and information from other sources
   f. Knowledge and understanding of mental health disorders and their relationship to child and adolescent development.

4. **Provide psychological programs for individuals and groups for a range of mental health, emotional and family issues. This involves:**

   a. Experience and competence with individual psychological therapy, including a range of evidence-based therapies (e.g. CBT)
b. Familiarity and experience with evidence-based group programs for mental health issues and resilience building.
c. Deliver system level programs for students e.g. transition, peer support, study skills, remedial, etc.
d. Facilitating small group preventative and proactive programs for students (e.g. social skills and anger management)

5. **Plan evidence-based interventions in collaboration with other staff, relevant professional and parents. This may involve:**

a. Communication and planning evidence-based interventions with school staff
b. A good knowledge and understanding of diversity of the student population and school community and principles and practices for inclusion.
c. Ability to coordinate and participate in a multidisciplinary team.
d. Developing interventions to facilitate the educational services provided to students
e. Communication and planning evidence-based interventions with parents
f. Writing reports and professional letters
g. Liaison with external professionals and agencies
h. Developing links with relevant community agencies
i. Referring parents and students to professionals or agencies as needed
j. Advocating for students with special needs and other issues

6. **Respond to and assist schools and the organisation in their response to critical incidents and emergencies. This can require:**

a. Knowledge of current evidence on management of traumatic incidents
b. Participation in the development / review of school policies and plans for critical incident response
c. Assisting with school wide management of, and response to, critical incidents and emergencies
d. Providing individual and group support to students and families
e. Liaison with external service providers where necessary
f. Advising and supporting school staff and parents with managing their own responses

7. **Collect, collate and maintain student information and records to meet legislative and system requirements to inform research and policy development, such as:**

a. Keeping and maintenance of individual records, files and notes
b. Collection, collation and maintenance of practice related data, e.g. caseload demographics, outcome measures
c. Maintaining an awareness of school community issues and events which may impact on the school, and work with staff to manage such.
d. Informing the Principal and senior staff regarding current referral issues and suggest strategies to manage these.

8. **Maintain professional competence and continued professional learning.**

a. Familiarity with NZPsB mandated Code of Ethics and Guidelines
b. Ongoing professional development / demonstrated core competencies as required by the NZPsB
c. Peer consultation

9. **Senior Psychologists’ responsibilities may include:**

a. Providing professional leadership for a team of Psychologists and/or other pastoral care providers
b. Gathering data relating to the operation of Psychological and other services.
c. Establishing and reviewing policy, procedure and practices of operation, such as referral, case management and reporting processes.
d. Supervision of provisional psychologists for registration
e. Supervision of other Psychologists in a team
f. Provision of Professional learning and management of a professional learning budget for a team
g. Managing Test Equipment purchases and budget for a team
h. High level policy construction and advice to the organisation
Appendix B: Psychology in Aoteaora New Zealand schools questionnaire (print version)

**Introduction**

Kia Ora Koutou,

Thank-you for taking the time to follow the link and take part in this research project. Responses from the following questionnaire will assist in bringing clarity to our understanding of the psychologist role in New Zealand / Aotearoa schools and help inform discussions about the future directions of the profession. Your contribution is greatly appreciated.

*Please read the following information before commencing the questionnaire*

**THE RESEARCH PROJECT**

Contemporary literature provides little information regarding the roles and responsibilities of Educational Psychologists (EPs) working within schools in Aotearoa/New Zealand and the range of psychologist services utilised by schools. Based on teacher responses and a general absence of knowledge surrounding the role and responsibilities of psychologists in Aotearoa schools, it is possible that many services are underutilised due to limited awareness of their availability. Becoming a registered Educational Psychologist requires up to 3 years of postgraduate study, allowing proficiency in a large range of services that may be provided within the school context to be developed. However, it seems that in practice psychologists working within the school context in New Zealand only utilise a small amount of their training and skills in the services they provide.

This study aims to inform understanding and development of role clarity for New Zealand EPs by investigating the current utilisation of EP services and exploring the services provided by EPs considered to bring success in school contexts. In addition, this study seeks to determine the ability of the EP to apply the depth of their training in applied practice. Implications from the study’s findings include improved knowledge and understanding for teachers, school staff, and parents surrounding the services provided by EPs, and a consequential improved utilisation of these services. It is also expected that through exploring services provided by EPs that a clearer conception of the current utilisation of the profession can be gained.

**PARTICIPANT SELECTION**

Psychologists currently working within the school context in Aotearoa have been invited to participate in the online questionnaire regarding their profession. Psychologists no longer practicing in New Zealand, or who were no longer registered have not been invited to participate. In order to collect enough responses to achieve a significant insight into the current practices and perspectives of psychologists, all NZ psychologists for which contact details are available have been asked to participate. Through this recruitment process, it is hoped that responses will be received by psychologists working within a variety of school settings and age groups in order to encapsulate the full range of services provided by psychologists in New Zealand schools.
PARTICIPANT RIGHTS

As a registered psychologist you are invited to participate in this questionnaire, you are under no obligation to accept this invitation. Your consent to participate is indicated in your completing and submitting of the questionnaire. However, you have the right to decline to answer any particular question and may choose to withdraw your participation at any time prior to submitting the questionnaire. Partially completed surveys will be not be used in the analysis. All responses will be used for research purpose only and no identifying information will be used unless permission is given. You are encouraged to contact the primary research and/or supervisors with any questions and concerns prior, during, or after completion of the questionnaire.

The questionnaire gives an option to provide your email address if you wish to receive a summary of the project finding. When received, email addresses will be separated from responses in order to maintain confidentiality.

MANAGEMENT OF DATA

Your responses will be confidential and anonymous, and no identifying data will be kept. Aggregated and anonymised data collected from this questionnaire will be reported in the Master thesis to which this questionnaire relates, and may be used for future publication. If email addresses are provided at the completion of the survey, this will be kept confidential and not linked to your questionnaire responses.

Once the questionnaire is submitted, responses will be unable to be removed due to their anonymisation. After data is obtained, the online survey software employs the latest technology to ensure data is secure. Data is protected and validated by Norton and TRUSTe, security measures which are up to date with HIPAA’s requirements. Following completion of the questionnaire process, responses will be removed from online storage and stored electronically on a password protected computer within the Massey University Psychology Department. Access to the responses in the future will be available for research purposes only. Data will be kept for a minimum of 5 years, after which lead supervisor Terence Edwards will be responsible for its destruction.

RESEARCH PROCEDURE

Your response to this questionnaire will support the development of a much-needed clarification and benchmarking of these services. If you accept the invitation to respond, you will need to have read the entirety of this information sheet in order to ensure a full understanding of the research, and research process is gained. Using the electronic link provided to access the online questionnaire is considered consent to participate, and agreement to the terms of data collection, confidentiality, and use of data reported within this information sheet. Participation length is expected to be approximately 20 minutes, however is dependent on the depth of responses and therefore could take more or less time accordingly.

Participants should not expect to experience any discomfort as a result of participation, nor will be at any risk. Your involvement in the current research represents no personal benefits however will assist in the provision of important quantitative and qualitative data surrounding the profession of psychology in Aotearoa schools.
The following questionnaire will take approximately 20 minutes to complete and requires you to comment on the range of services you provide and your perspective on aspects of the profession. The SurveyMonkey questionnaire design allows you to exit the survey at any point, and continue from where you left off by re-clicking your email link.

All questions require a response in order to move through the questionnaire, however if you do not wish to answer any given question, you can respond with 'I'd prefer not to say', or 'N/A' in the comment box.

Only responses from completed questionnaires can be included in the data analysis. You are free to withdraw at any point. Analysed aggregated data will be used to inform the thesis report and may also be used to in research publications and professional presentations at some future point.
Consent

Do you consent to your anonymised responses being used for research purposes? (tick box)

Yes
No
Demographics

**Gender** (drop-down box)
- Female
- Male
- Other

**Your age** (drop-down box)
- <30
- 30-39
- 40-49
- 50-59
- 60+

**With which ethnic group do you identify?** (Tick box)
*Please check all that apply.*
- Maori
- New Zealand European
- Samoan
- Cook Island Maori
- Tongan Niuean
- European
- Chinese
- Indian
- Other (please specify) __________
Training and Employment

What professional qualifications/training did you complete in order to register as a psychologist?

To what extent did your professional training prepare you to incorporate the principles of Te Tiriti o Waitangi into culturally responsive practice?

In which scope(s) of practice are you currently registered?

Which of the following two statements best reflects your employment circumstances? (tick box)

- an Educational Psychologist
- a psychologist working in education

If you are educational psychology trained and have registered in the ‘Psychologist’ scope please comment on why you chose to register in the 'Psychologist’ rather than the 'Educational Psychologist’ scope.

Since registering as a psychologist what if any additional formal (university, training institutes) qualifications have you completed to complement and enhance your practice? Please list any relevant qualifications.

As of March 2016, where is your main place of employment? (Tick box)

- Ministry of Education
- RTLB service
- Local DHB (child development unit)
- Local DHB (CAMHS)
- Primary School
- High School
- Kura Kaupapa Maori
- Kura Motuhake
Private practice
Other education centre (please specify)____________________
NGO (please specify)____________________

**How long have you been providing psychological services in schools?**  (Drop-down box)

- <5 years
- 6-10 years
- 11-15 years
- 16-20 years
- 21-25 years
- >25 years
**Services Provided**

*Psychologists working in schools are typically trained to provide services within the following professional categories. Please tick all the services you provide to schools within the designated category.*

If a question does not apply to you when asked to give a narrative, please type N/A (not applicable) into the comment box. This will enable you to continue to move forward in the survey.

**Consultation** (tick box(es))

- Provide consultation to school staff regarding needs of students
- Assist parents in understanding child’s needs
- Collaborate with parents and school personnel to develop and provide suitable program for transition to a new educative environment for students receiving psychological services
- Regular collaboration with school personnel and/or parents regarding child’s progress

*From your perspective what are the most frequent consultation services you provide? Please list up to three.*

**Psycho-educational assessment** (Tick box(es))

- Performing psycho-educational assessments
- Diagnosis requiring analysis and synthesis of multiple measures, other information, and understanding of diagnostic criteria as set out in DSM-5 or ICD-10
- Preparation of reports of assessment for school personnel and/or parents
- Interpretation of assessment results

*From your perspective what are the most frequent psycho-educational services you provide? Please list up to three.*

**Special Education** (Tick box(es))

- Develop interventions or recommendations based on individual assessments
- Link assessment results to eligibility of Special Education resourcing and resources
- Development and implementation of Individual Education Programs (IEPs) and/or Individualised Family Service Plans (IFSPs) (in consultation with school/parents)
From your perspective what are the most frequent *special education* orientated services you provide? Please list up to three.

**Provision of professional learning**  (Tick box(es))

- Provide advice to principal/senior staff regarding management of individuals, groups, or events
- Plan, provide, and/or coordinate learning activities on specific learning needs and/or mental health topics
- Informing of school personnel regarding the availability of educational psychology services and the role of the psychologist

From your perspective what are the most frequent *professional learning* orientated services you provide? Please list up to three.

**Participation in school community**  (Tick box(es))

- Attend administrative meetings (school staff and colleagues) as appropriate to role
- Contribute to school level policy input e.g. behaviour, student well-being, supportive school community strategies and/or relevant curriculum development
- Provide counselling/therapy to individual or groups of students

From your perspective what are the most frequent *school community* orientated services you provide? Please list up to three.

**Provision of psychological programs**  (Tick box(es))

- Provide individual psychological therapy, including a range of evidence-based therapies (e.g. CBT)
- Provide information surrounding group programs for mental health issues and resilience building
- Deliver system level programs for students e.g. transition, peer support, study skills, remedial etc.
- Facilitate small group preventative and proactive programs for students (e.g. social skills and anger management)

From your perspective what are the most frequent *psychological programmes* orientated services you provide? Please list up to three.
**Interventions** (Tick box(es))

- Communicate and plan interventions with school staff and/or parents
- Coordinate and participate in a multidisciplinary team whose primary purpose is intervention delivery
- Liaise with external professionals and agencies
- Advocate for students with special needs and other issues

**From your perspective what are the most frequent intervention orientated services you provide? Please list up to three.**

**Response to critical incidents and emergencies** (Tick box(es))

- Manage traumatic incidents
- Participate in the development/review of school policies and plans for critical incident response
- Assist with school wide management of, and response to, critical incidents and emergencies
- Provide individual and group support to students and families

**From your perspective what are the most frequent response to critical incidents services you provide? Please list up to three.**

**Administration duties** (Tick box(es))

- Maintenance of individual records, files, and notes
- Collect, collate and maintain practice related data, e.g. caseload demographics, outcome measures
- Maintain awareness of school community issues and events which may impact on the school, and work with staff to manage these
- Inform the Principal and senior staff regarding current referral issues and suggest strategies to manage these

**From your perspective what are the most frequent administration duties you perform? Please list up to three.**
Maintaining professional competence and continuing professional learning.  (Tick box(es))

Maintain familiarity with NZPsB mandated Code of Ethics and Guidelines
Participate in ongoing professional development/demonstrate core competencies as required by the NZPsB
Participate in peer consultation

From your perspective what are the priority areas of focus for you in maintaining your practitioner competencies? Please list up to three.

Senior Psychologist role and responsibilities
*If you have designated Senior Psychologist responsibilities please answer questions 21 and 22. If not, please go to question 23.*

Provide professional leadership for a team of Psychologists and/or other pastoral care providers
Establish and review policy, procedure and practices of operation, such as referral, case management, and reporting processes
Provide supervision of provisional psychologists for registration
Provide supervision of other psychologists in a team
Construct high level policy and provide advice to the organisation.

From your perspective what are the most frequent duties you fulfil as a senior psychologist? Please list up to three.

Are there any other professional psychology services you provide in the school context that have not been considered above?
This section may not be applicable to some participants. Please note you are able to skip this section by scrolling to the bottom of the page and clicking the 'Continue' button.

Please rank order the categories below from 1 – 12 in terms of time spent performing these activities in an average week. A '1' indicates the category for which the majority of time is spent and '12' the category for which the least amount of time is spent.

- Consultation
- Psycho-educational assessment
- Special Education
- Provision of professional learning
- Participation in school community
- Provision of psychological programs
- Interventions
- Response to critical incidents or emergencies
- Administration duties
- Maintenance of professional competence and continued learning
- Senior Psychologist responsibilities
- Other

Now please rank order the categories below to what you consider to be the ideal ranking of the tasks and activities in a given week. A '1' indicates the category for which ideally you would spend more time on and a '12' indicates the category for which you would spend the least amount of of time.

- Consultation
- Psycho-educational assessment
- Special Education
- Provision of professional learning
- Participation in school community
- Provision of psychological programs
- Interventions
- Response to critical incidents or emergencies
- Administration duties
- Maintenance of professional competence and continued learning
- Senior Psychologist responsibilities
- Other

Please indicate on a scale of 1 to 10 how satisfied you are that you get opportunity to apply the full extent of your professional psychology training in everyday practice? A ‘1’ indicates ‘very unsatisfied’ and ‘10’ ‘fully satisfied.’

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<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>(very unsatisfied)</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td>(fully satisfied)</td>
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</tbody>
</table>

XIV
Service distribution

When a child is referred to you by the school, who do you consider to be the client? Select all that apply and provide a brief comment if you wish. (Dropdown box)

- Child
- Parent/Caregiver
- Principal
- SENCO
- Classroom Teacher
- Teacher Aide

On average, how many times per week do you have direct contact with clients in the following contexts?

<table>
<thead>
<tr>
<th>Context</th>
<th>&lt;1</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5+</th>
<th>n/a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secondary school</td>
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<td>Intermediate school</td>
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<td>Primary school</td>
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<td>Kura Kaupapa</td>
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<td>Maoi</td>
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<tr>
<td>Kura Motuhake</td>
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<tr>
<td>Kindergarten</td>
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<tr>
<td>Day-care</td>
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<tr>
<td>Alternative Education</td>
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<tr>
<td>Tertiary Education</td>
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</tbody>
</table>

To what extent do you consider the direct contact you have with clients across various contexts is sufficient? Please comment.
The Profession of Psychology in schools

In your opinion what are the top three factors that enable access to psychological services and support in and for schools?

In your opinion what are the top three factors that act as a barrier to schools accessing psychological services and support?

From your perspective what are the three most important factors that need to change to in order to increase access to psychological practice and support in schools?

Certain groups in our society are statistically over-represented with regards to service provision/the need for services. To what extent do you consider psychological services are adequately responsive to cultural differences and diversity?
General Comment

Is there anything else you would like to comment on with respect to the provision of psychological services to schools in Aotearoa/New Zealand?
### End of Questionnaire

You have reached the end of the questionnaire. Thank you for your time. Your contribution to this study is greatly appreciated.

If you would like to receive a summary of the results, please provide your email below. When questionnaire responses are received, email addresses will be separated from the responses in order to maintain anonymity and a summary of findings will be distributed once the final thesis has been assessed.
Kia Ora koutou,

Attached is an invitation to participate in a study being conducted by Masters of Educational Psychology student Johanna Poole.

The study is focused on the exploration of services provided by psychologists in New Zealand schools. Our ability to contact psychologists working in the school context is limited. As such, it is possible you have received this email in error. If this is the case, or you do not wish to receive further emails regarding this research project, please click on the 'unsubscribe' link at the bottom of this email and you will be removed from the emailing list.

The link to the survey below is unique to you, and therefore cannot be shared. If you have colleagues or friends who have not received this email and who wish to participate in the study, please encourage them to use the contact details below.

Data from this questionnaire will assist in bringing clarity to our understanding of the psychologist role in Aotearoa schools, and help inform discussions about the future directions of the profession.

The survey will take approximately 20 minutes to complete.

CONTACT INFORMATION

If you have any questions relating to the questionnaire or wish to receive further information about the study, feel free to contact:

**Primary Researcher:** Johanna Poole (MEdPsych Student) | **Email:** johanna.poole1@uni.massey.ac.nz

**First supervisor:** Terence Edwards | **Email:** T.Edwards@massey.ac.nz

**Second supervisor:** Judith Ansell | **Email:** J.M.Ansell@massey.ac.nz

Thank you for your contributions to this important research project.

Nāku iti nei, nā
Yours sincerely

Johanna Poole
This project has been reviewed and approved by the Massey University Human Ethics Committee: Application NOR 16/22. If you have any concerns about the conduct of this research that you wish to raise with someone other than the researcher(s), please contact Dr Andrew Chrystall, Chair, Massey University Human Ethics Committee: Northern.

Telephone: 09 414 0800 x 43317 | Email: humanethicsnorth@massey.ac.nz.

Mā whero, mā pango ka oti ai te mahi!

With red and black the work will be complete

Click on the button below to access the information sheet, and to start the questionnaire.

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An Exploration of the Services Provided by Psychologists in New Zealand/Aotearoa Schools

Kia Ora Koutou

You were recently contacted and asked to participate in our Psychology in Schools exploration. Our records show that you have partially completed the questionnaire.

As we cannot use partially completed questionnaires, it is important that the remaining questions be answered should you wish to participate in the study. To re-access your partially completed questionnaire, simply click on the link provided at the bottom of this email, or the original email link sent. A new window will open at the point where the questionnaire was last exited.

It is possible that due to your line of work, some of the questions posed will be of less relevance to you than others, however many of the questions require an answer to move forward through the survey. Please feel free to answer N/A in the comment box or choose the ‘I’d prefer not to answer’ option should a question not apply to you.

If you have any problems with the questionnaire, or any further questions, do not hesitate to contact myself or my supervisors using the contact details below.

CONTACT INFORMATION

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An Exploration of the Services Provided by Psychologists in New Zealand/Aotearoa Schools

Kia Ora koutou

You were recently contacted and asked to participate in our Psychology in Schools exploration. Thank-you to those who have already completed the questionnaire; your contribution to this research is greatly appreciated.

Our records show that there are still a number of people who we have not received a response from. Because of the nature of the research, it is important that we receive responses from a range of psychologists working in the school context to ensure the profession of psychology in schools is fully explored. Data from this questionnaire will assist in bringing clarity to our understanding of the psychologist role in Aotearoa schools, and help inform discussions about the future directions of the profession.

Our ability to contact psychologists working in the school context is limited. As such, it is possible you have received this email in error. If this is the case, or you do not wish to receive further emails regarding this project, please click on the ‘unsubscribe’ link at the bottom of the page and you will be removed from the emailing list.

To participate in the questionnaire, please click on the link at the bottom of this email.

It is possible that due to your line of work, some of the questions posed will be of less relevance to you than others, however many of the questions require an answer to move forward through the survey. Please feel free to answer N/A in the comment box or choose the ‘I’d prefer not to answer’ option should a question not apply to you.

The questionnaire will take around 20 minutes to complete. Please note that should you exit the survey, you can re-enter where you left off by re-clicking the link provided.

CONTACT INFORMATION

If you have any questions relating to the questionnaire or wish to receive further information about the study, feel free to contact:

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*With red and black the work will be complete*

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