

EXETER UNIVERSITY

Insider perspectives of Education, Health and Care Plans

Submitted by Morwenna Redwood, to the University of Exeter as a thesis for the degree of Doctor of Educational Psychology in Educational, Child and Community Psychology, June 2015

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Word count: 41 469

Signed

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Acknowledgements

Foremost I would like to thank the families and professionals who took part in this research, without whose time and insight this research would not have been possible. A special thank you goes to Charlie*, the only child interviewed in this research, whose perspective has been invaluable not only to the writing of this thesis but in thinking about my own work with children and young people.

I would like to express my sincere gratitude to Professor Brahm Norwich and Dr Shirley Larkin, for their patience, support, wealth of knowledge and guidance over the writing of this thesis. My thanks also to my two placement supervisors Sue Thomson and Will Roberts who have supported and encouraged me throughout the last two years.

My heartfelt thanks to friends, family and previous colleagues who have shown unwavering faith in my ability to succeed. Special credit goes to my brother James for his heroic determination in the face of adversity, you have been my inspiration.

Finally I would like to acknowledge my partner, Ricky, whose love and kindness have sustained me through many difficult moments. Your optimism and positive attitude have remained constant, and for that I am infinitely grateful.

*Charlie is a pseudonym

Abstract

The introduction of Education, Health and Care (EHC) plans proposed in the Children and Families Act 2014 has aimed to give parents and children who are going through the assessment process greater control and choice in decisions, and enhance the multi-professional collaboration between education, health services and social care. This research seeks to evaluate to what extent parents', children and young people's, and professionals' experiences correspond to these values at an early stage of implementation.

The methodology of this thesis is based on a realistic evaluation framework informed by the work of Pawson and Tilley (1997). Realistic evaluation aims to construct a programme theory which links three distinct broad aspects of a programme: its context, mechanisms and outcomes (C-M-Os). This research employs a programme theory of how an EHC assessment is conducted and has been developed from the current literature on person-centred theory. Person-centred theory has been chosen because of its corresponding value base to the SEND reforms and the recommendation of its use in a number of government policy documents including the SEND Code of Practice (DfE, 2014).

The programme theory has been used to devise questionnaires that have sought to gain professionals' experiences of the assessment process, particularly in relation to multi-agency working, and their perceptions of the person-centred nature of the assessment. In addition, five case studies have explored these issues in more depth to ascertain whether the EHC assessment process in this authority is meeting the core aims of the Children and Families Act 2014. Semi structured interviews and card sorting tasks were devised using the programme theory and conducted with a total of one child, five families and five professionals from five individual EHC assessments.

This analysis goes beyond a description of the facilitating factors and barriers to person-centred support and examines how person-centred outcomes arise from specific contexts and mechanisms.

Findings suggest that experiences of face-to-face multi-professional collaboration were positive within the EHC assessment group. Nevertheless, professionals expressed frustration that in some cases colleagues were not able to attend meetings due to time constraints, capacity within their services and the commissioning arrangements of their services. Parental and professional experiences of the process appear to be positive. The research demonstrates one case study where a person centred planning approach was utilised very successfully from the perspective of all involved. However, there are significant concerns raised in both phases of this study as to the way in which children and young people are provided with opportunities of contributing to their EHC assessment.

The findings are relevant to the development of the EHC assessment process in the local authority (LA) in which I am employed, and will contribute to the debate about the role of educational psychologists (EPs) in evaluating this national policy.

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Table of abbreviations

Abbreviation	Full Title
AC	Assessment Coordinator
CDF	Common Delivery Framework
CYP	Children and Young People
EHC	Education, Health and Care
EHCP	Education Health and Care Plan
EP	Educational Psychologists
LA	Local Authority
LEA	Local Education Authority
PCP	Person Centered Planning
PCT	Personal Construct Theory
SENCO	Special Educational Need Coordinators
SEND	Special Educational Needs and Disabilities
SQW	A research company interested in economic and social development. SQW carried out the government evaluation of the SEND pathfinder authorities.
UN	United Nations
UNESCO	The United Nations, Educational, Scientific, and Cultural Organisation.

1 Introduction

The Introduction of the Children and Families Act 2014 (CFA 2014), claimed to mark significant change to the assessment and support for children with special educational needs and disabilities (SEND) from birth to twenty five years. Among a raft of new developments was a shift from 'statements' of Special Educational Needs (SEN) to the introduction of integrated Education, Health and Care (EHC) plans. Following the release of the Government Green Paper, *Support and Aspiration: A new approach to special education needs and disability* in March 2011, grants were awarded to thirty one Local Authorities (LA's) in England, who formed twenty SEN pathfinders (Mott MacDonald, 2013). The purpose of these pathfinders was to test a range of proposals designed to respond to existing failings and frustrations within the system. Two of the Government's core principles for the EHC plans were to 1) enhance multi-professional collaboration between education, health services and social care and 2) to give parents and children who are going through the assessment process greater control and choice in decisions to ensure their needs are properly met (Children and Families Bill: DfE, 2013). The new policy came into force in LAs in England in September 2014. This research aims to explore these two areas within the EHC assessment process in a local authority in the south west of England.

1.1 Statutory assessment: a historical background

Statements of SEN were first introduced in the 1981 Education Act, following the recommendations of the Committee of Enquiry into the Education of Handicapped Children and Young People chaired by Mary (later Baroness) Warnock. Statements were recommended as a way of protecting children with the greatest needs and those who experienced the most profound and complex educational difficulties. These statements would be issued following a multi-professional assessment of children's needs and would outline the extra support that would be required for the child to make progress. The statements placed a statutory duty on LAs to be responsible for the provision of this additional support. The report emphasised that the identification of children with SEN should incorporate good standards of *multi-*

professional working and stressed the value of parents as *partners* in the identification and assessment process (Warnock, 1978: 9 & 16), factors which have been clearly outlined in the last two editions of the SEN Code of Practice (DfES, 1994 and 2001), and which are embedded throughout the most current SEND Code of Practice (DfE, 2014). However, thirty six years after the Warnock report, these two core elements of SEN identification and assessment were still proving to be challenging (Martin & White, 2012). There is significant regional and service variation in the procedures used to support these core elements and in stakeholders' perceptions of how successful the statutory assessment process is in obtaining and representing their views (Lamb, 2009; Martin and White, 2012). The fact that issues of multi-agency working and effective partnerships with children and their families are still being debated suggests that legislation alone does not bring about lasting change. Rather, it is the interpretation and implementation of legislation at an individual, service and LA level that predict the degree of its success.

1.2 EHC Plans vs. Statements: radically different?

The UK Government states that the SEND reforms present a 'radically different system' to improve life outcomes for children with SEND (DfE, 2011 pg 4). EHC assessments, they state, represent a significant change to the previous statutory assessment system (Children and Families Bill, 2013). The policy intention is to ensure a more personalised experience, to better coordinate responses across service areas and to create the conditions where all those involved can collaborate as active partners in the design and delivery of the support provided to children and their families. Core changes included statutory documents extending to twenty five years of age and the inclusion of personalised budgets.

However, there are SEND activists and support groups who believe that the new system is not dissimilar from the previous statutory assessment process and that the speed with which the Government introduced the process meant that it omitted many of the core protections that were previously afforded to children with SEN (IPSEA, 2013; SEN Articles, 2014). The previous SEN Code of Practice (DfES,

2001: sections 2 & 3) clearly outlined the necessity of both parental and pupil involvement in educational decisions for children with SEN and highlighted the importance of integrated working with other agencies. In addition to the focus of the assessments themselves, there were concerns regarding the fact that the Government brought forward the implementation of EHC plans to September 2014, one year earlier than initially proposed. This led to the new legislation being implemented at the same time as the pathfinder authorities concluded their pilots (SQW, 2013). My understanding, from discussions with colleagues from across agencies and through EP forums such as EPNET, was that practitioners were concerned about the time and infrastructure needed to implement the reforms in a meaningful way. In a pilot of the EHC model in the authority where this study took place, professionals were reportedly enthusiastic about the ethos of the EHC plans. They shared the view that alternative provision for children with SEND is successful when it achieves a shared ethos to focus on the individual needs and interests of learners and their achievement of realistic and meaningful outcomes (Martin & White, 2012). However, they expressed fears about the structure of the process, the systems that would be required to support it, and how to ensure the value and quality of the plans themselves.

1.3 The current socio-political context

The introduction of the 2014 SEND reforms has to be viewed in the light of the political, economic and social climate that exists in the UK and more specifically in the case of this research, England. There are a variety of areas that one could discuss but those which I feel are most relevant to this research are 'inclusion', the 'standards agenda', 'multi-agency working' and 'participation'. The past twenty years have seen an increase in the awareness of children's rights, whilst the participation agenda has highlighted the need to involve children in educational decisions at a personal and local level (Children's Act, 1989; Murray and Sanderson, 2007; SEND Code of Practice 2014; UN convention on the rights of the child, 1993). At the same time, for the first time in three decades there appears to be a slight trend towards an increase in special school placements for children with SEND (Norwich, 2014). Issues of effective multi-agency working have been raised across education,

health and social care, but most notably for education in the Lamb Inquiry (2009). Surrounding these agendas have been the plans for economic recovery. There has been a drive towards raising standards in schools to support economic growth (DfE, 2010), coupled with a move towards academy status for schools who wish to acquire more control and freedom over matters which have previously been under LA control. In addition, there have been considerable public sector funding cuts which has had a significant impact on the services directly supporting children and their families. A recent survey of 2,000 school leaders published by the National Association of Head Teachers (NAHT), suggested that 84% of schools are providing welfare support for children from deprived backgrounds (NAHT, 2015).

My intention in outlining these areas is to highlight the possible tensions and competing needs of policy and legislation that exist within service structures that may in turn affect the way in which the new SEND reforms are viewed and implemented across services. SQW, the organisation contracted to complete the government evaluation of the SEND reforms in the pathfinder authorities, highlighted these particular issues as areas for development in the future implementation of the SEND reforms. In regards to school communities, they highlighted schools' concerns over the balance between inclusivity and the continued drive to increase attainment (Engagement of Schools' Report, DfE, 2014, pg 18). In relation to multi-agency working, evaluations have highlighted the need to engage the wider health and social care workforce; undertake cultural change; develop inter-agency information sharing protocols; training and development; align statutory frameworks; develop a wider set of integrated and pooled resources and funding; and create sufficient capacity in the system to enable professionals to meet the requirements of the EHC process (Collaborative working with health: thematic analysis, DfE, 2104, pg 21-22; Collaborative working with social care, DfE, 2014, pg 17-19; Evaluation of local areas' readiness for the implementation of the SEND reforms DfE, 2014). The meaningful participation of children in developing and implementing SEND reforms and in their own EHC assessments continues to be highlighted in much of the evaluative work conducted so far (Evaluation of local areas' readiness for the implementation of the SEND reforms DfE, 2014; Evaluation

of the SEND pathfinder programme, DfE 2013; Mott MacDonald, 2013; Parent Carer Survey 3, DfE, 2014). The attitudes and organisational culture of the systems surrounding the child are vital in facilitating or creating barriers to a child's meaningful participation (Thomas, 2007). These issues will be discussed in more depth in the Literature review.

1.4 The Government model of evaluation

One of the criticisms of the EHC process is the lack of a prescribed format. Each LA will have its own system, which may lead to significant variations in how an EHC plan is obtained, and what provision is outlined in it (SEN Articles, 2014). This raises questions as to how we can evaluate this new national policy, when its implementation will be so varied in different authorities. One method would be to map the key aims of the EHC process onto a framework that could be used to monitor and evaluate the process. This would allow us to gain a clear and consistent view of where and how the EHC plans were meeting the aims proposed by the Government in the Children and Families Bill (2013), and where they were not.

The EHC process in the pathfinder authorities was evaluated by SQW using the *Common Delivery Framework (CDF)* (DfE, 2013) as their evaluation guide (See Appendix 1). All progress in the pathfinders was base-lined, tracked and reported against the themes and elements of the CDF (SQW, 2012). It appears that there are areas of this model which correspond to the core aims of the EHC process. However, on closer inspection, the themes deal primarily with the organisational and strategic aspects of the EHC process and not the face-to-face interactions characterised by the EHC process. An example of this is the theme 'engaging and involving families' which refers to raising awareness of the new SEND reforms, the recruitment of families to the EHC process, and peer support. All of these aspects are important components of the new process but they may not capture the relational components of the process that facilitate children and their families feeling engaged and involved in the process. SQW addressed this by conducting telephone interview surveys with 237 pathfinder families and 226 comparison

families from authorities that had not yet begun the EHC process. The telephone interviews were followed up with 46 case study family in depth interviews, 41 face to face and five telephone interviews. The outcome variables for these interviews can be viewed in Appendix 2. The outcomes measured give the reader an indication of parental satisfaction with various aspects of the process but again reveal very little about the relational components of the process which previous evidence suggests is so important (Lamb, 2009).

1.5 The significance of the issue being researched

At the culmination of the Lamb Inquiry in 2009 Brian Lamb stated,

“In a system characterised by extreme variation we cannot- and should not- have to rely on parents to police the system. To do this we need to ensure that we build in accountability at every level, from what children tell us through to National systems monitoring redress.”

(Lamb, 2009)

We have numerous external monitoring and evaluation frameworks in the UK that operate at a national level. Most notably for schools and LAs we have The Office for Standards in Education, Children's Services and Skills (Ofsted). However, McNamara & O'Hara (2008), argue that there is a place for self-evaluation within education services and the linking of networks of people and whole systems to share information and support the practice of self-evaluation. Each individual service within a local area will have its own specific demographic, its own priorities, its own organisational structure and its own ideological and political agenda. National evaluations can be a useful guide to what works within specific processes but, by its very nature, will be more generic. The EHC framework itself is very varied. Each LA will have a different approach to the implementation of the SEND reforms. Each organisation or service will also have a particular agenda that leads the direction of their evaluation.

Educational policy reflects the ever changing social, financial and political landscape, and the tension between those who see it as an instrument for instrumental outcomes and those who see it as potential for human growth and emancipation (Taylor, Rizvi, Lingard & Henry, 1997). National policy reflects these

changing priorities which are for a perceived good, but which may compete with the priorities and ethos of the organisations and systems on which they are imposed. It is my belief that by actively participating in the evaluation of these policies, EPs can be part of shaping the systems within which they work.

1.6 The broad purpose of the study

The purpose of this study is to explore the perceptions of key stakeholders (parents, children and professionals) about their experience of taking part in an EHC assessment. I am specifically interested in evaluating two of the core aims of the EHC related SEND reforms namely 1) the multi-professional collaboration between education, health services and social care and 2) the extent to which parents and children who are going through the assessment process feel they have control and choice in decisions to ensure their needs are properly met (Children and Families Bill: DfE, 2013).

2 Literature Review

The CFA 2014, includes new responsibilities on LAs, schools and health providers to make sure parents, carers and children are much more involved in decisions that affect their lives (DfE, 2014). There has been a significant shift in the importance placed upon children's participation, and the 'voice of the child' in the UK since the 1991 ratification of the United Nations Convention on the Rights of the Child (UNESCO, 1989), and the resulting legislative framework (Every Child Matters Agenda, DfES, 2003; Children's Act, DfES, 2004). LAs and their partners have since been required to ensure there is a good level of participation of children in the design and delivery of services (DfES, 2003)

This literature review will initially draw upon the four key themes outlined in the introduction namely 'inclusion', the 'standards agenda', 'multi-agency working' and 'participation', in order to highlight the socio-political context which children's participation sits within. It will then seek to give a brief overview of participation from a social emancipatory perspective and a psychological perspective. Finally it will look at *person-centred support* as a means to facilitate participation. Person-centred support has been chosen in this instance because the SEND draft Code of Practice refers directly to 'person-centred planning' (PCP) approaches being used to 'ensure that parents, children and young people are genuinely involved in all aspects of planning and decision making' (DfE, 2013a). Different models of person-centred support across education, health and social care will be explored to ascertain the conditions necessary for person-centred support. This information will then be used to develop a programme theory of person-centred support relevant to the EHC assessment process in the LA.

2.1 Search criteria

Relevant literature was sourced through a variety of sources. These included 'Psychinfo', 'British Education Index (BEI)', 'The Education Research and Institutional Content archive (ERIC)' and EBSCOand 'EJS' which are 'host' services facilitating access to a greater selection of online journals. The most recent editions

of the most relevant journals were accessed, including, 'Educational Psychology in Practice' and the 'British Journal of Educational Psychology' and 'British Journal of Special Education'. Internet search engines 'Google' and 'Google Scholar' were also used to access relevant articles, websites and central government publications. Key words used within these searches included 'statutory assessment'; 'children's participation'; 'parent participation'; 'student voice'; 'parent voice'; 'person-centred planning'; 'person-centred support'; 'person-centred care'; 'person-centred approaches'; 'parent partnership'; 'multi-agency working'; 'multi disciplinary working'; 'multi-professional working'; 'trans-disciplinary working'; 'education AND policy AND evaluation'. Additional literature was identified through the references and citations in previously identified texts. I also accessed literature that was recommended by colleagues as well as literature I had previously come across in other work, specifically articles related to 'SEN inclusion'.

2.2 Inclusion

In 1997, the British Labour Government committed its support to the Salamanca World Statement on Special Needs Education (UNESCO, 1994), in its Green Paper on special education. They made a commitment to inclusive education and the enrolment of all children in regular schools unless there were compelling reasons for doing otherwise (DfEE, 1997a, p.44). This was the first time that inclusion had been explicitly stated in Government policy and reflected the disability rights movement of the 1990s. Since then there has been a commitment to an inclusive education system outlined in a variety of government documents including The Special Educational Needs and Disability Act (DfEE, 2001); The SEN Code of Practice (DfES, 2001); Removing Barriers to Achievement (DfES, 2004); CFA 2014 ; and most recently the SEND Code of Practice (DfE, 2014). There has been consensual support amongst teachers, LA officers and parents for the principle of inclusion (Dyson, Farrell, Polat, Hutcheson, Gallannaugh, 2004). There has been much less agreement, however, about what inclusion really means and how it should be implemented.

The difficulty with the term 'inclusion' is that it is an abstract and multi-dimensional concept, which makes it hard to apply in everyday policy and practice (Norwich, 2010). Its meaning is open to interpretation, a point highlighted by the Education Select Committee in 2006, who urged the Government to '*define exactly what it [meant] by inclusion*' (House of Commons, 2006, pg. 15). The Government reply talked about an 'inclusive system', but to date there is still no definitive answer as to what inclusion should look like within the UK. Inclusion represents a value base founded on the principles of equality of opportunity and children's rights. It requires settings to make reasonable adjustments to cater for a diverse group of learners with a variety of needs, and requires them to achieve academic success for all learners. However, it is noted that in order to do this, effective and targeted professional development for school staff, including teachers, TAs, administrative staff and senior leaders, is an urgent priority (Ainscow, Booth & Dyson, 2006; Frederickson and Cline, 2009, pg 27; MacBeath, Galton, Steward, MacBeath, 2006; The importance of Teaching DfE, 2010). A recent survey of parents of children with SEND portrayed their dissatisfaction with the education of children in mainstream schools, placing the adequate training of teachers at the forefront of their concerns (MENCAP, 2014).

Critics have suggested that inclusion has gone too far and that historically pupils have been placed in ordinary schools without sufficient support and adaptations (Warnock, 2005). The previous coalition government's Green Paper 'Support and aspiration: A new approach to special educational needs', proposed a new stance towards inclusion stating they would remove the *bias towards inclusion* and strengthen parental choice by improving the range and diversity of schools from which parents can choose. This includes the 'unnecessary closure of special schools' and the opening of new special schools under the free school system (DfE, 2011). By November 2014, 40 new special and alternative provision free schools had opened in the UK (Academies and free schools indicator DfE, 2014), a distinct move away from the model of social inclusion supported by the previous Labour government.

Although there has been significant political rhetoric in support of inclusion since the Green Paper publication in 1997, the lack of clarity around a definition of inclusion has produced a lack of consistency in the conceptualisation of inclusion, not just at a national and local level but also between individual schools (MacBeath, Galton, Steward, MacBeath and Page, 2006). It is also difficult to ignore the disproportionately high levels of children with SEND who are excluded from schools. Children with SEND account for 70% of all permanent exclusions. Pupils with an identified SEND but no statement are ten times more likely to be excluded than a peer with no SEND, and pupils with a statement for an identified SEND are six times more likely to be excluded than a peer with no SEND (Permanent and Fixed Period Exclusions in England: 2012 to 2013, DfE, 2014, table 9).

The lack of clarity surrounding a definition for inclusion is of interest to this research not only in regards to how school and LA systems view and support children with SEND, but also because the new SEND reforms centre around two other abstract and multi-dimensional terms, namely *participation* and *multi-agency working*, which I will go on to discuss further in this literature review.

2.3 The standards agenda

Alongside issues of inclusion, the Labour Government of 1997-2010 focussed heavily on increasing academic achievement during its time in office, introducing educational reforms to 'drive up' standards of attainment, including workforce skills and competition within the global marketplace. This link between education and economic policy was particularly evident in the foreword by the Prime Minister and Deputy Prime Minister outlined in the 'Importance of Teaching' White Paper.

"What really matters is how we're doing compared with our international competitors. That is what will define our economic growth and our country's future." (DfE, 2010)

The broad range of reforms introduced to support greater academic attainment have included new funding systems; more accountability through new forms of inspection; performance tables; and target setting; the development of a new 'rigorous, engaging and tough' national curriculum with a strong focus on maths,

English, science and technology; increasing forms of competition, selection and specialisation within and between schools with the introduction of academy and free school structures (DfE, 2013).

The introduction of academies by the Labour government in 2002 had the aim of improving educational outcomes in deprived areas, for schools that were underachieving. The hope was that the combination of independence to pursue innovative school policies and curricula, with the experience of the sponsor, would enable academies to drive up the educational attainment of their pupils (Machin and Vernoit, 2010). To date the evidence on the success of this policy is inconclusive. A study by PriceWaterhouseCoopers (PWC) found improvements in pupil achievement of Academy Schools generally exceeded corresponding improvements both at the national level and when compared with other, similar schools (PCW, 2007). However, this is debated by Machin and Wilson (2009) who criticised the report due to the way in which the comparison was measured. The schools chosen for academy status came from socially deprived areas and were among the worst performing schools in their respective LEAs, often positioned right at the bottom of the stack. Machin and Wilson (2009) argue that comparing these schools with the national average is not the right measure, due to the phenomenon of mean reversion (the greater distance the variable deviates from its mean, the greater the probability that at its next measure it will deviate less far from its mean). They argue, instead, that the academies' performance should have been evaluated relative to comparable schools also characterised by mean reversion. Subsequently, the analysis they conducted comparing academies to other relative comparable schools found little evidence of general positive effects of Academy status on academic achievement.

Regardless of this there has been a significant movement towards academisation in the past five years with numbers increasing from 203 in May 2010 to 4583 in March 2015. In theory this can provide schools with greater flexibility to make provision for pupils with SEND due to greater control over resources and the curriculum (Frederickson & Cline, 2009). However, figures from the DfE (2013b, 2014) indicate that between 2013 and 2014, secondary aged children with significant special

educational needs who were previously identified as being at School Action Plus or having a Statement of SEN were differentially placed within state funded school systems. Significantly fewer pupils were placed in schools who chose to adopt academy status, compared to schools who were required to become academies and LA maintained schools (Norwich, 2014).

The principles of academic improvement and the inclusion of children with SEND are not incompatible (Ainscow, Booth and Dyson, 2006; Rose, 2014). In fact research suggests that schools with an underlying ethos of inclusion who adopt inclusive practices are also achieving high academic standards for all learners (Rouse and Florian, 2006 in Frederickson and Cline, 2009, pg27). Although this view might suggest a balance between the two agendas, real world accounts suggest that in some school systems there are significant challenges to meeting the standards agenda for pupils who have difficulties with formal learning (Glazzard, 2014). Glazzard (2014), argues that for inclusion to work it needs to be 'disassociated' from functionalist models of education which emphasise education for the purpose of economic productivity. This focus on productivity and attainment rather than individual learners is seen as prohibitive to real and meaningful inclusion. For students who are not going to succeed to high academic standards the standards agenda is seen as instrumental in constructing barriers to their participation (Benjamin, 2002).

The accountability for performance that schools face has in some research been attributed to the reluctance of schools to accept pupils with SEN. Concerns centre around performance being damaged, either in reality or in the way their outcomes are reported publicly (Dyson & Millward, 2000).

"The Government should give careful consideration to the impact that key drivers such as league tables are having on admissions—particularly to the most successful non-selective state schools. There is strong evidence that the existing presentation of performance data in league tables does not reflect well on many children with SEN and consequently acts as a disincentive for some schools to accept them..." (House of Commons Select Committee on SEN 2006)

Another worrying trend is the perception of some schools that an inclusive ethos may attract a disproportionately high number of pupils with SEND. In 2002 the Audit Commission 2 (para 45), described this idea as the 'magnet effect' and suggested that schools who were seen as 'more inclusive' may become overstretched risking a 'pattern of polarisation, restricting parental choice and effectively letting other schools off the hook'. The figures relating to secondary school placements for children with SEND outlined in Norwich (2014), may be indicative of this effect. Attitudes like these can create a powerful discourse within educational systems.

2.4 Multi-agency working

The CFA 2014, places duties on LAs to ensure 'that services work together where this promotes children and young people's wellbeing or improves the quality of special educational provision' (Section 25 CFA). LAs and health services are required to plan and commission education, health and social care services jointly for children with SEN or disabilities (Section 26 CFA).

Despite multi-agency working being one of the SEND reforms there remains a distinct lack of clarity about what the term means. Both the Code of Practice (DfE, 2014) and the CFA 2014 talk about co-operation between LA partners, and a duty to comply when asked to submit advice but there is no direct discussion about multi-professional collaboration and what that might look like in practice. Some might suggest that this lack of clarity is reflective of the previous two governments decentralisation policy to encourage more institutional autonomy with the emphasis on the freeing up of school communities and localities to pursue their own agendas (Hodgson and Spours, 2012).

The previous coalition Government's definition states that multi-agency working is the 'bringing together of practitioners from different sectors and professions to provide an integrated way of working to support children and their families' (DfE, 2012). In relation to multi-agency working in EHC assessments they use the word *collaboration*, which suggests a level of partnership, cooperation and agreement

between professionals (DfE, 2013). However, this brings questions about how best to facilitate positive and effective working relationships. Multi-agency groups are unique structures, each with their own socio-political context, objectives, working processes, internal dynamics and external pressures (Norwich & Eaton, 2014). The implementation of policy and legislation can be a useful guide to promote change but it is not enough. For meaningful change to occur it is imperative to understand the needs of the different systems around the child and address the unique values, perspectives, organisational structures, environmental factors, resources and policies that exist and work with individuals and services to create change at each of the different levels of the eco-system (Eaton, 2010).

Despite the challenges to multi-agency working there is evidence to suggest that, the implementation of trans-disciplinary teams such as multi-agency teams can lead not only to better outcomes for children but also facilitate positive feelings about professional identity (Gaskell and Leadbetter, 2009; Townsley, Abbot and Watson, 2004).

2.5 Participation: the legislative context

Services and professionals have a legal duty to regard any information about the views of children of all ages which is relevant to their duties (The Childcare Act, 2006, section 3.5; The Children and Families Act, 2014). Children need to be recognised as 'partners' in the planning and commissioning of services. This is a message which is highlighted in the SEND Code of Practice, particularly in relation to EHC plans (DfE, 2014, p. 147-149)

There are many examples of policy which highlights the importance of working in partnership with parents and children (DfE, 2001; DfES, 2007; UNESCO, 1994, Article 12). However, the findings from the Lamb Inquiry in 2009, suggest that policy commitments to children and family participation are not enough and that further progress needs to be made to ensure these values are evident in practice. Issues around effective communication, respect, professional hierarchy, active

listening skills, information sharing and transparency were all highlighted as areas for improvement.

One of the ways in which the SEND Code of Practice (DfE, 2014) proposes to support children's participation is through the use of person-centred approaches (DfE, 2014, para 9.23). The code also refers to person-centred tools and 'one-page profiles' to ensure that 'EHC plans are developed with the children, young people and parents, and reflect aspirational and achievable outcomes' (DfE,2014). The term 'person-centred' can be used to refer to a variety of approaches and definitions. It is an emerging concept and as such there is no single agreed definition of the concept. What is important to one person may be unnecessary, or even undesirable, to another. It may also change over time as the individual's needs change (Health Foundation, 2014).

2.6 Participation: a democratic perspective

"Voting is the least significant act of citizenship in a democracy." (Barber, 1984 pg 187)

In its broadest terms, 'participation' refers to listening to and engaging with children, although there is much debate about an exact definition (Lansdown, 2009).

This research will utilise the definition of participation formulated and adopted by The Office of the Children's Commissioner; The Children's Rights Alliance for England (CRAE); The National Children's Bureau; The National Participation Forum and Participation Works, outlined in their summary report 'Children's participation in decision making' written by Davey, Burke and Shaw (2010).

"Participation is a process where someone influences decisions about their lives and this leads to change." (Treseder,1997).

This definition is based on a more democratic view of participation. It is not only interested in whether children can freely express themselves, but also if their views have influence on decisions and if that brings about change. The exact change which is brought about will vary depending on the circumstance and environment

(the context), but may also relate to the process itself (the mechanisms), as well as the end result (the outcome). Change can occur at an individual level, in the values, attitudes and behaviours of adults or children; at a local level, in the way a service is delivered; or at a national level, with a change in law or policy. Another reason for choosing this particular definition of participation is that it is not reliant on children's voice.

The literature around children's participation has raised concerns about the focus on child 'voice' as this requires a level of cognitive and communication ability, which may preclude children who communicate little or not at all through speech (Dockerell, 2004); those who are exercising their right to be silent (Homan, 2001; Lewis, 2010); or those whose views are difficult to ascertain due to the complexity of their needs (Kellett, 2008); or their stage of development (Kanyal, 2014). Hayes (2004), discusses the need for innovation and creativity in devising tools to access the pupil's voice in educational processes such as annual reviews. She proposes the use of a visual annual review process where pupils with a variety of learning needs are supported to make their views known, take part in decision making and reflect their hopes and aspirations. Similar work has been explored with the use of play and creative approaches with early years children (Mortimer, 2004; Kanyal, 2014). The practical implementation of these ideas can be seen in person-centred planning approaches, as well as toolkits designed to facilitate children's participation, such as the 'early years participation toolkit' developed by Hertfordshire County Council.

The literature on children's participation has been interpreted as reflecting a movement away from positivist traditions where there is a significant power imbalance between the child and the researcher, to a rights based interpretive and interactive position (Kellett, 2008; MacNaughten, Smith and Davis, 2007). There are varying views about how participatory research is conducted and the reliability and validity of this form of research (Felce, 2002; Hart, 2002; Kellett, 2005; Tisdall, 2012). Participation can take many forms and can range from adult directed activities to those which are child led. Hart's (1997), 'ladder of participation' is often cited as a framework against which to measure children's participation and the power relations between children and adults. Developed from the work of Arnstein

(1969), the ladder depicts stages of progression towards a democratic ideal. It has been widely criticised for its linear framework which might suggest that there is a hierarchy between forms of participation (Kirby & Woodhead, 2003), and that by this token one form of participation is more desirable or meaningful than another (Reddy & Ratna, 2002). The model does not outline the context or mechanisms required to support these outcomes. However, as Hart himself has stated, the ladder was conceived at a time when the idea of children's participation was very novel (Hart, 2008). Whether or not one subscribes to its ideals it has been a useful tool to instigate debate about genuine participation. What is clear from the debate around children's participation and indeed from Hart's ladder, is that participation involves differing degrees of power sharing between adults and children. Rather than focussing on the degree of power sharing alone, perhaps a more important question to ask is who makes the decision as to the degree of power sharing and how and why have these decisions been taken. This is an element that I hope to explore in phase two of this study.

The adult motive for participation is also key to understanding its value. Are moves towards participatory experiences driven by values of justice, democracy and community or are they driven by the need to fulfil policy requirements or market needs. Stewart (1995), suggests that in many typical participation initiatives 'citizens are constructed as subjects, clients and consumers rather than as citizens of equal worth and decision-making capacity'. This can lead to tokenistic methods of participation that are process driven and which seek to capture the information the adult requires but do not necessarily incorporate what is important from the child's perspective (Hart, 1992). Aside from the moral basis for improving opportunities for children's participation, children's perspectives have been shown to be crucial in decision making for children with SEND (Holburn, 2002; O'Connor, Hodkinson, Burton, & Torstensson, 2001; Norwich & Kelly, 2004). However, there needs to be more realism and effort in finding ways to elicit a child's perspective and enabling this to contribute towards educational planning and decision-making (Norwich & Kelly, 2004).

2.7 The psychology of participation

Meaningful participation of children adheres to principles of equality, empowerment and collaboration (Sanderson, 2000), and is rooted within Humanistic principles of psychology (Rogers, 1951 & Kelly, 1955), positive psychology (Seligman & Csikszentmihalyi, 2000), Self Determination Theory (Deci & Ryan, 1985 & Ryan, 1995) and solution focussed approaches (De Shazer, 1985).

"As adults we have an insight into children's experiences but we cannot replicate their experiences as the contexts in which we have grown and formed our understanding of the world will be different. We cannot become children again...we will always operate through adult filters, even if these are subconscious filters." (Kellett, 2005)

People are proactive in making sense of the world around them, and in constructing meaning from their experiences of that world (Kelly, 1955). Humanistic principles of psychology recognise the importance of involving children as active agents in their own lives, and can support us in understanding the relationships between the person, the community and society (Warmoth, 1998). They acknowledge that children's experiences are to some degree socially constructed through their personal and unique lived experiences. Children's perceptions and interpretations of the world and their place in it will be uniquely personal to them, and will be tested, re-tested and consolidated over time. Over time these constructs or beliefs begin to affect their self concept. By observing, listening and conversing with children we can start to understand their beliefs and provide opportunities to confirm these beliefs or explore alternative views and promote positive change. Providing children with opportunities to contribute and precipitate change is an important aspect of personal development, and supports the development of reciprocal, supportive and respectful relationships between children and adults.

Independent growth and behaviour are powerfully dependent on the cultural and social conditions that are available to nurture the self (Ryan, 1995). Meaningful participation may facilitate the three primary needs of self determination. It has the potential to support competence through providing children with the information and support to take part in planning and decisions relating to them. It should

support relatedness through fostering positive and collaborative relationships with others. In addition it values the children having autonomy and acting as causal agents in their own lives with the support of others. Positive experiences of person-centred approaches have also been shown to improve a sense of belonging within communities and a sense of citizenship (Glynn et al, 2006). Experiencing belonging and citizenship will support children to develop a sense of identity within their school and community and support them in learning to live creatively not just for themselves, but also for their whole community (Bloom, 1949, as cited in Fielding, 2014). To prevent discrimination and promote inclusion for children with SEND Rosenthal (2001), states:

“...we have to provide regular meaningful dialogues between pupils and teachers, and we have to individually examine and adjust our own less-social perceptions, values and actions.” (Rosenthal, 2001, pg 385)

2.8 Person-centred support

The term ‘person-centred’ can be used to refer to a variety of approaches and definitions. Person-centred support is not a single technique but a ‘family’ of approaches that, collectively, seek to give disabled people control over their own lives and ensure that they are respected and valued (Todd, 2007). Person-centred support is an emerging concept and as such there is no single agreed definition of the concept. What is important to one person may be unnecessary, or even undesirable, to another. It may also change over time, as the individual’s needs change” (Health Foundation, 2014).

Person-centred support in education has centred predominantly on person-centred planning (Department of Health, 2010). Person-centred planning (PCP) is an umbrella term referring to a variety of specific approaches which help individuals to plan their own futures (Stalker and Campbell, 1998). It is a way in which support for people who use social services can be organised (Mansell and Beadle-Brown, 2004a) as well as a way of enabling people to take a lead in planning all aspects of how the service they receive are delivered (Dowling et, al, 2006). A number of studies have demonstrated the efficacy of PCP (Holburn, 2004: Robertson,

Emerson, Hatton, Elliot, McIntosh & Swift, 2055, 2006, 2007a, 2007b.) However widespread obstacles to its implementation remain (Dowling, Manthorpe, Cowley, King, Raymond, Perez, & Weinstein, 2006). There are clear facilitating factors and barriers to PCP which are generally agreed upon in the literature including, the values and core beliefs of the teams and individuals implementing PCP; the organisational support, time, training and resources to affect change; the skill level and availability of lead staff; the strength of relationships and collaborative skills within the group; degree to which PCP approaches were compromised by funding issues (Corrigan, 2014; Packer, 2000a; Packer, 2000c; Robertson, 2007b; Sheard, 2004; Stalker and Campbell,1998).

2.9 Person-centred principles from across education, health and social care

Like other approaches person-centred prescribes certain techniques, guidelines, rules, checklists, frameworks and problem solving strategies, all of which can be assessed as to their accuracy and integrity of implementation (Holborn, 2002). The following section provides a brief descriptive overview of some of the more commonly cited and widely available person-centred research papers that appear in the policy and research literature across education, health and social care. The rationale for this is to highlight some of the key principles of PCP, the elements which facilitate its implementation, barriers to its success and issues of how it is evaluated. These are factors which have guided the development of the programme theory in this research.

The literature search illustrated that person-centred approaches have been most widely used across health and social care and particularly in relation to supporting adults with learning disabilities. Far fewer studies relating to person-centred approaches in education were discovered which suggests this is still a relatively novel concept.

2.9.1 The Sanderson approach

Helen Sanderson's approach to PCP is one that has been widely quoted by the government. Her company Helen Sanderson Associates advises a variety of

governmental, charitable and private organisations. She was the Department of Health's expert advisor on person-centred approaches to the 'Valuing People' support team and the 'Putting People First' team. She co-authored the first Department of Health Guidance on PCP (DoH, 2009), and the 2010 guidance 'Personalisation through person-centred planning', and has most recently been commissioned by the Welsh Government to advise them on the wider use of person-centred practices for children with SEND (HS associates newsletter, March 2015). Sanderson's literature refers to five qualities necessary for PCP:

- 1) The person is at the centre.
- 2) Family members and friends are partners in planning.
- 3) The plan reflects what is important to the person now or in the future and what support they require.
- 4) The plan helps to build the person's place in the community and helps the community to welcome them.
- 5) The plan results in ongoing listening, learning and further action.

Sanderson talks about the PCP approach being rooted in the principles of shared power and self-determination (Sanderson, 2000). As far as possible the person is consulted throughout the planning process. The process itself places individuals within the context of their family and their community, and shares power with these people who support the individual. Through the sharing of power and joint decision making the plan seeks to develop a holistic understanding of the person their aspirations and the type of support that they may require. The process itself aims to support the individual's inclusion within their community, and the plan should not only represent what individuals need but the sort of life they aspire to. The key to this model is that it is not a one-off event. It requires monitoring and evaluation as the individual develops and their hopes and aspirations change and evolve.

In their guide for developing person-centred support in schools, Murray and Sanderson (2007), outline the guiding principles to the successful implementation of person-centred approaches based on the work of Rogers (1979). These are outlined in the table below:

Table 1: The six pre-requisites to the successful implementation of person-centred approaches in education, Murray and Sanderson, (2007).

1	Leadership - secure individual trusting in capacity of others. For example giving staff autonomy; sharing responsibility of learning process with others - staff, students and parents.
2	Facilitators provide learning resources from within himself and his own experience, from books, materials or community resources. Facilitators provide a facilitative learning environment - an atmosphere of realness, of caring and of understanding listening is evident
3	Need for support groups for facilitators where they do not have to defend their point of view, can freely discuss successes or failures, problems faced, difficulties unresolved
4	Student develops own programme of learning alone or in co-operation with others. Exploring her own interests she makes choices as to her own learning direction and carries responsibility for the consequence of those choices.
5	The focus is primarily on fostering a continuing process of learning with students developing self-discipline and setting their own goals.
6	Students should evaluate their own learning. This will give them access to a deeper learning which will be pervasive in the life and behaviour of the student.

There has been much support of the person-centred thinking tools and processes adopted by Sanderson's PCP approach in public policy and guidance however, what seems to be less prevalent in these publications is the focus on the vision, strategy and business planning of organisations that are said to be needed in order to facilitate this approach (Stirk and Sanderson, 2012).

2.9.2 PCP in social care

A scoping review conducted by Dowling, Manthorpe, Cowley, King, Raymond, Perez, and Weinstein (2006), investigated existing literature to ascertain the barriers and bridges to the implementation of PCP in adult social care. The strength of this paper lies in its endeavour to extract the essence of person-centred support from a wide body of evidence. It attempts to identify how past service structures

affect present provision and where services currently stand in relation to the implementation of PCP. It also examines PCP from the perspectives of service users and their families, and from the perspective of frontline staff. However, it is not explicit in its methodology or process and it is therefore difficult to ascertain its procedural and methodological rigour. Nevertheless, the report is quoted in a wide variety of academic literature (Beresford, Fleming, Glynn, Bewley, Croft & Branfield, Postle, 2011), as well as in policy documents for organisations such as Mencap and Age Concern. The agreed guiding principles of PCP are outlined below:

Table 2: Guiding Principles of PCP. (Dowling et al, 2006).

1	The person is in control of their care and at the centre of support and plans made about them.
2	Increased community access and inclusion
3	The development of relationships between service users and professionals
4	Greater opportunities for choice
5	Involvement of non professionals (friends and family)

2.9.3 How science can evaluate and enhance PCP

Holburn's (2002), article reviews the application and misapplication of PCP. He outlines the true goal of PCP as being to reduce social isolation; segregation; establish friendships; increase opportunities to engage in preferred activities; develop competence; and promote respect. In the article, Holburn describes a variety of facilitating factors to PCP. These are the bringing together of people important in the person's life; joint planning and consensus; an absence of hierarchy and deficit orientation; jointly identifying ways of achieving outcomes; a commitment to support outcomes and to supporting a lifestyle based on the aspirations of the focus person; and the need for the process to be integral to the focus person's everyday life and to be monitored and evaluated regularly. A number of barriers to PCP are also raised such as a lack of understanding about the process; the barriers being perceived to be too large; the lack of an adequately trained facilitator; the team failing to support the process; and a failure to fully

involve the student. Holburn highlights the need for a more systematic evaluation of PCP due to concerns over its misapplication. Holburn's proposal to use quantifiable data such as applied behaviour analyses to evaluate the implementation and impact of PCP seems almost incongruous with the epistemological perspective that underpins PCP. The qualitative narratives that are prevalent in research surrounding the use of person-centred approaches are of great importance and provide depth to our understanding of the value of the approaches although the literature also identifies a significant number of instances where PCP has not been effective due to the individual and organisational barriers that exist around the individual. Similar issues can be seen in the literature around multi-agency working, which has a similarly important value base, but which has likewise experienced difficulties in implementation. This tends to suggest that these processes do not just 'happen' because they are set into law, but that a more rigorous way of evaluating them is needed in order to 1) evaluate their efficacy; 2) demonstrate their worth to those who are not yet invested in them; 3) illustrate what good practice looks like; 4) identify potential barriers to their implementation; and 5) create a framework with which comparisons between person-centred approaches can be made.

2.9.4 Young people's views about their involvement in decision making

Aston and Lambert (2010), employed six focus groups across a range of settings for pupils between 8-15 years of age to ascertain their views of being directly involved in educational decision making and how their genuine involvement in such decision making might be best achieved. Focus groups were also conducted with six EP focus groups to explore the same question.

Table 3: Aston and Lambert's (2010), Core Conditions as described by children and EPs:

	<i>Children and Young People's view</i>	<i>EP view</i>
<i>What would it look like if young people's views were fully included in all decision-making?</i>	<ul style="list-style-type: none"> • "Teachers would have positive attitudes towards young people" • "Schools facilities would be of a high standard and the curriculum would be creative and well resourced" • "There would be a positive school culture where attempts were made to make young people feel safe and happy" • "Meetings would be set up so that the young person could make a contribution" 	<ul style="list-style-type: none"> • "Gaining all young people's views would be part of the educational culture and key procedures and systems would promote this." • The culture within the systems would have a proactive ethos to encourage young people's views to be elicited and heard • There would be transparent systems that allowed for the involvement of young people • Adults would be openly communicative with young people • "Support systems would be in place within the school and the curriculum to enable young people to communicate and feel empowered to communicate their views" • "In 'individual casework' young people would take an active role in decision-making"

However, Aston and Lambert (2010), emphasise the need to move beyond person-centred practice at a procedural level to address issues at an organisational level. The children particularly identified attitudes at an individual, system, and societal level which did not support the value base of person-centred practice. These whole school cultures, attitudes, environments and systems need to embody person-centred values and principles, an area it is proposed EPs are well placed to support within LAs (Aston & Lambert, 2010). This is consistent with the position of Fielding (2006), who claims that a person-centred learning community addresses issues of leadership and student voice by reclaiming a student centred commitment to education.

2.9.5 The 'standards we expect' project

As with Aston and Lambert's (2010), paper Glynn et al (2006), bring together the views of a wide range of service users, face-to-face practitioners and managers to

explore person-centred support with the aim of provision being shaped by people's own rights and needs. The report is a product of the 'standards we expect project', a three year research project concerned with finding out more about person-centred support and helping to take it forward. It was funded by the Joseph Rowntree Foundation. The conditions outlined in the table below, are drawn from a 'Get Together' day which was organised as a key element in engaging people in the project. This 'Get Together' day brought together, in equal numbers, a total of more than 60 service users, practitioners and managers from the overall network of 20 partners from across the UK. The data seems to have been elicited through the use of seminars and small discussion groups, but there is no clear procedure or data collection method

Table 4: key conditions identified by service users for person-centred support (Glynn et al, 2006). The three elements highlighted in grey represent core conditions that ALL service users and practitioners agreed upon.

1	Putting the person rather than the service at the centre
2	Choice and control for service users
3	Setting goals
4	The importance of relationships
5	Listening: actively & respectfully
6	Information: Access to, and support with
7	A positive approach: Some participants felt very strongly that a person-centered approach must value people and focus on the positive.

2.9.6 Person centred nursing

McCormack and McCance's (2006), framework for person-centred nursing was developed for use in the intervention stage of a large quasi-experimental project that focused on measuring the effectiveness of the implementation of person-centred nursing in a tertiary hospital setting. The framework was derived from previous conceptual frameworks namely McCance et al's (2003), conceptual framework to describe caring in nursing (as perceived by nurses and patients) and

McCormack's (2003), conceptual framework which focused on person-centred practice with older people. The model depicts an eco-systemic framework for person-centred nursing. McCormack and McCance discuss the lack of research that has been undertaken to determine its outcomes for patients and nurses and in line with Holburn (2002), state the need for a conceptual framework that enables person-centred care to be evaluated effectively to determine the outcomes arising from its implementation.

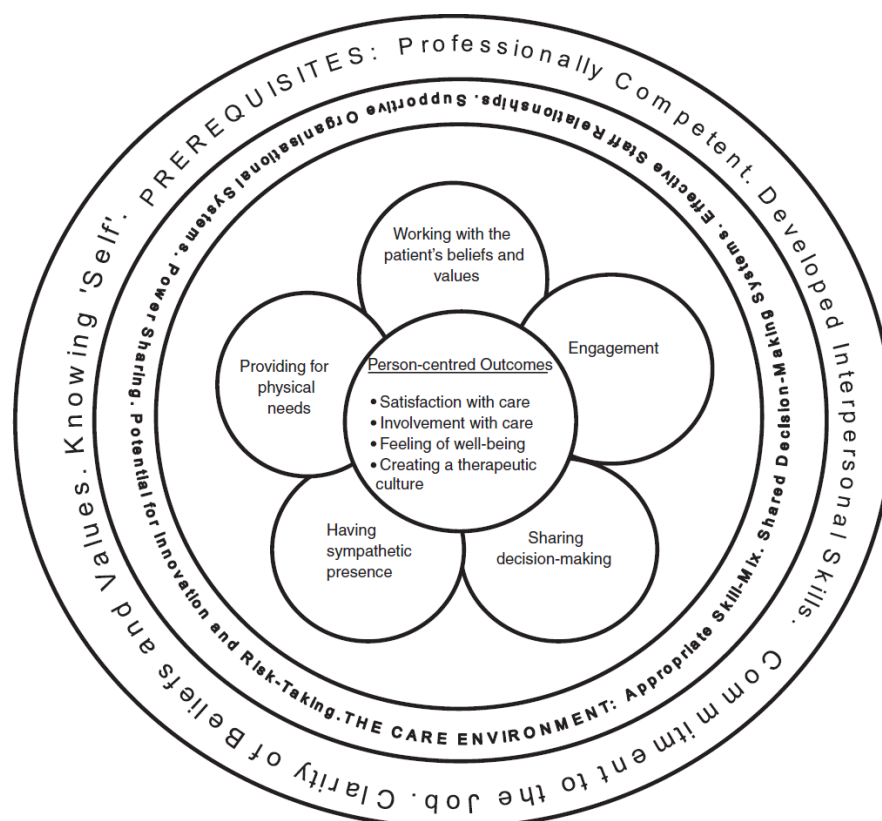


Figure 1: McCormack & McCance's (2006), Framework for person-centred nursing.

2.9.7 Barriers to PCP

A number of barriers to achieving PCP have been identified in the literature. One of the most integral barriers is the lack of belief among frontline workers and service providers that PCP is a real possibility (Packer, 2000a). This is something that has been identified and felt by services users (Aston & Lambert, 2010; Glynn et al, 2006). It is reported that, while PCP is regarded as visionary, it is also thought to be idealistic and potentially unrealisable (Stalker and Campbell, 1998). The organisational support; time; training; resources; skill level and availability of lead

staff; the strength of relationships and collaborative skills within groups; and funding issues, have all been identified as barriers to PCP (Corrigan, 2014; Robertson, 2007b; Sheard, 2004; Stalker and Campbell, 1998). A passionate vision, together with a thorough evaluation of belief systems that underpin practice, is needed for PCP to become a reality throughout services (Sheard, 2004).

2.9.8 The common characteristics between models

The following attributes represent the way in which I have interpreted the research around person-centred support, planning and care:

- 1) The 'focus' person at the centre.
- 2) Ensuring that family and friends (non-professionals) are partners in planning – a shared responsibility.
- 3) Opportunities to have choice and control over decisions which are made about them.
- 4) The plan should reflect what is important to the 'focus' person. Their interests, hopes and aspirations.
- 5) The importance of a facilitator to guide the meetings and ensure the 'focus' person's voice is heard.
- 6) The development of positive rapport/relationships between professionals and non-professionals.
- 7) The 'focus' person should feel listened to and respected.
- 8) The plan should reflect an ongoing journey, with a recognition that aspects may evolve or change over time.
- 9) Meetings should be set up in a way that facilitates the 'focus' person's contribution i.e environment, language, information and support/advocacy need to be considered.

2.9.9 Children's participation within the context of this LA

Significant strides have been made in the LA where this research is based, to develop a culture of participation for children and young people. To date, this has

centred on a commitment to person-centred philosophy and values, promoting the use of a PCP adapted from the Essential Lifestyle Planning framework (Smull, Sanderson, Sweeney, Skelhorn, George and Bourne, 2005). This approach was initially utilised by Dr Emma Corrigan to explore the use of PCP in supporting young people's transition and reintegration back into mainstream schools (Corrigan, 2014), and has since been adapted to deliver training about PCP directly to schools and professionals. The process involves a 'guided process' for discovering what is important to a person and developing a plan to enable it to happen, with the aim of facilitating flexible and collaborative action planning, where the professionals involved in supporting individuals can draw upon a range of tools to tailor support appropriately and respond to individual need. During the PCP meetings all documentation is made visually accessible, often including large posters on the wall to display and record information (Corrigan, 2014). Notably, one of the facilitating factors of this approach has been the focus on the relationship built between the child's 'champion' and the eliciting of the child's views over time. PCP is not viewed as a one-off intervention but rather a value based approach that is embedded into everyday practice and support.

This research has two aims. Firstly to explore how professionals view their role and contribution within the EHC assessment process, and their perceptions of the assessment as a person-centred process. Secondly the research will explore the extent to which children and their families have some choice and control over the EHC assessment, values which I believe to be rooted in person-centred philosophy. The next section will present the research questions and methodology for both phases of the project.

3 Specific aims and research questions for phase one and two of the study

Phase One and Phase Two of this research ran in parallel to one another.

3.1 Phase One

Overarching Research Question: How do professionals' view their role and contribution in the assessment process, and what are their perceptions of the assessment as a person-centred process?

Individual Research Questions

1. How collaborative do professionals' feel the EHC assessment process is?
2. How do professionals' view the relationships between group members?
3. To what extent do professionals feel supported in their participation?
4. To what extent do professionals feel the EHC assessment is person-centred in its approach?
5. What is the role and significance of the Assessment Coordinator?
6. How confident are professionals that the outcomes stated in the plan are Specific, Measurable, Achievable, Realistic, and Time orientated (SMART)?
7. What are professionals' comparative evaluations of the new EHC process in relation to the previous statementing process?

3.2 Phase Two

Aim: The primary aim of Phase Two is to explore whether parent's and children's experiences of the EHC assessment correspond with the values of the new SEND policy.

Overarching Research Question: To what extent is the EHC process in this authority meeting the aims and values of the new SEND policy outlined in the SEND Code of Practice?

Individual Research Questions

1. To what extent do parents' and children feel listened to throughout the process?
2. To what extent do parents' and children feel the assessment clearly represents their hopes and aspirations?
3. To what extent do parents' and children feel they have some choice and control over decisions which are made about them/their child?
4. How are parents' and children supported in understanding and contributing to the process?
5. What are parents' and children's' thoughts on the relationships between members of the assessment team (including non-professionals)?
6. To what extent do parents' and children understand how the plan will be implemented and reviewed?
7. To what extent do parents and professionals' views of the assessment correspond?

4 Methodological orientation

This research sits within the paradigm of critical realism. The ontological stance is that there is a 'real social world' which exists independently of our perceptions, theories and constructions. The epistemological stance is one that takes into account that our understanding of the world is created from our individual perspectives and standpoints (Pawson and Tilley, 2004). Therefore, our theories about the world are grounded in a particular perspective and a point in time. To that end all knowledge is seen as partial, incomplete and fallible (Maxwell, 2012), and through critical analysis knowledge can be validated or adapted. In order to take account of my philosophical stance in this research I have sought to develop a causal explanatory methodological design that seeks to explain but also to understand the mechanisms which affect individual's experiences of the EHC process.

This research acknowledges that the EHC programme will be embedded in the social systems in which it exists and that there will therefore be factors which facilitate or create barriers to its success. The extent to which systems support these values and professionals engage with and invest in these values will affect the effectiveness of the programmes implementation.

5 Methodological design

This research adopts the view that the EHC assessment process is a *programme* which is underpinned by a set of core values. Namely to 1) enhance multi-professional collaboration between education, health services and social care in order to improve outcomes of children and 2) to give parents and children who are going through the assessment process greater control and choice in decisions to ensure their needs are properly met (Children and Families Bill, DfE, 2013). These are values which in my view are underpinned by the theories of person-centred support.

The EHC assessment programme has been developed at a National level and is underpinned by core values outlined in the Children and Families Bill (DfE, 2013). These values aim to affect the different layers of the social systems in which the child exists, with the ultimate aim of improving outcomes for children at an individual level (DfE, 2013). The EHC programme is embedded in a specific social system, in this case the LA. It is active because participants' interpretation of it and investment in it can affect its implementation. It exists within an open system which is liable to evolve with systemic change and practitioner learning. Therefore any methodological design must take into account these sophisticated social interactions within a complex social reality.

In order to be useful in developing our thinking about the EHC assessment process for the future, my evaluation needs to go beyond what elements of the process work or don't work and ask '*What works, for whom, in what respects, to what extent, in what contexts, and how*' (Pawson and Tilley, 2004)? In order to answer that question I have chosen a methodological design based on the realistic evaluation framework by Pawson and Tilley (1997). Realistic evaluation aims to link three distinct broad aspects of an intervention or programme: its contexts, mechanisms and outcomes (C-M-Os) by constructing a process or programme theory that explains what processes (mechanisms) under what conditions (contexts) result in what outcomes. The realistic evaluation employed in this research stems from the literature review in part two of this work on person-centred approaches from the fields of education, health and social care. This was

used to devise a programme theory of C-M-Os which were used to evaluate the EHC assessment process. The realistic evaluation will identify the contextual conditions that support specific aspects of person-centred support, and how these produce specific outcomes.

5.1 The Programme

The facilitators and barriers to PCP that were discussed in the literature review were used to devise a programme of person-centred support that was relevant to the EHC assessment process in the LA being researched (the full programme can be seen in Appendix 7). Each facilitator or barrier was broken down into individual elements that were then classified as belonging to a context (C), mechanism (M) or outcome (O) in the EHC assessment. These individual C-M-Os were organised into general themes. These general themes were then checked with a colleague to resolve inconsistency or ambiguity. An example of an ‘outcome’ which was renamed is outlined in the table below.

Table 5: An example of an outcome which was renamed following the second iteration of the super-nodes.

Outcomes 1-3 in the programme	Previous name	Final name
1. The Child/ Young person, Parent/s, and professionals feel listened to and respected throughout the process. 2. The Child/ Young person, Parent/s, and professionals feel they have influence over decisions 3. The Child/ Young person, Parent/s, and professionals feel informed and supported to participate in the assessment.	Personal Change	Empowerment

This specific outcome changed because the term ‘personal change’ was felt to have a variety of meanings. It may also have implied that the individual had not experienced these outcomes previously. Empowered and empowerment was a word often referred to in the PCP literature (Glynn et al., 2006; Robertson et al., 2005; Sanderson, 2000), and so this was felt to be more suitable as a super-node

name. The programme went through six iterations with clarification and questions from my supervisors at each stage.

This programme provided a conceptual framework by which to evaluate the EHC assessment as a person-centred process. My hope is that this can be used to inform and develop the way in which the LA in this study interpret and implement the SEND reforms in their EHC assessment process.

5.2 Ethics

Ethical approval for this research was gained from the Graduate School of Education's ethics committee (see Appendix 12). Volunteer information sheets outlining the key aspects of the study, along with information regarding confidentiality, their right to withdraw, and how data would be used and stored during and after the research (see Appendix 13) was included in initial correspondence with potential participants. This information was sent out again to all those agreeing to complete questionnaires, and at the beginning of each interview. The time required to take part in questionnaires and interviews was also made clear in these documents. Consent to participation in the study was provided by the completion of a consent form which can be seen in Appendix 14.

Special consideration was given to how informed consent was gained from the child in the study. An information sheet about the research was sent to Charlie's parents and his key-worker at school. The purpose of the study and his role in an interview was explained to him across both contexts. Charlie and I were introduced at his home with his parents and the family support worker prior to the interview. I was later informed by Charlie's parents and his key-worker that he was very keen to be interviewed, and that they were also happy for this to happen. This consent was checked with Charlie's parents, his learning mentor, and his key-worker prior to and following the interview. This form of gaining consent is in line with the 'circle of consent' framework outlined by Mary Kellett (2008). Charlie chose to be interviewed at school. Prior to the interview Charlie and I talked through the purpose of the research again. I gave Charlie a choice of consent form, one with purely written information and one presented with Picture Exchange

Communication System (PECS) symbols also. Charlie chose this second form which can be seen in Appendix 13. At the end of each interview, a debrief letter was provided for all participants with information regarding the contact information of the researcher, and follow up work. This was followed by a card of appreciation sent to individual interviewees a week after each interview. The research will be fed back to the different groups of participants in July 2015.

Consideration was given as to how to preserve the anonymity of individuals within the study. In study one and two participant quotes were linked to their profession. However, only the broad professional group of the individual has been recorded. Staff with specialist roles or particular status with professional groups have not been identified. Participant names have all been replaced with pseudonyms. A cross referencing system linking the real participants' names and the pseudonyms was created and stored securely in line with data protection regulations. This list was only available to the researcher. All quotes were thoroughly screened for any identifying features which may compromise anonymity, such as location, names, and reference to specific roles. Participants in case study two were all informed that they were being interviewed as part of a case study. They were aware that other members of the assessment group would be interviewed for the study also, and discussions were had with the participants about the fact that their stories may be recognisable to other members of their assessment team, although not to people outside of that group. Participants were happy that they had already shared their story, including their thoughts about the assessment process to other members of the team, and were happy for me to write up their case study using pseudonyms to 'protect' although not 'guarantee' their identity. Preserving anonymity in case study four was slightly more complex, as statutory assessment for the over eighteens was a relatively new concept. Not many statutory assessments had been completed for this age group. I specifically chose to interview an EP for this case study as in each of the post eighteen EHC assessments an EP had been present. Whereas the unique roles of other professionals involved in post eighteen EHC assessments had been specific to individual case studies. As with the other case studies it would be possible for individuals to identify themselves in the study and possibly for other

members of the group to identify them, but it should not be possible to identify for others outside of the group to identify individuals. When presenting my research to the EP team in the authority I removed the age of the young adult so as to increase anonymity further.

My own reflective practice was critical in thinking about how to conduct this research in an ethical way. Self-reflection and evaluation was a necessary tool for reflecting on my actions but also as a tool for reflecting 'in action' as outlined by (Schon, 1983). This helped to ensure that I remained sensitive to the needs and views of my participants and that I reacted in a way that would uphold the values of the University, my Doctoral Course and the ethical guidelines of both the British Psychological Society and the Association of Educational Psychologists.

Phase One Abstract

Education, Health and Care Plans have aimed to increase children, young people and parents involvement in the statutory assessment process, and enhance the multi-professional collaboration between services. This research seeks evaluate to what extent individual experiences correspond to these aims. The use of person-centred approaches have been advocated in the government literature as a way of supporting these outcomes (DfE, 2014).

The methodological approach of this study is based on a realistic evaluation framework informed by the work of Pawson and Tilley (1997). A programme theory based on previous work on person-centred support was constructed and used to develop questionnaires that have sought to gain professionals' experiences of the assessment process, particularly in relation to multi-agency working, and their perceptions of the person-centred nature of the assessment.

Findings demonstrate positivity from professionals about the level and quality of inter-professional relationships, the support they receive from other colleagues and their services and how this facilitates collaboration. Time was a significant context factor in the professional feedback, with allocation either coming from postponing non-statutory work or from working outside of contracted hours. Parental involvement, choice and control in decision making is reported to be good and on the whole is valued by professionals, although some professionals raised questions about objectivity when it came to parental views and the weight they held.

Overall, person-centred support was seen as realistic and achievable within the context of the systems in which the child exists. However of concern is the way in which children are supported to participate in the assessment. Respondents reported that in only 21% of cases the child's preferred method of communication was utilised to facilitate their participation. Attitude towards children's involvement is reported to be high, which suggests that further exploration as to the barriers to children's involvement is needed. Further development of the EHC assessment process in the authority could focus on issues of time allocation for the EHC advice

giver role and understanding professional and parental views of children's participation.

6 Phase One

Professional perspectives on the EHC assessment process

Research question: How do professionals view their role and contribution in the assessment process, and what are their perceptions of the assessment as a person-centred process?

6.1 Method

6.1.1 Participants

Professionals advice givers (professionals who had provided advice for the EHC assessment), came from the pool of advice givers that had been involved in EHC assessments between 8th October 2014 (the first EHC assessment approved in the authority) and 15th March 2015.

Initially individual advice givers were identified from the forty EHC assessments approved between 8th October 2014 and 28th Jan 2015 (my initial data collection time frame). These were new statutory assessments for children who had not previously had a statement of SEN. From this list fifty nine separate professional advice givers were named as contributing to the assessments. A list of the professional groups can be seen in Appendix 3. Some of these advice givers had given advice on more than one EHC assessment. This was particularly relevant to health care professionals, EPs, and members of the Early Years inclusion Team. All fifty nine advice givers were sent information about the research along with the questionnaire by email or post. This produced a total of eighteen responses. Information sheets about the research were then sent along with questionnaires to service leads and to individual staff members via whole service emails, and personal visits to service team meetings (in education teams, the Children's Integrated Disability Service, and the Child Development Centre) requesting feedback from anyone who had contributed to an EHC assessment. This produced an additional

thirteen responses. The questionnaire respondents were from a wide range of professional backgrounds, but worked predominantly within education. Twenty eight respondents worked in education, two worked in health services and three worked in social care services. The majority of education respondents worked in educational support services. School and college staff were poorly represented. Twelve schools had been contacted through emails to Head Teachers and Special Educational Need Coordinators (SENCOs), as well as through their link EP, but only two SENCOs responded. A full list of professional roles can be viewed in Appendix 3.

6.1.2 Questionnaires

The research questions were used to provide a broad structure for the questionnaire. The programme theory was then used as a framework to develop this broad structure and ensure that all relevant elements of the programme theory were addressed in the questionnaire. A table of the C-M-O elements and the questions they relate to can be seen in Appendix 8. The questionnaire went through seven iterations prior to being finalised. The final questionnaire was piloted by two trainee EPs who worked outside the authority and an EP from the service before it was administered. During piloting, adjustments were made to various areas including the removal of acronyms and professional jargon, the length of the questionnaire, and the way in which answers were recorded.

A variety of mediums for the questionnaire were considered, including hard copy documents, online survey tools such as 'survey monkey', and email responses. However, following an informal discussion with colleagues across services, a word document version of the questionnaire was created. This allowed respondents to both edit the document and email it back, or to print the document and fill it in by hand. There are many advantages to online survey tools, and one may argue that the response rate for this research may have been better with the use of such a tool (Watt et al, 2002; Domeyer et al, 2004), however, there were two reasons why I chose not to do this. Firstly an online survey tool does not allow for face-to-face discussions about the research with potential respondents, and face to face

interaction. Handing out questionnaires in person has been shown to significantly increase the response rate (Watt et al, 2004). Face to face meetings also allow potential respondents to ask questions, clarify the purpose of the study. I felt that an impersonal email from an unknown person may be overlooked or discarded, and that a more personal approach with individual emails and visits to services may be viewed more favourably. Secondly I wanted participants to have the right to withdraw their data at any time during the study. The online survey tool that I explored would not allow for this, and respondents could only withdraw entries prior to the point of exiting the survey. If at the end of the survey respondents did want to withdraw their data prior to exiting the questionnaire they would have to backtrack through the survey, deleting individual responses which I felt was unethical for this research.

6.1.3 Data collection

A total of 31 advice givers returned completed questionnaires, 20 copies were returned by email and 11 hard copies were returned by post or in person. An additional advice giver provided a written report of their experience of the assessment process but chose not to take part in the questionnaire. This information was not included in my analysis of the data because I felt it would require my personal categorisation the C-M-O elements which would challenge the validity of my results.

6.4 Data Analysis

Questionnaire data were analysed in two ways. Numerical data was collected and statistically analysed using Statistical Package for the Social Sciences (SPSS). Descriptive statistics were completed for all variables to determine the mean results and Standard Deviation for each variable. In addition, specific variables were analysed using Pearson's r correlation to explore the relationship between them.

Qualitative data from the questionnaires was analysed thematically using NVivo (a qualitative data analysis tool). The general themes from the programme were used to create super-nodes in NVivo. The individual C-M-O elements were then broken

down to create sub-nodes. The table below shows a snapshot of how the C-M-O's were organised into super-nodes and sub-nodes, the full list of nodes can be seen in Appendix 6.

Table 6: A snapshot of the way in which the C-M-O elements from the programme were categorised into sub-nodes and super-nodes for phase one.

Context element 1 from the programme	Super-node	Sub-node
<i>"The organisational structure and funding arrangements provide professionals and facilitators with allocated time for their EHC role. (Rasheed, 2006, as well as time to reflect on and be involved in developing the process for the future" (Beresford et al, 2011).</i>	Time	<ul style="list-style-type: none"> • Time for role • Time to collaborate with other professionals

Qualitative data from questionnaires that were returned electronically, were imported directly into NVivo, while hand written qualitative data were word processed and then imported into NVivo. The transcripts were then coded line by line into super-nodes and then sub-nodes. This was done twice to check the internal reliability of the coding. The table below provides an example of how qualitative data was coded.

Table 7: A snapshot of coding from the transcription data of classification within the super-node and sub-node in phase one

Transcription	Super-node	Sub-node
<p><i>"People need to book out the necessary time – we had people coming and going in our meetings and it wasn't really acceptable, so it needed more priority – the Head Teacher was coming and going." (CAF Officer)</i></p> <p><i>"All professionals need to be allocated sufficient time to contribute as the process is very time consuming." (Senior EP)</i></p>	Time	Time for role

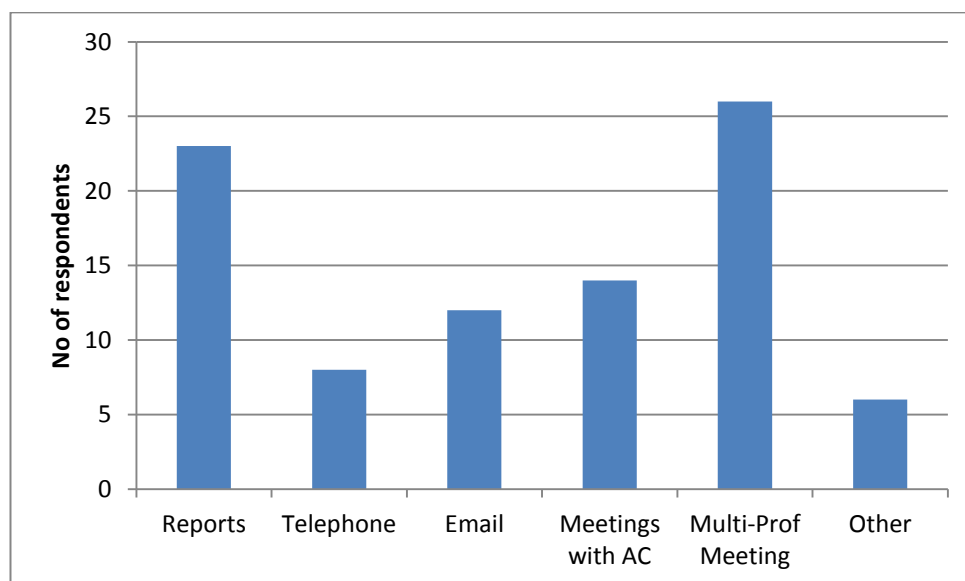
7 Results

A number of correlations have been used to highlight the strength of the relationships between variables. Relationships are discussed in terms of the strength of the positive or negative relationship. These results do not indicate causality. The level of significance reported in this study is 5%.

7.1 Methods used to gain professional views for the EHC assessment.

Professional reports and multi professional meetings were the primary methods used to gain professional views during the EHC assessment, however respondents also valued the importance of informal meetings, telephone contact and email contact with the Assessment Coordinator (AC). Some professionals worked in the same service as their AC and were able have “informal discussions” due to being in a shared open office space.

Graph 1: Methods used to gain professionals' views for the assessment



7.2 Contexts

7.2.1 Time

Time for role

On average, professionals felt they had a little less time than they required to what was expected within their advice giver role.

Table A: The extent to which professionals felt they had time to complete their role

	Not at all enough ←————→ More than enough					Mean	SD
N=31	0	1	2	3	4		
Time for role	5	11	12	2	1	1.45	0.961

The qualitative data suggests that having a prior relationship with the child, family or other members of the assessment team was a supporting factor for those professionals who did feel they had enough time for their roles .

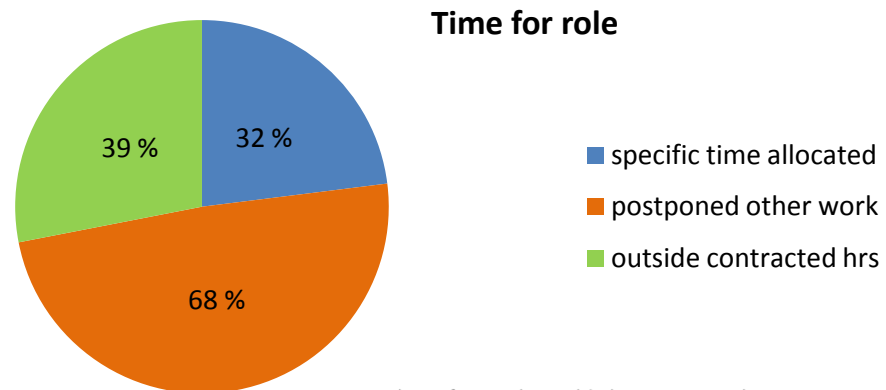
“I had enough time for my role because I had been involved with this child for some time, and I knew the ACs very well.” (EP)

Time for the professional advice giver role was made predominantly by postponing other non-statutory work, although these respondents also alluded to completing work outside of contacted hours. Only two respondents said they completed their role entirely outside of their contracted hours, as well as maintaining their normal workload. The prioritisation of the EHC assessment caused concern for some professionals as “prioritising this over other aspects of work, might ultimately mean that some other planned work is not possible rather than postponed”.

Table B: The way in which professionals allocated time to the role as an advice giver

N=31	Time Allocated?	No of respondents	Mean	SD
	Specific time allocated	8	0.32	.54
	Postponed other work	21	0.68	.48
	Completed outside contacted hrs	12	0.39	.50

Graph 2: Time allocated for Advice giver role



N.b Professionals could choose more than one option

There was no significant relationship between having enough time for the role and the extent to which professionals felt satisfied with the draft plan. $r(28)=0.17$, $p>0.05$

Time for collaboration

On average, respondents felt they had adequate opportunities to reflect and discuss the EHC advice giver role with a range of other professionals, although the standard deviation of 1.15 shows that the individual responses on average were a little under 1 point away from the mean towards the negative end of the scale.

Table C: The extent to which professionals had opportunities to collaborate with other professionals

	Not at all ←————→ Very much					Mean	SD
	0	1	2	3	4		
N=31							
Opportunities to collaborate	2	9	9	7	4	2.06	1.15

A moderately positive relationship exists between services promoting the importance of building relationships with individuals and their families and having opportunities to reflect and discuss the advice giver role with other $r(29)= 0.40$, $p<0.05$

In the qualitative data 15 respondents indicated that there was a need for more inter-professional collaboration to support the process.

“More opportunities to have safe conversations around different work practice for example multi-agency training sessions/CPD opportunities between agencies and structured conversations around different approaches, for example medical models v educational models.” (Advisory Team Staff)

Time to be person-centred

The results in the table below indicate that the level of parental choice for the venue where the EHC assessment took place and what methods of communication were used were relatively high. There was much less choice for parents’ over the length and structure of the meeting. Surprisingly, professionals reported that parents’ physical, mental health, and learning needs were taken into consideration only 54% of the time, as highlighted by one of the qualitative professional comments.

“In the last case I was involved with the mother did not appear to have any understanding of the process and almost fell asleep during the meeting. She told me afterwards that she understood why the professionals were all meeting but took no active part in the meeting throughout.” (Health Visitor)

Table 8: Parental and children's choices in EHC assessment

The parent had a choice of venue N=25	68%	The child had a choice of venue N=24	21%
The parent’s preferred method of communication was used N=26	73%	The child’s preferred method of communication was used N=24	21%
The parent had control over the length of the meeting N=25	16%	The child had control over the length of the meeting N=23	4%
The parent had control of the structure of the meeting N=26	15%	The child had control of the structure of the meeting N=24	4%
The parent’s physical, mental health, and learning needs were taken into consideration N=26	54%	The child’s physical, mental health and learning needs were taken into consideration N=25	64%

Children's control in the choice of venue was very poor at 21%. Worryingly only

21% of professionals felt that the child's preferred method of communication was used during assessment meetings. This highlights concerns around what is perceived to be person-centred for the child in these assessments.

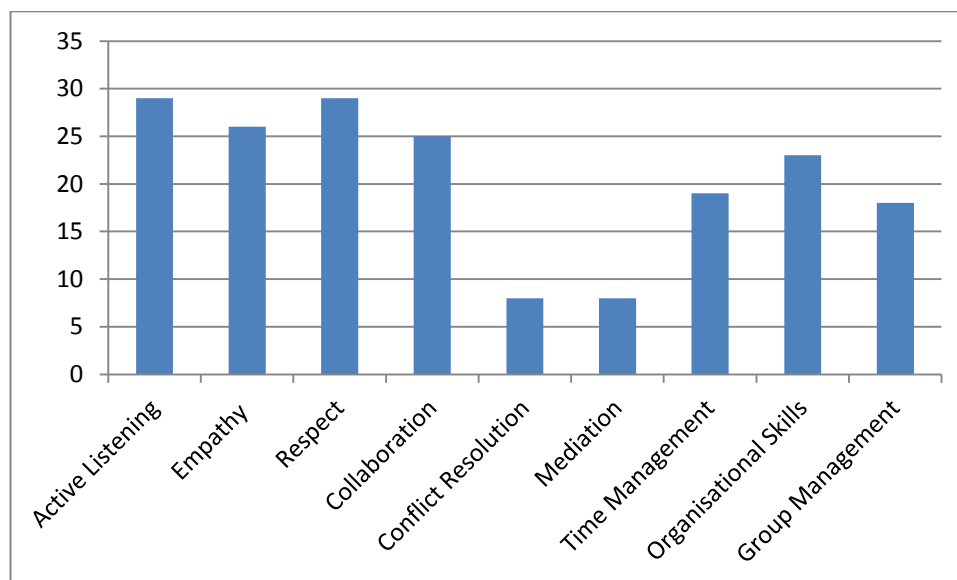
In line with parental choice children had negligible control over the length and structure of the meeting. However, professionals reported that children's physical, mental health and learning needs were taken into consideration more than the parent's needs at 64%.

7.2.2 Facilitators

Respondents were very positive about the skills of the ACs. Conflict resolution skills and mediation skills were not observed frequently because in the majority of cases respondents did not feel there had been any conflict or need for mediation.

"There were no moments of conflict, but this could be due to the assessment coordinator managing the group well to stay on task and look at statements from the child's perspective." (Portage Home Visitor)

Graph 3: Observed skills of the AC



However, there were cases where professionals felt that conflict had not been resolved by the AC. An example from the qualitative data is highlighted below. The first of which highlights the pressure that some schools feel they are under and the possible competing pressures of what is seen by the assessment group as being

best for the child and what is seen as realistic and achievable by the school. The need for ACs to have a working knowledge of school systems is an interesting one, and one that will need to be explored further as current ACs are drawn predominantly from education but also from health and social care roles.

“EHC coordinator had no experience of education and schools and this clearly showed in the initial assessment meeting. This caused a lot of conflict between school and parents.” (SENCo)

None of the respondents reported observing poor group management by the AC.

7.2.3 LA and Service Level

Professionals were positive about the extent to which their service promotes the importance of building relationships with individuals, their families and significant others and empowers them to make decisions about their own futures. The standard deviation of 0.88 alludes to the high number of responses at the most positive end of the scale.

Table D: The extent to which the LA promoted a person-centred culture of working

	Not at all ←————→ Very much					Mean	SD
	0	1	2	3	4		
N=31	0	1	2	3	4		
LA promotes person-centred culture	0	2	2	9	18	3.39	0.88

7.2.4 National and Local Policy

On average, respondents felt there was a gap between the funding for community services for children with SEND and the principles of equal opportunity. The standard deviation of 0.83 represents the spread of the data on this scale. A third of respondents were neutral about this statement.

Table E: The extent to which professionals felt there was a gap between the funding for community services and the principles of equal opportunity for children with SEND.

	Not at all ←————→ Very much					Mean	SD
	0	1	2	3	4		
N=27	0	1	2	3	4		
Gap between funding and Equal Ops	0	1	9	11	6	2.81	0.83

On average respondents were neutral about whether there was a gap between the principles of person-centred support and the local and national policies that govern services, although the data are fairly evenly spread between 1 and 3 on the scale.

Table F: The extent to which professionals felt there was a gap between the principles of PCP and the local and national policies that govern services.

	Not at all ←————→ Very much					Mean	SD
	0	1	2	3	4		
N=27	0	1	2	3	4		
Gap between PCP and Policy	0	9	7	7	4	2.22	1.08

One respondent highlighted the lack of time and resources necessary to implement a meaningfully person-centred approach.

“I am deeply concerned by the lack of foresight that appears to have gone into this approach. It is taking up a high degree of time, I believe the person-centred elements are only tokenistic because the resources are not available to do them properly.” (EP)

A number of respondents also highlighted how the different policies between services could affect the extent to which the assessment was person-centred. Issues raised included services not being commissioned to attend external meetings, the style and quality of service reports, the prioritising of EHC assessments, and the lack of knowledge about the EHC process in services outside of education.

“The importance of EHC needs to be disseminated across all organisations. From my experience working on the interface between education and CAMHS many CAMHS colleagues haven’t been given any training at all about EHC or understand their role within it. This is due to lack of dissemination by management.” (EP)

7.2.5 Beliefs

Equal opportunity

On average, respondents felt strongly that professionals involved in the EHC assessments were committed to the principles of equal opportunity.

Table G: The extent to which professionals felt that other professionals were committed to principles of equal opportunity for children with SEND.

	Not at all ←————→ Very much					Mean	SD
N=31	0	1	2	3	4		
Professionals committed to equal opportunities	0	0	3	9	19	3.52	0.67

Person-centred support

On average, respondents felt that person-centred support was achievable within the EHC process opportunity.

Table H: The extent to which professionals felt PCP was achievable in the EHC process

	Not at all ←————→ Very much					Mean	SD
N=29	0	1	2	3	4		
PCP is achievable	0	2	8	14	5	2.76	0.83

“Child was present at meeting, completed a one page profile and was allowed to leave when they had had enough!” (Family Support Worker)

“EHC allows opportunities for the child to have more of a voice!” (SENCo)

Positive attitude to children and young people's involvement

Professionals found children’s views useful when thinking about the outcomes for the EHC plan. This was in line with the degree to which they found professional and parental views important. However it is worth noting that only 24 respondents answered this question, in comparison to the full 31 who answered the question regarding parental involvement. Qualitative data reveals that the child’s views were not directly sought primarily due to age and perceived competency.

Table I: The extent to which professionals found the child’s views useful when thinking about outcomes for the child.

	Not at all ←————→ Very much					Mean	SD
N=24	0	1	2	3	4		
Attitude- CYP involvement	0	1	5	8	10	3.13	0.90

“The child was under 2 and has Profound and Multiple learning Difficulties. However, her parents were clear in how they wished to represent her voice.” (Senior EP)

Positive attitude to parental involvement

Professionals found parental views important when thinking about the outcomes for the EHC plan. This was in line with the degree to which they found children's and parents' views important.

Table J: The extent to which professionals found the parents' views useful when thinking about outcomes for the child.

	Not at all ←————→ Very much					Mean	SD
N=31	0	1	2	3	4		
Attitude-Parent involvement	0	0	4	11	16	3.39	0.72

7.2.6 Preparation

Information and support

On the whole, respondents were positive about the information and support they were given in order to complete their roles. They felt listened to throughout the process and they were satisfied with the draft plan. Areas suggested for future development centred around 1) clarity of professional roles; 2) having a copy of the skeleton plan prior to the meeting; and 3) having 'model' EHC plans to provide guidance.

“Perhaps a simplified guidance and examples of how detailed a draft plan needs to be, how much can later be reflected by IEP's and what are the limitations on what can be said.”

(Speech and Language Therapist)

Table K: The extent to which professionals felt informed and supported in their role, and their satisfaction in the process and the resulting plan.

	Not at all ←————→ Very much					Mean	SD
N=31	0	1	2	3	4		
Info made clear	1	2	9	8	11	2.84	1.09
Felt supported	0	2	5	13	11	3.06	0.89
Listened to	0	1	3	11	16	3.35	0.79
Satisfied	0	0	7	10	14	3.23	0.81

Correlations:

Feeling listened to was a particularly important element in professionals feeling they and the information and support they needed during the assessment.

- A moderately positive relationship exists between feeling listened to and the extent to which professionals felt supported throughout the process $r(29) = .57, p < 0.05$
- A moderately positive relationship exists between feeling listened to and how satisfied professionals were with how their views were collected $r(29) = .55, p < 0.05$
- Feeling supported was also related to information being made clear to the professional and how satisfied professionals were with the way their views were collected. A moderately positive relationship exists between the information being made clear to the professional and them feeling supported $r(29) = .39, p < 0.05$
- A moderately positive relationship exists between feeling supported and how satisfied professionals were with the way their views were collected $r(29) = .44, p < 0.05$

On average people felt that they were adequately trained and prepared for their role and that their service prepared them adequately with the information, training, and technical support they needed to carry out their EHC role confidently. Although the highest ratings for this score sit at 3 on the scale the rest of the data are fairly evenly distributed which may suggest a lack of parity between respondents' experiences.

Table L: The extent to which professionals felt they were adequately prepared for their role in the assessment and had the technical support they required.

	Not at all ←————→ Very much					Mean	SD
N=31	0	1	2	3	4		
Prepared for role	4	5	6	13	3	2.19	1.22
Technical support	2	6	7	14	2	2.26	1.06

Correlations:

A strong positive relationship exists between feeling adequately prepared for the role and having the information, training and technological support needed to carry out the role $r(29) = 0.78, p < 0.05$

7.3 Mechanisms

7.3.1 Interpersonal Skills

On average, respondents were happy that their views were accurately represented during the assessment.

Table M: The extent to which professionals felt their views were recorded accurately during the assessment.

	Not at all ←————→ Very much					Mean	SD
N=30	0	1	2	3	4		
Views represented accurately	1	0	6	13	10	3.13	0.973

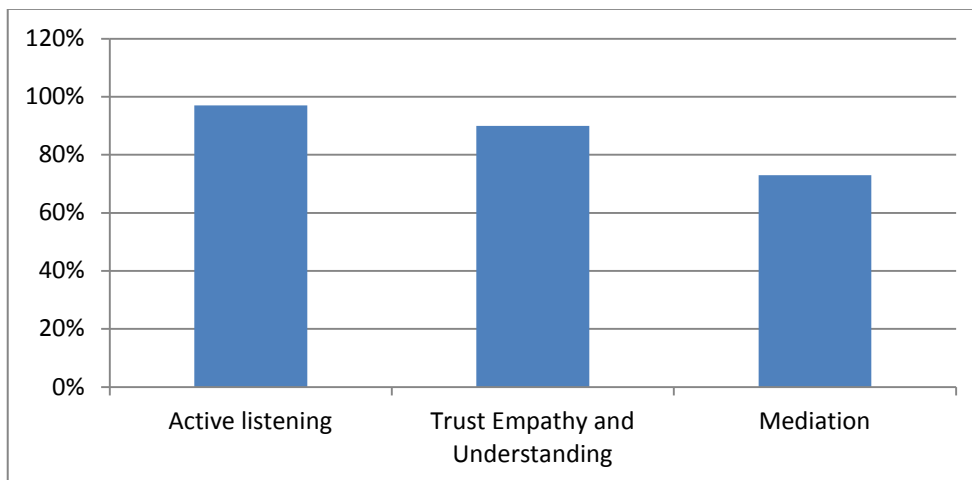
The mean average suggests respondents had to adapt their views very little over the period of the assessment. Although the SD represents the wide spread of the data.

Table N: The extent to which professionals felt they had to adapt their views during the assessment.

	Not at all ←————→ Very much					Mean	SD
N=30	0	1	2	3	4		
Adapt views	10	8	2	8	2	1.47	1.38

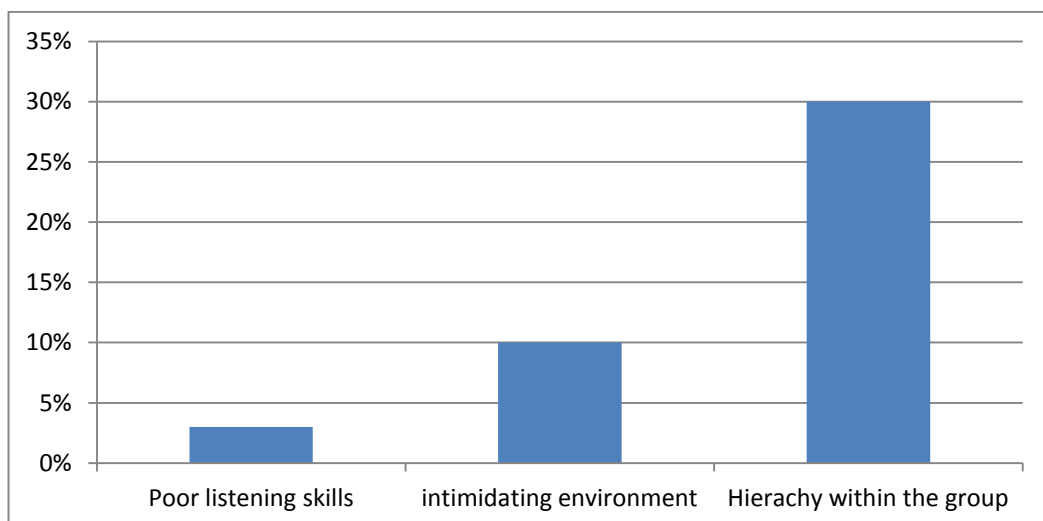
There were a number of interpersonal skills which facilitated good relationships within the assessment team, as shown in graph 4

Graph 4: Interpersonal skills observed in the EHC assessment group



Respondents also observed three barriers to positive relationships in the EHC assessment group. The more significant of which was a hierarchy within the group. It would be useful to explore this in more depth to understand how hierarchy within the group is represented.

Graph 5: Observed barriers to positive relationships in the EHC assessment group



Conflict Resolution

On average, respondents felt that there was some conflict between views within the assessment group, although the standard deviation is over 1 point away from the mean indicating the range of views spread across the whole scale, with five respondents reporting perceived conflict within the group. However they felt that disagreements were resolved by the time the draft plan was written.

Table O: The extent to which professionals perceived conflict in the group.

	Not at all ←————→ Very much					Mean	SD
N=31	0	1	2	3	4		
Conflict	13	7	6	4	1	1.13	1.2

7.3.2 Relationships

Inter-professional relationships

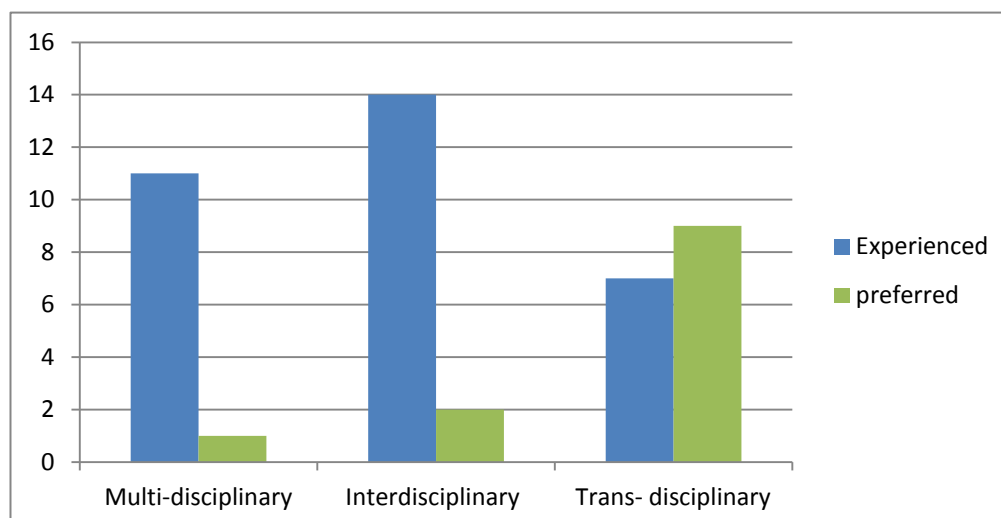
Multi professional relationships were described in the questionnaire under the following definitions:

1. Multi-disciplinary (working alongside, no joint planning)
2. Interdisciplinary (joint planning, work separately)
3. Trans-disciplinary (joint planning, working and sharing roles)

On average, respondents described their multi-professional relationships as being interdisciplinary. Most respondents, 61%, were happy with how the multi-professional relationships had been organised within their assessment teams. However, 39% of respondents would have liked to work differently.

The graph below highlights where professionals might like to have worked differently. Results indicate that of the 39% of respondents who would have liked to work differently 75% of respondents would have preferred to work as a trans-disciplinary team with joint, planning, working and sharing roles.

Graph 6: Multi-professional relationships within the assessment group



Relationships are positive and productive

Relationships between group members were seen as positive and productive. 83% of respondents experienced positive and productive relationships within their EHC assessment group.

Table P: The extent to which professionals felt the relationships within the group were positive, and productive.

	Not at all ←————→ Very much					Mean	SD
	0	1	2	3	4		
N=31	0	1	2	3	4		
Relationships	0	2	3	10	16	3.29	0.90

“This was my first experience of an EHC assessment. I found it to be a very helpful, collaborative and well managed process in this case.” (Social Worker)

In the *other comments* box the same respondent highlighted the fact that having a prior relationship with the child, their families and other professionals supported the positive and collaborative relationships in the EHC assessment. It will be useful to explore this further in the case studies in phase two of this thesis.

“There was a good consultation process and there was an established CAF/TAC system already in place. All professionals have established a positive working relationship with the child and the family. The child was very much at the centre of the planning process.” (Social Worker)

The role of the AC was seen as very important in managing the assessment process and the draft planning meetings.

Table Q: The extent to which professionals felt the role of the AC was important

	Not at all ←————→ Very much					mean	SD
	0	1	2	3	4		
N=31	0	1	2	3	4		
Role of AC is important	0	2	1	7	21	3.52	0.85

“The AC was great at listening, reflecting, summarising within the context of the school, parent and child’s views. They had an air of reasonableness.” (EP)

Correlations:

- There was a moderately negative relationship between relationships being positive and productive and the extent to which there was conflict within the group $r(29) = 0.53, p < 0.05$
- There was a moderately positive relationship between the extent to which disagreements were resolved by the time the draft plan was written and the extent to which the role of the AC was important $r(29) = 0.46, p < 0.05$

7.3.3 Community Change

The community aspects of the questionnaire are linked in with the Local and National policy section above.

7.4 Outcomes

7.4.1 Empowerment

Empowerment is a variable explored in part two of this research, however, aspects of empowerment emerge in the section titled 'EHC plan' in the extent to which parental and pupil views are included within the plan.

7.4.2 Knowledge about the child

Jointly write and agree the outcomes written in the plan.

Professionals were positive about the extent to which they had felt actively involved in writing the outcomes in the draft plan and the extent to which the plan represented their views. One respondent had not felt actively involved in writing the outcomes and none of the professionals felt that the plan had not represented their view, although five respondents' were neutral about this point.

Table R: The extent to which professionals felt actively involved in writing the outcomes in the draft plan and the extent to which the plan represented their views.

	Not at all ←————→ Very much					Mean	SD
N=30	0	1	2	3	4		
Actively involved in outcomes	0	1	5	8	16	3.30	0.87
Plan represent your views	0	0	5	10	15	3.33	0.76

7.4.3 Responsibility

Respondents were fairly neutral about whether joint responsibility had been agreed for monitoring and evaluating the outcomes

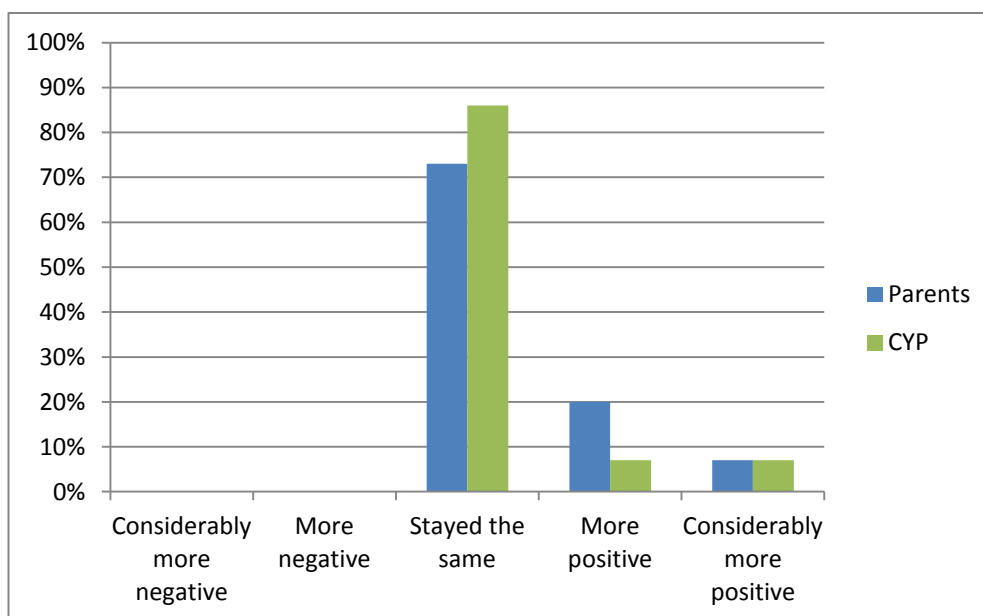
Table S: The extent to which professionals felt that joint responsibility for monitoring and evaluating the plan had been agreed.

	Not at all ←————→ Very much					Mean	SD
N=29	0	1	2	3	4		
Joint responsibility	0	6	8	15	0	2.31	0.80

7.4.4 Final Attitude

Attitudes towards both children and parental involvement stayed largely the same. In a number of cases respondents had marked on their questionnaires that their attitudes towards both parents' and children were positive to begin with.

Graph 7: Final attitudes to children and parental involvement



“There were in all cases decisions based on the behaviours and interests of the child with parents contributing a lot to this throughout the process.” (Early Years Coordinator)

Table U: The extent to which professionals felt the plan represented the child’s hopes for the future and their views about what had and had not worked for them in the past.

	Not at all ←————→ Very much					Mean	SD
N=26	0	1	2	3	4		
CYP Hopes	1	2	5	12	7	2.81	1.04
What had/ hadn’t worked in past	1	4	6	6	9	2.69	1.22

On average, respondents felt that the plan did represent parents’ hopes for the future, and that it represented the parents’ view of what had and hadn’t worked for their child in the past.

Table V: The extent to which professionals felt the plan represented the parents’ hopes for the future and their views about what had and had not worked for their child in the past.

	Not at all ←————→ Very much					Mean	SD
N=30	0	1	2	3	4		
Parent Hopes	0	1	2	10	17	3.43	0.77
N=29							
What had/ hadn’t worked in past	0	2	5	11	11	3.07	0.92

“The parental view was very present and they were consulted throughout to ensure they agreed with input and were asked to contribute with their priorities. The parental section of the plan was well recorded and utilised. The child was referred to throughout the meeting and it was clearly focussed on strength and need.” (EP)

Three of the professionals discussed a challenge in relying on parental information to inform the view of the child.

“The child was not present at the meeting...parents have expressed a wish to have control over who meets/works with him due to his anxieties. This although unusual is not unique particularly when parents have huge anxieties themselves. It was particularly challenging for us all as advise givers to gain some common idea about the child other than what has/what was been presented by the parents.” (Advisory Team Staff)

“Talking to him and the family and the professionals allowed this, but it is difficult to elicit views from a small child and this needs to be done by others with understanding – especially in the delivery of the plan in small details. Also, parents can be very one sided in their opinions, so it needs to be ensured that the facts are accurate.” (CAF officer).

Professional satisfaction with the end plan was good.

Table W: The extent to which professionals were satisfied with the draft plan.

	Not at all ←————→ Very much					Mean	SD
N=30	0	1	2	3	4		
Satisfaction with plan	0	2	5	14	9	3.00	0.87

Correlations:

These correlations were also examined across professional groups, and there was no significant difference between professionals in health, social care or education.

There was a moderately positive relationship between 1) The plan representing the child's hopes for the future $r(28) = 0.43, p < 0.05$; 2) The plan representing what had and hadn't worked for the child in the past $r(28) = 0.54, p < 0.05$; 4) The plan representing parents' hopes for the future $r(28) = 0.56, p < 0.05$; 5) The plan representing the parents' views of what had and hadn't worked for their child in the past $r(28) = 0.49, p < 0.05$; 6) The plan meeting the holistic needs of the child $r(28) = 0.43, p < 0.05$; and 7) The outcomes in the plan being SMART $r(28) = 0.57, p < 0.05$.

There was a strong positive relationship between professionals feeling actively and meaningfully involved in the outcomes written in the EHC plan and professional satisfaction with the draft plan $r(28) = 0.77, p < 0.05$

There was a strong positive relationship between professionals feeling actively and meaningfully involved in the outcomes written in the EHC plan and the plan representing the professionals' views $r(28) = 0.67, p < 0.05$

“The EHC assessment Draft Plan was completed while all involved professionals were present and involved contributions from everyone there. Whilst this was time consuming it obviously ensured that all of the child's needs were highlighted from each service's perspective. The Educational Psychologist who wrote the plan was also eager to ensure this was so. All professionals involved had been working with the child for some time and were all experienced practitioners which I believe also probably assisted.” (Health Visitor)

There was a strong positive relationship between the plan representing professionals' views and the outcomes written in the EHC plan being SMART $r(28)=0.72, p<0.05$. However, in some cases professionals found the format of other professional advice was not conducive to SMART outcomes.

“Other professionals reports (Health) were largely descriptive and this wasn't all that helpful in thinking about SMART outcomes for the YP... Outcome led advice needs to be sought in order for professionals to be thinking together and collaborating effectively.” (EP)

Professional views

There was a strong positive relationship between the plan representing professionals' views and them 1) feeling actively and meaningfully involved in writing the outcomes $r(28)=0.67, p<0.05$; 2) The plan representing parents' hopes for the future $r(28)=0.57, p<0.05$; 3) The plan meeting the holistic needs of the child $r(28)=0.43, p<0.05$; and 4) Professional satisfaction with the draft plan $r(28)=0.52, p<0.05$.

There was a strong positive relationship between outcomes being SMART and the extent to which professionals felt the plan represented their views $r(28)=0.72, p<0.05$. It would be interesting to explore this relationship further to ascertain whether the outcomes being SMART are seen as a result of the plan representing professionals' views. It would also be interesting to explore what value professionals place on other professionals views and why.

Children and young person's views

The child's views were positively linked to a number of variables (outlined below) which highlights the importance of the child's view in these assessments. The previous information regarding the very low percentage of assessments where professionals felt the child's preferred method of communication was used indicates an area that may need further exploration within the authority.

There was a very strong positive relationship between the extent to which the plan represented the child's view of what had and hadn't worked well for the child in the

past and the extent to which the plan represented the child's hopes for the future $r(24)= 0.76, p<0.05$.

There was a moderately positive relationship between the plan representing the child's hopes for the future and 1) professionals feeling actively and meaningfully involved in the outcomes written in the EHC plan $r(24)= 0.44, p<0.05$; 2) There being a shared responsibility for monitoring and evaluating outcomes between the child, parents and professionals $r(24)= 0.45, p<0.05$; 3) Professionals feeling satisfied with the draft plan $r(24)= 0.41, p<0.05$.

There was a moderately positive relationship between the plan representing the child's views of what had and hadn't worked well for them in the past and 1) professionals' feeling actively and meaningfully involved in the outcomes written in the EHC plan $r(28)= 0.54, p<0.05$; The plan representing parent's hopes for the future $r(28)= 0.55, p<0.05$; 3) The plan representing the parent's views of what had and hadn't worked for their child in the past $r(28)= 0.47, p<0.05$; 4) The outcomes written in the EHC plan being SMART $r(24)= 0.40, p<0.05$; and 5) Professional satisfaction with the draft plan $r(28)= 0.65, p<0.05$.

Parents' views

The parental views were also positively linked to a variety of variables, which supports the values outlined in the SEND reforms re parental involvement.

There was a moderately positive relationship between the plan representing the parents' hopes for the future and 1) professionals' feeling actively and meaningfully involved in the outcomes written in the EHC plan $r(28)= 0.56, p<0.05$; 2) the plan representing the child's views of what had and hadn't worked well for them in the past $r(28)= 0.55, p<0.05$; 3) The plan representing the parents' views of what had and hadn't worked for their child in the past $r(28)= 0.65, p<0.05$; 4) the outcomes written in the EHC plan being SMART $r(28)= 0.51, p<0.05$; 5) Professional satisfaction with the draft plan $r(28)= 0.56, p<0.05$.

There was a moderately positive relationship between the plan representing the parents' views of what had and hadn't worked for their child in the past and 1)

professionals' feeling actively and meaningfully involved in the outcomes written in the EHC plan $r(28)= 0.49, p<0.05$; 2) The plan representing the child's view of what had and had not worked in the past $r(28)= 0.47, p<0.05$; 3) The plan representing the parents' hopes for the future $r(28)= 0.65, p<0.05$; and 4) Professional satisfaction with the draft plan $r(28)= 0.48, p<0.05$.

There was a moderately positive relationship between the plan meeting the holistic needs of the child and the plan representing the parents' views of what had and hadn't worked for their child in the past $r(28)= 0.39, p<0.05$.

The results above suggest there may be a mutually dependent relationship between the child, parental, and professional views. This highlights the importance of a positive and supportive group dynamic within the assessment teams, as these views are closely linked to other variables about the quality and validity of the plan itself.

7.5 Comparative evaluations between statements and EHCs

68% of professionals had provided advice for statutory assessments in the past.

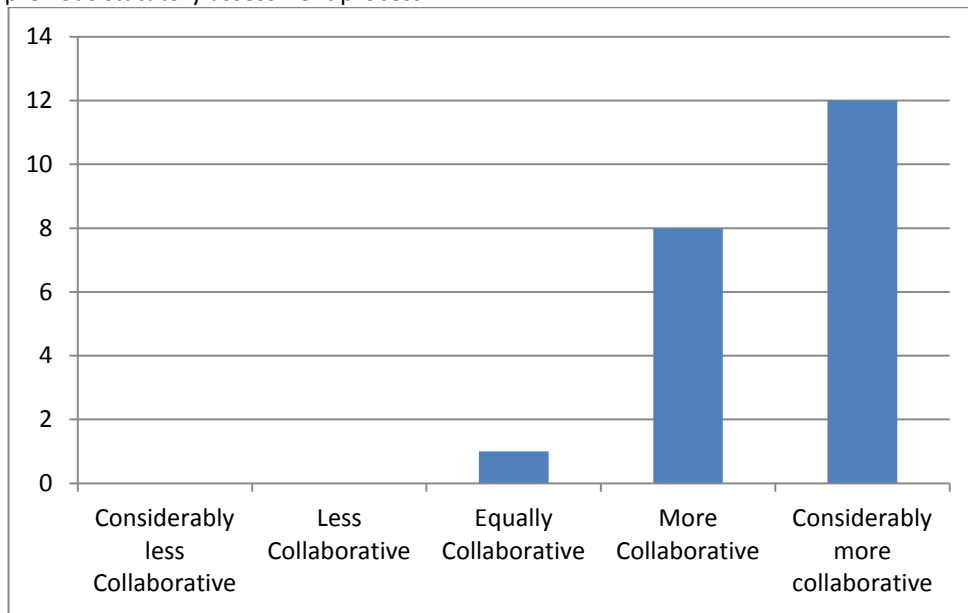
On average, respondents felt that the EHC process was different to the previous statutory assessment process, and that their role was also different.

Table X: Professionals' evaluation of the EHC process and role as being different to the process and role in previous statutory assessments

	Not at all ←————→ Very much					Mean	SD
N=22	0	1	2	3	4		
Comparison to statements	0	1	1	14	6	3.14	0.71
Role comparison	0	4	3	11	4	2.68	0.99

The graph below shows the extent to which respondents felt the process was more or less collaborative than the previous statutory assessment process.

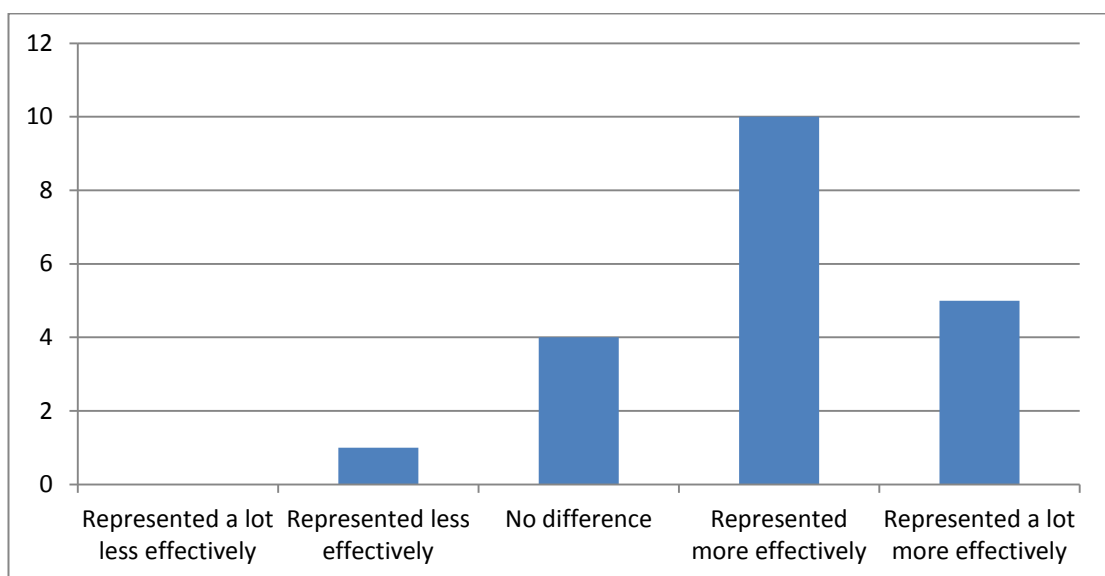
Graph 8: Number of professionals who found the process more or less collaborative than the previous statutory assessment process.



Overall, respondents were very positive about this with no one viewing the process as less collaborative and only one respondent viewing it as equally collaborative.

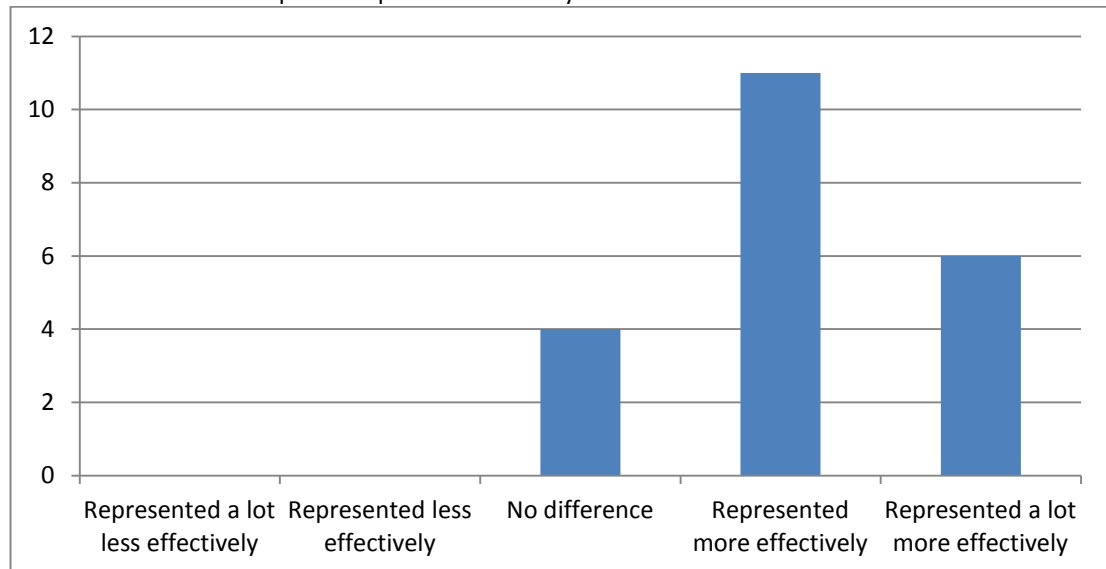
On average, respondents felt that their views were represented more effectively than in the previous statutory assessment process.

Graph 9: Number of professionals who felt their views were represented more accurately in the EHC plan compared to previous statutory assessments



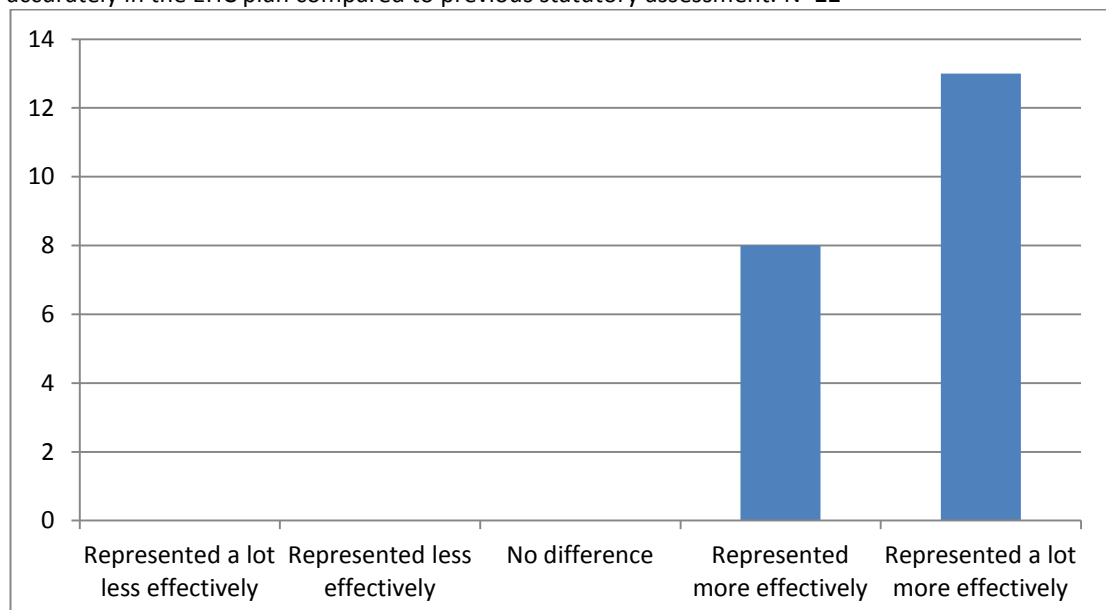
On average, respondents felt that children's views were represented more accurately in EHC assessments in comparison to the previous statutory assessment process.

Graph 10: Number of professionals who felt children's views were represented more accurately in the EHC Assessment compared to previous statutory assessments.



On average, respondents felt that parental views were represented more accurately in EHC assessments in comparison to the previous statutory assessment process, which suggests that from the perspective of professionals parental views are more included within the EHC process in comparison to the previous statutory assessment process.

Graph 11: The number of professionals who felt that parental views were represented more accurately in the EHC plan compared to previous statutory assessment. N=22



Phase two will explore what parental perspectives of this are although it cannot provide a direct comparison between the processes as for all but one of the parents in the case study families the EHC process was their first experience of statutory assessment.

“They have opportunity to influence the writing of the plan directly. This was not present with statements”. (EP)

“The parents have a greater role and understanding of the process as they are included face to face”. (EP)

The majority of respondents felt that views were evenly weighted in the EHC assessment (14 respondents). However 10 respondents felt that the professionals' views held most weight. 6 respondents felt the parent's views held most weight and interestingly none of the respondents felt that the children's views held the most weight.

8 Discussion for Phase One

The following discussion outlines some of the key findings from the research and answer the research questions for this paper. A more in depth discussion of some of the key findings, areas for development and implications for future practice can be found in the overall discussion of the two papers.

8.1 How do professionals view their role and contribution in the assessment process?

Although there was a need to adapt professionals' views a little during the assessment period to meet a consensus over the plan, professionals reported satisfaction with the way in which their views had been elicited and recorded in the EHC assessment. This was linked to the interpersonal relationships within the assessment team which will be outlined below.

8.2 How collaborative do professionals feel the EHC assessment process is?

Professional responses regarding the relationships within the group were overwhelmingly positive with 83% of respondents experiencing collaborative and supportive relationships within the group, although it is important to note the small sample size in this analysis. Over 85% of respondents reported relationships which demonstrated active listening skills, trust, empathy and understanding, which might suggest that collaboration between professionals as well as with the child and their families was viewed positively. This view is supported by the fact that very few experiences of conflict were reported by professionals. These relational qualities form the foundation to person-centred processes (McCormack & McCance, 2003; Murray & Sanderson, 2007). This will be further elaborated in phase two.

Although professionals were positive about collaboration between group members and felt actively and meaningfully involved in the outcomes, this collaboration does not appear to be represented in the responsibility for the monitoring and evaluating of outcomes. This will be further elaborated in phase two of this study as the questionnaire data does not allude to a reason for this. Literature on person-

centred support suggests that joint responsibility for the plan is a key element in person-centred support and planning (Sanderson, 2000), the person-centred approach and working together should not end at the point the plan is written.

8.3 How do professionals view the relationships between group members?

Out of thirty one respondents thirteen professional relationships were described as being interdisciplinary with joint planning but working separately to one another. Six of these professionals indicated this was their ideal working relationship with colleagues, whilst another six respondents indicated they would like an even closer trans-disciplinary relationship in which they would jointly plan, work with and share roles with colleagues. This feedback supports the requirements of the code of practice for professionals across the three sectors to jointly plan services for children with SEND (DfE, 2014 section 11.1). Research by Atkinson, Wilkin, Stott, Doherty and Kinder (2002), demonstrated that joint planning between multi-agency coordinated delivery groups when supported by a 'facilitator' allowed children's needs to be met more appropriately and led to better quality services and provision. This finding was emphasised in the SQW (2013), evaluation of the pathfinder authorities which concluded that close working between health and social care teams resulted in joint planning and decision making for continuing health care. The role of the AC was seen as very important in managing the assessment process and future research might explore the extent to which the role of the AC is linked to the positive experiences of multi-agency working seen in this study. There was some professional frustration relating to multi-agency attendance at draft plan meetings. This was also highlighted in the SQW evaluation, which concluded that this was due to a lack of capacity as opposed to a lack of desire to participate. It is worth noting, however, that a minority of 39% of professionals would have liked to have an even closer working relationship with other professionals, which is perhaps something that can be explored as part of the ongoing development of the EHC process in this authority.

8.4 To what extent do they feel supported in their participation?

Time was a concern to professionals who on average felt they did not have quite enough time to fulfil their roles. An issue which could present difficulties in the future is the way in which time was allocated to the EHC assessment role. By far the greatest allocation of time came from the postponement of other non statutory work, which as highlighted by professionals “might ultimately mean that some other planned work is not possible rather than postponed” (quote from an EP). This has implications for other areas of the SEND Code of Practice which refer to the need for ‘early identification’ and a ‘graduated response’ to supporting children with SEND. 32% of professionals were completing work for the EHC assessment outside of their contracted hours, although only 6% of professionals were completing this work solely outside of their contracted hours. This raises concerns about the potential for burnout; which research suggests is characterised by emotional exhaustion, depersonalisation and reduced personal accomplishment which could be potentially problematic for a process which relies on a commitment to a person-centred philosophy and practice (Corrigan, 2014).

Respondents were positive about the practical support, training and information they received from their service and the LA, a number of practical suggestions were made to facilitate this further. The qualitative data suggests that this relates to professionals feeling their concerns and suggestions were listened to by their colleagues and those responsible for implementing the EHC process in the authority. Questions were also raised about the clarity of people’s roles within the assessment process. Research from educational psychology practice suggests that this is an important aspect of effective multi-agency working (Gaskell & Leadbetter, 2009), and it is also highlighted as a facilitating factor in PCP as outlined by Sanderson (2009). Feeling supported and feeling listened to was positively linked to professionals' satisfaction with the draft plan, which will be important elements for service to continue to support in order to support the process itself but also to the professionals' feeling of accomplishment post assessment.

Professionals were positive about the extent to which the services they worked for supported the building of positive relationships with the child and their families. Respondents also felt that professionals across all three sectors were strongly

committed to the principles of equal opportunities for the child and their families. This underlying ethos is an important aspect to the commitment to a person-centred philosophy, which requires organisational change and facilitation of person-centred practice (Corrigan, 2014).

8.5 To what extent do professionals feel the EHC assessment is person-centred in its approach?

Respondents were largely positive in their attitudes towards person-centred support. Attitudes to children's and parent's involvement were very good, just under half of respondents (48%) felt that the assessment represented an even weighting of views. However the remaining 52% of respondents felt either the professional or parental views held most weight and so interestingly none of the respondents felt that the child's views held most weight. This result questions the idea of shared power in the assessment process. Overall, the results highlight a need for professionals to think more specifically about children's choices in the assessment process. Very few children had any choice or control over the individual aspects of the process such as the format, length, and structure of meetings. Worryingly only 21% of professionals felt the assessment took account of the child's preferred method of communication which raises real questions about how children articulate their 'voice' within the assessment. The reliance on parental views was also highlighted as a concern by some professionals. Although this is a small sample the result is significant for every child who has not had an opportunity to put across their views through their preferred method of communication. As Hayes (2004), suggests there may be a need to develop more innovative and creative ways of accessing pupil voice in this process. This is an area which will be further explored in phase two.

8.6 What is the role and significance of the AC?

The skills of the facilitator were valued by the professional respondents. Qualities that were most observed reflected principles of humanistic psychology such as

trust, empathy and active listening and collaboration (Schneider, Bugental, & Pierson, 2001; Kelly, 1955; Rogers, 1951).

8.7 How confident are professionals that the outcomes stated in the plan are Specific, Measurable, Achievable, Realistic, and Time orientated (SMART)?

Professionals were sceptical about whether the funding for community services could support children's equal opportunity and were unsure as to whether there was sufficient time and resources to support a meaningfully person-centred approach. Some of the qualitative data suggest this may be linked to the current economic climate affecting public services in the UK, although a more comprehensive investigation would need to be considered to suggest a causal link. In January 2009 the UK's economy was formally declared to be in recession (Economic and Social Research Council, 2014). Local Authority budgets have since been reduced, which has had an impact on public spending. The current budget for the LA in this research, for 2015/2016 is £14 million less than for the previous tax year (LA Newsroom).

Professionals viewed the draft EHC plan as representative of the holistic needs of the child as well as their hopes for the future and what had worked and hadn't worked for them in the past. However, it is worth returning to the earlier discussion regarding the very low number of respondents who had felt that the assessment supported the child's preferred method of communication. If the child is not supported through their preferred method of communication how are their views represented in the assessment? The quantitative data suggests a strong relationship between the professionals feeling actively and meaningfully involved in outcomes and the parents' views of the child and their own hopes for the future. The qualitative data suggests that some professionals felt that the parental view was "*very present*" in some assessments and that there had been a need to rely on parental interpretations of the child's view due to age and need, which had led to a very "one sided...opinion". Issues of parental and professional advocacy will be discussed further in the final discussion at the end of this research.

8.8 What are professionals' comparative evaluations of the new EHC process in relation to the previous statementing process?

Professional comparisons between the previous statutory assessment process and EHC assessment were very positive with the majority of professionals viewing it as either 'more' or 'considerably' more collaborative. Views were seen to be represented more effectively, with opportunities to clarify and amend meaning during multi-professional meetings. On average, parental views were seen to be represented considerably more effectively in the EHC assessment in comparison to the previous statutory assessment process. Children's views were seen to be represented somewhat more effectively. Phase two of this research will explore parental and children's perceptions of this. Another benefit to the process seems to be the value that the process places on all professionals who support the child and the family. 32% of respondents had never been asked to provide advice for a statutory assessment previously. These included family support workers, one-to-one support staff, and school counsellors, professionals who often have an ongoing and intricate knowledge of the child within a variety of contexts. Traditionally advice has always been sought from professionals such as EPs and Paediatricians and this advice is valuable, however, in many cases these advice givers may have limited involvement with a child and therefore the broadening of professional advice givers in the EHC process should be welcomed in order to inform a holistic view of the child.

8.9 Concluding remarks

The data from this study are limited due to the size of the participant group. Nevertheless, it indicates possible areas for development within the EHC process in this authority. With regard to meeting the SEND reforms there appears to be positivity from professionals about the level and quality of inter-professional relationships, and how this facilitates collaboration. However, as with the findings from the SQW evaluation of the pathfinder authorities, multi-agency attendance at meetings appears to be limited leading to frustration for other group members. Parental involvement is also reported to be good, particularly in relation to their

choice and control in decision making and their views being represented throughout the assessment. Although some professionals raised questions about objectivity when it came to parental views and the weight they held. Of significant concern to this study is the way in which children are supported to participate in the assessment. Respondents reported that they had positive attitudes towards children's involvement at the start of the assessment and that this stayed relatively stable or grew throughout the assessment, which suggests that professionals are relatively open to the idea of children's involvement in the assessment. These data do not provide any demographic information regarding the needs of the children for whom EHC assessments were conducted. Further information regarding children's' needs and professional and parental interpretation of how this affects their ability to participate will be explored further in phase two.

Phase Two Abstract

Education, Health and Care (EHC) plans have aimed to increase children, young people and parent's involvement in the statutory assessment process, and enhance the multi-professional collaboration between education, health services and social care. The second phase of this research evaluates to what extent individual experiences correspond with these aims. The use of person-centred approaches have been advocated in the government literature as a way of supporting these outcomes (DfE, 2014).

The methodological approach of this study is based on a realistic evaluation framework informed by the work of Pawson and Tilley (1997). A programme theory based on previous work on person-centred support was constructed and used to explore child, parental and professional perceptions of the contexts, mechanisms and outcomes which facilitate individual participation. Semi structured interviews and a card sorting task were devised using the programme theory and conducted with a total of one child, five families and five professionals from five individual EHC assessments.

Findings highlight the importance of the assessment occurring within the context of a positive individual and organisational belief system. Interpersonal skills, attitudes of group members and relationships were viewed as essential mechanisms which led to outcomes of empowerment and satisfaction that the draft plan accurately represented the child. Person-centred support was seen as realistic and achievable by the majority of individuals, and was seen to be facilitated by the formations of pre-statutory relationships and knowledge of the child. Concerns over the flexibility of person-centred approaches and the objectivity of those contributing to the plan were highlighted as possible areas of contention. One very positive example of person-centred support is depicted in the study, however, concerns are raised in the way in which children in general are provided with opportunities of contributing to their EHC assessment, and the implications of parental and professional advocacy for the child.

Further development of the EHC assessment process in the authority could focus on exploring the varying definitions of person-centred support and the many different 'voices' of the child. In addition, opportunities for multi-professional collaboration through joint Continuous Professional Development (CPD), training and structured discussions are suggested as ways of facilitating more effective inter-agency collaboration.

9 Phase Two

Case study perspectives on the EHC assessment process.

Research question: To what extent is the EHC process in this authority meeting the aims and values of the new SEND policy outlined in the SEND Code of Practice?

9.1 Method

A mixed methods approach was utilised in this study. Semi structured interviews and a card sorting task were conducted with five sets of parents, five professionals and one child. Further details can be found in sections 9.2.2-9.2.4 below. In addition a focus group was led with five Assessment Coordinators (ACs), details of which can be found in section 9.2.5 below.

9.1.1 Participants

Case Studies

Five case study families were chosen for this evaluation. Families were chosen from the group of EHC assessments that had been approved between the 1st Dec 2014 and the 31st Jan 2015. The time frame was chosen in order to limit the variation in experience that may occur due to service and practitioner development and learning. During this time frame 22 EHC assessments were approved by the local authority (LA) panel. The AC for these families was contacted and asked to enquire whether families would consider taking part in the research. A total of nine ACs responded to this request. Two families were ruled out due to personal difficulties within the family at that time. Seven families were contacted about the research and six families agreed to take part. One family was later unable to take part due to a change in family circumstance.

From the five case study families 11 interviewees agreed to take part. The table below shows the interviewees involved in each case. They have been given pseudonyms to preserve anonymity. Another young person initially indicated that they would like to participate but later chose not to take part in the study.

Table 9: Interviewees in each case study

	Parent/ Guardian Name	Child Name	Professional Name & Role	Educational stage of child	Age
Case Study 1	Pippa and Matthew	Dylan	Lindsey (Nursery SENCo)	Early Years	4
Case Study 2	Dianne	Sam	Claire (Specialist Teacher in an Alternative Education Placement)	Key Stage 1	7
Case Study 3	Soffi and Paul	Charlie	Hilary (Family Support Worker)	Key Stage 2	10
Case Study 4	Debbie and Garry	Tom	Judy (Educational Psychologist)	Post 18+	19
Case Study 5	Sarah	Toby	Martine (Inclusion Advisory Worker)	Early Years	4

Focus Group

In addition to the five case studies a focus group consisting of five ACs was run. The questions that I intended to ask the ACs were different to those asked of participants in the case studies. Their role within the assessment group was unique and they did not (at the time of this study) contribute directly to the plan, but rather 'facilitated' the assessment process. It was my intention that the use of a focus group would provide an opportunity to explore the assessment coordinators collective *reality* of the new statutory assessment process. I also felt that a focus group might be a less intimidating arena for the participants with the group being seen as supportive, whilst reducing the intensity of the interaction with the interviewer (Stewart, Shamdasani & Rook, 2007).

Focus groups were chosen as a way of reducing the power imbalance between the researcher and participants, and as a way of creating data from multiple voices (Madriz 2003). Focus groups put control of the interaction into the hands of the participants rather than the researcher. The exchanges that occur between group members place less demand on interaction with the researcher and gives more

prominence to the views of the participants (Hollander, 2004). The focus group and the card sorting task were designed to provide group members with an opportunity to define what was relevant and important to their experiences of the EHC assessments, and to build a co-constructed visual map of those most prominent and relevant features by which to compare and contrast their experiences with those of professionals, parents and children. Although the aim of the focus group was to reduce power imbalance between the researcher and participants, I was aware of the potential for power imbalance between group members, and the possibility of group conformity (Hollander, 2004). However as stated by Morgan, and Krueger (1993), When participants see that the researchers are genuinely interested in learning as much as possible about their experiences and feelings, then conformity is seldom a problem. (pp. 8-9).

Preliminary invitations for two focus group dates were sent out via email to all the ACs in the LA. Participants were selected by ascertaining from the responses the time and date which fitted the majority of ACs. The ACs came from a broad range of professional backgrounds but all worked within services for the LA. I have not identified the professions of these ACs as it would risk their anonymity, however, it may be worth noting that no Educational Psychologists (EPs) were present in this group.

9.1.2 Procedure

Case Study Interviews

Individual semi-structured interviews were conducted with a parent or parents and a professional from five individual EHC assessments spanning over a two month period during December 2014 to February 2015. In one case study a child involved in their EHC assessment was also interviewed. It had been my hope to interview other children however this was not possible for a range of reasons which I will explain further in chapter 9.2.3 below. A variety of methods could have been used to structure the interview schedule for this phase of the research.

I began by developing a hierarchical agenda based on the 'contexts', 'mechanisms' and 'outcomes' (C-M-Os) of the programme. This was then expanded upon using Tomlinson's hierarchical focussing technique to determine more specific questions and determine an interview schedule. The aim was to provide a clear theoretical structure to support systematic data collection and analysis, whilst utilising as non-directive approach as possible to minimise researcher framing and influence (Tomlinson, 1989). However, in the course of piloting this interview schedule I was aware that although this structure was helpful in identifying individual C-M-Os it did not explicitly show the causal links between C-M-Os. It was important to the research question that the interviews gave participants the time and space to discuss their views freely, whilst also identifying the C-M-Os which they saw as a priority and understanding how they viewed the links between them. To this end, statements were devised from the C-M-Os in the programme theory. These statements were specific to the role of the interviewee, so parent, child and AC statements were worded slightly differently to reflect relevant roles and language understanding (See Appendix 8). Statements were then transferred onto individual C-M-O element cards which were integrated into the interviews. This will be discussed in more depth below.

Parent and Carer Interviews

Each interview consisted of at least one parent. Parents were sent preliminary information prior to the interviews on the nature of the study and their participation. In addition to this volunteers were asked to state their preferences for the venue in which their interviews took place. Options included their home, the educational setting of their child, a room within the psychology service buildings, or a community or children's centre. All five groups of parents chose to be interviewed in their own home. Parents were also invited to bring a friend or advocate to the interviews.

The interviews were structured using a card sorting task. Each card bore a statement related to a specific C-M-O. The cards were colour coded: yellow for context; green for mechanism; and pink for outcomes. The statement from each

card was read out to the parents and they were asked to say whether that statement was *true*, *false* or whether they were *unsure*. In thinking about the statements, parents openly reflected on their experiences. This enabled further questions to be asked about topics of interest in the programme theory and to gain clarification on the participant's interpretation of the contexts, mechanisms and outcomes which had been notable in their assessment. Following the completion of this task the items categorised as being *false* or *unsure* were filed away for later recording. Items categorised as *true* were sorted into their respective colour piles. These represented the C-M-Os which parents had felt were present in their assessment. The parents were then asked to pick between three and four cards from each colour that they felt were most important in their child's EHC assessment. These elements were attached to a whiteboard and the parents were asked to think about how the elements were linked. This was done systematically. Each outcome element was read out and parents were asked "*which of the statements on these green (mechanism) cards do you believe links to this statement*"? Once the outcome cards had been completed, the mechanism cards were read and parents were asked "*which of these yellow (context) cards do you believe links to this statement*"? This created a map of the links between C-M-Os. Parents were then given an opportunity to reflect and revise any of their decisions. At the end of this process parents were given the opportunity to discuss anything which had not been covered within the interview and to ask any questions. Following the interview interviewees were given a copy of the information sheet with my contact details (Appendix 13), should they have any questions or wish to withdraw their data from the study. This was followed up with personalised letters of thanks to interviewees for their contribution.

Interviews with children and young people

Within the five case studies one child and one young adult actively participated in the assessment process. This is in part due to the age of the children and in part due to their particular needs. Parental and professionals' views on their emotional capacity to be involved in the process also had a bearing on their participation. This will be discussed in relation to individual children in case studies, one, two, and five,

and then explored in more depth in the overall discussion in section 12.1 . The one child interview conducted was with a 10 year old primary aged child called Charlie (a pseudonym). Charlie was very keen to be interviewed and had been engaged in the assessment process from the outset. Charlie's school had been using a PCP approach with him for some time and he was very clear that he wanted to be present at the multi-professional draft plan meeting. After meeting with Charlie, I discussed his needs and gained consent from his parents and the professionals who knew him well (for a more detailed description see ethics section 5.2 page 45), and I devised a more concise version of the C-M-O card method as I had used for the adult interviews.

At the start of the interview I asked Charlie to draw me a picture of his EHC assessment meeting. This served a variety of purposes: 1) to clarify that he understood what was meant by the EHC assessment meeting; 2) it provided some time with which to build rapport; 3) it gave Charlie an opportunity to visualise the meeting prior to us discussing it in more depth; 4) it allowed him to depict the meeting in the way that he had experienced it; and 5) it allowed me to observe which elements had been most important to Charlie. For example, Charlie had been allowed to bring in a 'Nintendo DS' (a handheld computer game device) to the meeting. He was very careful to draw and label this in his picture (Figure 2), and when asked about this, he had told me that this had helped him because it gave him something to do when he got bored and when the adults were talking.

Figure 2: Charlie's representation of his EHC draft plan meeting



Following the drawing, I checked that Charlie understood the concept of *true* and *false* and we practiced the task with some simple questions such as “My name is ... True or False”? Once I was satisfied that he was comfortable with the format, we began the card sorting element of the interview using the same procedure as the parent interviews above. Towards the end of the interview I spent some time going through the causal links with Charlie as there were some elements which I could not immediately see a connection between. For example, he had linked the “I think there are people and places that can help me do the things I want to do” to “my parents know how to help me at home”. In Charlie's eyes this was a strong link because at home his Mum helps him to do things that he finds difficult, particularly his school work.

Interviews with advice givers

Interviews with advice givers followed the same procedure as that of parents (discussed above). The breakdown of the individual elements and their relationship to the programme theory can be seen in Appendix 8.

9.1.3 Data collection

The interviews were recorded using a digital Dictaphone. The audio recording was then used to transcribe the qualitative data into a word document. Once the interviews were transcribed any anomalies such as terminology which was difficult to hear, or questions over meaning, were clarified with the interviewees to validate their responses. The categorisation of the C-M-O cards were recorded quantitatively using a recording sheet. Priority C-M-Os were recorded separately and the individual elements and the causal links between them were mapped out visually.

Using the C-M-O cards was inspired by activities and materials used in personal construct theory (PCT), but their use was designed to elicit participants' conceptions about C-M-Os and their links as opposed to understanding individual constructs. PCT activities such as the triadic approach to elicitation, and repertory grids also use structure as a way of creating a framework by which to understand individuals' perceptions of the world (Kelly, 1955). Of particular interest to this research was the concept of cognitive mapping as a way of visually representing how individuals' structure their thinking around a specific issue and how this can reveal individual's underlying reasoning and decision making ((Kelly, 1955).

9.1.4 Data Analysis

The quantitative data from the C-M-O cards was analysed numerically. Due to the small number of participants no meaningful statistical analysis of this data could be carried out. Instead the data was analysed in two ways.

Firstly, the data was separated into two groups: 1) the parent group; and 2) the professional group. The sum of each C-M-O element was then calculated for each

group. This gave an indication of which C-M-O elements parents and professionals had felt were present in the five assessments, which elements had not been present, which elements they had been unsure of and to what degree interviewees felt they had been present, not present or unsure. The C-M-O elements for each group were then compared to explore similarities and differences.

Secondly, the C-M-O elements for the parent(s) and professional involved in each case study were directly compared to see to what extent their perceptions of the assessment were compatible. Finally, the priority C-M-Os for the parent group and professional group were compared to assess which elements had been chosen by each group and with what frequency. The priority C-M-Os for the parent(s), professional and in one case the child from the case studies were mapped out visually and compared to assess similarities and differences not only in the elements chosen but also in the causal links between elements (See Appendix 11).

Qualitative interview data was imported into NVivo (a qualitative data analysis computer software package). The overarching C-M-O elements from the programme theory were used to create super-nodes and the more specific C-M-O elements were used to create sub-nodes. Overall there were 14 super-nodes under which there were 51 specific C-M-O element sub-nodes. All the qualitative interview data was recorded under these 51 sub-nodes. A breakdown of these can be seen in Appendix 6. An additional super-node was created for miscellaneous data. Throughout the coding it became evident that an additional node was needed for post assessment data.

Table 10: A snapshot of coding from the transcription data to classification within the super-node and sub-node in phase two.

Transcription	Super-node	Sub-node
<p><i>"I'm not sure I had enough time, because this is a young person, who is post sixteen, aged nineteen and therefore not attending one of our schools. The educational psychology service isn't commissioned to work within those settings for that age group other than to complete the statutory requirements and so within the time I had I had to work with the young person quite intensively but without any real work prior to my involvement and with very little prospect of work following it."</i></p>	<p>Time</p>	<p>Time for role</p>

10 Results

The next section focuses on the CMO elements chosen by the participants in each Case Study. Whilst there was a great deal of data generated by the method used, the focus here is on the perceived C-M-Os chosen as priority elements by the interviewees and the links they made between these C-M-Os. Additional findings revealing the parents' emotional responses following the assessment will be shared in Appendix 9.

10.1 Case Study One

Dylan is a four year old boy with a diagnosis of autism. His parents, Pippa and Matthew, were interviewed together for this case study. The professional interviewed for this case study was Lindsey, the SENCo of the nursery that Dylan attends.

Table 11: Case Study One: Important C-M-Os

	Parents	Professional
Context	<p>Beliefs</p> <ul style="list-style-type: none"> • My child was at the centre of the plan. • Professionals had a positive attitude towards my involvement. • People thought about all of my child's needs not just their school or medical needs 	<p>Beliefs</p> <ul style="list-style-type: none"> • Everyone involved in the plan saw the holistic needs of the child not just the educational or clinical needs. <p>Time</p> <ul style="list-style-type: none"> • I had opportunities to talk to professionals in different roles to create a shared understanding of the EHC process. <p>Preparation</p> <ul style="list-style-type: none"> • Parents were fully prepared for meetings
Mechanism	<p>Attitudes</p> <ul style="list-style-type: none"> • Everyone supported my child's right to be included in school and the community. <p>Interpersonal Skills</p> <ul style="list-style-type: none"> • The AC really listened to my views. • The assessment represented everyone's views 	<p>Attitudes</p> <ul style="list-style-type: none"> • Group members were committed to principles of equal opportunities for children with SEND <p>Interpersonal Skills</p> <ul style="list-style-type: none"> • All group members actively listened to other members of the group. • ACs ensured everyone's voice was heard.
Outcome	<p>Empowerment</p> <ul style="list-style-type: none"> • I felt listened to throughout the process <p>Knowledge of the CYP</p> <ul style="list-style-type: none"> • The plan represented everyone's views about what my child needed & the outcomes we were working towards. <p>EHC Plan</p> <ul style="list-style-type: none"> • Outcomes written in the plan were specific to my child and achievable over the time stated. 	<p>Empowerment</p> <ul style="list-style-type: none"> • In my opinion the parents felt listened to throughout the process <p>EHC Plan</p> <ul style="list-style-type: none"> • The plan reflected the CYPs interests hopes and aspirations • Outcomes written in the EHC plan were SMART.

Summary

The important C-M-Os chosen by the parents and professional in case study one were very similar. The beliefs of the assessment group were important factors for both the parents and the professional involved in this assessment. Both parties acknowledged that the assessment viewed the child at the centre of the

assessment and ensured that his strengths, needs and interests were captured in a variety of non-direct forms.

“we did try to include his views...we used his learning journal...He’s got his iPad and his PECS...but...it’s really hard to see what he likes to do.” (Lindsey)

Their interpretations of the child’s views were used to inform and guide decision making. For the parents to feel prepared at the draft plan meeting was crucial, although they acknowledged that a little more time to process the rough draft would have been helpful. This was also acknowledged by Lindsey. The parents saw themselves as central to the process and this was mirrored in the professionals’ views. The interpersonal skills of the AC ensured that all group members felt listened to and understood, and provided an environment of trust.

“... [what] came across to me is it’s all about your voice it’s not the professionals. It’s about the family’s voice; it’s about being heard and saying what you think about your child.”
(Pippa)

Subsequently, the relationships between group members were felt to be positive, supportive and collaborative and demonstrated a strong commitment to support Dylan’s inclusion in education and the wider community context.

“The relationships were already there. Can you imagine if it wasn’t like that?” (Pippa)

Although in their own words Pippa and Matthew are “confident and forthright people”, the attitudes of the group members helped them to feel that their views and opinions were valued and respected by professionals and that they had influence over decisions which were made about their son.

“Yeah I would say we had influence over decisions, definitely... We are due the final draft...and I think even at that point we are still allowed a voice.” (Matthew)

At the end of the assessment period the parents and Lindsey felt that they had a plan which accurately reflected their son as an individual and which was realistic and achievable.

Table 12: Case Study One: Causal links

	Parent	Professional
Outcome — Mechanism links	<ul style="list-style-type: none"> • I felt listened to throughout the process— 1) The AC really listened to my views. • Outcomes written in the plan were specific to my child and achievable over the time stated—1) Everyone supported my child's right to be included in school and the community, 2) The AC really listened to my views, 3) The assessment represented everyone's views • The plan represented everyone's views about what my child needed & the outcomes we were working towards —1) The assessment represented everyone's view, 2) Everyone supported my child's right to be included in school and the community. 	<ul style="list-style-type: none"> • In my opinion the parents felt listened to throughout the process —1) ACs ensured everyone's voice was heard, 2) All group members actively listened to other members of the group. • Outcomes written in the EHC plan were SMART—1) ACs ensured everyone's voice was heard, 2) All group members actively listened to other members of the group, 3) Group members were committed to principles of equal opportunities for children with SEND. • The plan reflected the CYPs interests hopes and aspirations—1) ACs ensured everyone's voice was heard, 2) Group members were committed to principles of equal opportunities for children with SEND.
Mechanism — Context links	<ul style="list-style-type: none"> • Everyone supported my child's right to be included in school and the community—1) My child was at the centre of the plan, 2) People thought about all of my child's needs not just their school or medical needs • The AC really listened to my views—1) My child was at the centre of the plan, 2) Professionals had a positive attitude towards my involvement. • The assessment represented everyone's views—1) People thought about all of my child's needs not just their school or medical needs. 	<ul style="list-style-type: none"> • Group members were committed to principles of equal opportunities for children with SEND—1) Everyone involved in the plan saw the holistic needs of the child not just the educational or clinical needs, 2) I had opportunities to talk to professionals in different roles to create a shared understanding of the EHC process. • All group members actively listened to other members of the group—1) I had opportunities to talk to professionals in different roles to create a shared understanding of the EHC process • ACs ensured everyone's voice was heard—1) Everyone involved in the plan saw the holistic needs of the child not just the educational or clinical needs, 2) I had opportunities to talk to professionals in different roles to create a shared understanding of the EHC process, 3) Parents were fully prepared for meetings.

Brief Summary of the perceived causal links

The parents and the professional in case study one made very similar C-M-O links.

The parents feeling of being listened to throughout the process was attributed to the active listening skills of the group, and in particular the AC.

"[Our AC] has been really good...If [she] hadn't listened properly...then his plan wouldn't have come out as well as it did." (Pippa)

Both the parents and professional felt the outcomes written in the plan had been SMART. They agreed that this linked to the assessment representing everyone's views, everyone being heard and the listening skills of the AC and assessment group.

"It's like an all round group isn't it...they were achievable because everyone was there...we have all come together as a team." (Pippa and Matthew)

In addition, the parents felt that this also linked to group members supporting their child's right to be included in school and the community, whilst the professional felt that this was linked to the similar mechanism of equality of opportunity for children with SEND. The final two priority C-M-Os chosen by the parents and professional differed. The plan reflecting the child's interests, hopes and aspirations was most important to the professional, who linked this with everyone feeling heard, group listening skills and the positive attitude of group members towards equal opportunities for the child. The parents felt that the plan representing everyone's views was important and this was linked to the group attitudes towards inclusion and the assessment representing everyone's views.

The attitudes of group members towards inclusion and equality of opportunity were important mechanisms for both parents and the professional. This was linked to group members seeing the holistic needs of the child.

"They saw different aspects of his health and his state of education as equally important."
(Pippa)

The parents felt this was also linked to professionals seeing the child at the centre of the plan, whilst the professional felt that this, and the group members active listening skills, had been linked to her having the opportunity to talk with other professionals to build a shared understanding of the process. The parents linked the AC listening to their views to professionals' positive attitude towards their involvement and their belief that the child should be at the centre of the plan. The professional felt that everyone's voice had been heard in the assessment because of the opportunities she had to talk to other professionals and build a shared understanding of the process, as well as group members valuing the holistic needs of the child. She had also felt that for the parents this mechanism was linked to them feeling prepared for meetings. Similarly the parents felt that the assessment represented everyone's views because all group members were committed to seeing the holistic needs of the child.

10.2 Case Study Two

Sam is a child in key stage one. He lives with his Grandparents, Dianne and Frank. He is in a temporary alternative education placement, following a permanent exclusion from school. His EHC assessment occurred whilst in this temporary education placement. Claire is a teacher from the alternative provision placement.

Table 13: Case Study Two: Important C-M-Os

	Parents	Professional
Context	<p>Beliefs</p> <ul style="list-style-type: none"> • Everyone in the group was equally important. • People thought about all of my child's needs not just their school or medical needs. • Professionals were fully prepared for meetings. 	<p>Beliefs</p> <ul style="list-style-type: none"> • There was equal status between group members. • Everyone involved in the plan saw the holistic needs of the child not just the educational or clinical needs. <p>Preparation</p> <ul style="list-style-type: none"> • The AC was fully prepared for meetings.
Mechanism	<p>Attitudes</p> <ul style="list-style-type: none"> • Everyone supported my child's right to be included in school and the community. • Everyone was committed to my child having equal opportunities. <p>Relationships</p> <ul style="list-style-type: none"> • The relationships between people in the group were positive. 	<p>Attitudes</p> <ul style="list-style-type: none"> • Group members were committed to principles of equal opportunities for children with SEND. <p>Interpersonal Skills</p> <ul style="list-style-type: none"> • All group members actively listened to other members of the group. • ACs ensured everyone's voice was heard.
Outcome	<p>EHC Plan</p> <ul style="list-style-type: none"> • Outcomes written in the plan were specific to my child and achievable over the time stated. • The plan represented everyone's views about what my child needed and the outcomes we were working towards. • The plan stated what had and hadn't worked for my child in the past. 	<p>EHC Plan</p> <ul style="list-style-type: none"> • The plan reflected a joint assessment of the CYP's needs provision and outcomes. • The plan reflected the CYP's experience of what had and hadn't worked for them in the past. <p>Empowerment</p> <ul style="list-style-type: none"> • In my opinion the parents felt listened to throughout the process.

Summary

At the end of the assessment period Dianne felt positively about the process and the resulting plan. She and her husband felt valued as a part of the assessment team and most importantly for them the plan reflected Sam's needs and represented positive ways for moving forward. Although Sam wasn't able to be directly involved in the assessment Dianne felt that the professionals knew Sam and

that they felt a positive regard towards him, which was in contrast to previous school meetings she had experienced.

“It is nice to hear everyone talk about Sam in such a positive way... they have listened to the child they have watched the child...they know what he needs.” (Dianne)

Dianne felt included and listened to during the assessment, but she felt strongly that the assessment was for Sam, and that should come first. She felt the plan represented a holistic picture of Sam which had been facilitated by professionals' attitudes towards his inclusion and equal opportunities.

“...everybody understands what he’s been through... You can’t make excuses for what’s happened to him but he needs the help to get through his life and get through all the emotion that goes with it and that’s how you feel everybody in that group feels too.”
(Dianne)

Claire’s views supported Dianne’s perspective, however, she raises important questions about the child’s inclusion prior to them entering alternative provision and the ability to do the EHC assessment fully and meaningfully within the context of a temporary educational setting. She highlighted the need for schools to move towards statutory assessment in order to support children within their current setting rather than seeing the alternative provision as a stepping stone towards special provision or a managed move.

“From my point of view if they’ve arrived on the front door of ACE and nobody’s actually put a proposal in I would say that the school had been negligent because how has this come to this point and this child is being pushed out of their community.” (Claire)

In Claire’s view the temporary nature of the setting had an impact on their ability to ascertain the child’s view. Often children in this setting are withdrawn and or emotionally vulnerable. With limited time to build rapport and knowledge of the child she questioned how person-centred the process could be. She acknowledged that eliciting the child’s view was important but was wary of how and when this might be done.

“One of the things that worries me...is I think it can be too prescriptive and I’m very wary of pro-formers where children’s views are concerned because...they are very insightful, they are not silly and my personal opinion is, that if we are going to do it, it must be done effectively and with the child’s knowledge and participation, like real participation.” (Claire)

In addition she noted that it was difficult to write SMART outcomes in a temporary education setting when the permanent setting has yet to be decided. The capacity of the local community to support Sam’s inclusion was also brought into question.

Table 14: Case Study 2: Causal links

	Parents	Professional
Outcome— Mechanism links	<ul style="list-style-type: none"> • The plan represented everyone's views about what my child needed and the outcomes we were working towards—1) The relationships between people in the group were positive, 2) Everyone supported my child's right to be included in school and the community, 3) Everyone was committed to my child having equal opportunities. • The plan stated what had and hadn't worked for my child in the past—1) Everyone supported my child's right to be included in school and the community. • Outcomes written in the plan were specific to my child and achievable over the time stated—1) The relationships between people in the group were positive. 	<ul style="list-style-type: none"> • The plan reflected a joint assessment of the CYPs needs provision and outcomes—1) All group members actively listened to other members of the group, 2) ACs ensured everyone's voice was heard, 3) Group members were committed to principles of equal opportunities for children with SEND. • The plan reflected the CYPs experience of what had and hadn't worked for them in the past— 1) All group members actively listened to other members of the group, 2) ACs ensured everyone's voice was heard. • In my opinion the parents felt listened to throughout the process— 1) All group members actively listened to other members of the group, 2) ACs ensured everyone's voice was heard.
Mechanism— Context links	<ul style="list-style-type: none"> • Everyone was committed to my child having equal opportunities—1) Everyone in the group was equally important. • Everyone supported my child's right to be included in school and the community— 1) Everyone in the group was equally important, 2) People thought about all of my child's needs not just their school or medical needs. • The relationships between people in the group were positive— 1) People thought about all of my child's needs not just their school or medical needs. 	<ul style="list-style-type: none"> • Group members were committed to principles of equal opportunities for children with SEND— 1) There was equal status between group members, 2) Everyone involved in the plan saw the holistic needs of the child not just the educational or clinical needs. • All group members actively listened to other members of the group—1) There was equal status between group members, 2) Everyone involved in the plan saw the holistic needs of the child not just the educational or clinical needs, 3) The AC was fully prepared for meetings • ACs ensured everyone's voice was heard—1) There was equal status between group members, 2) Everyone involved in the plan saw the holistic needs of the child not just the educational or clinical needs.

Brief Summary of the Causal Links

Both the parent and the professional chose the same two context factors as their most important C-M-Os.

Both the parent and the professional felt that the plan had reflected a joint assessment of the child's needs. They both linked this to group members being committed to the principle of equal opportunities for children with SEND. The professional highlighted the interpersonal skills that had supported this outcome whilst the parent linked it to the positive relationships within the group, and the professional attitudes towards inclusion. The plan reflecting what had and hadn't worked for the child in the past was also important to both parent and professional, although they linked this to different mechanisms. For the parent this outcome linked again to the professional attitudes towards inclusion. Whilst for the professional it was linked to the interpersonal skills of the group and the AC, particularly in relation to active listening and ensuring everyone was heard.

"Everyone had a chance to speak...so I think everyone's voice was heard. Everyone had different knowledge about what had happened in the past...we knew it was important everyone listened to different people views so we could [look] at how Sam could achieve what he wants to achieve." (Claire)

The professional felt that the parent had been listened to, which she felt linked to active listening within the group and the AC ensuring everyone's voice was heard. This outcome was confirmed in the parent's card choices, although she did not choose this as one of her own important C-M-Os. Instead she felt the outcomes written in the plan had been SMART, an outcome that had been questioned by the professional. She talked a lot in her interview about how the professionals knew her child, and respected their parental views. She felt the outcomes were SMART because the relationships within the group were positive.

"We were listened to and I think the child was more understood too... people here have believed us...and told us why that could be. Rather than just dismiss it." (Dianne)

The parent linked the positive group relationships to the fact that group members saw the holistic needs of her child. Similarly, the professional interviewed for this case study linked the listening skills and equal status of the group to this same outcome. Both parties linked the commitment to equal opportunities for children with SEND to equal status within the group, and the professional also linked it to group members seeing the holistic needs of the child. The parent linked professional attitudes towards inclusion to these same context factors.

10.3 Case Study Three

Charlie is a boy in Key Stage Two. He is due to make the transition to Secondary School in September. Charlie has been supported by a key-worker in school for a number of years and has been involved in PCP for his educational reviews for over a year. Charlie was very much a part of his EHC assessment. Charlie was interviewed for this research at school, which was his choice. His Mum, Soffi, and step-father, Paul, were interviewed together at home. Hilary is a Family Support Worker who supported the family prior to and during the assessment and contributed to the draft plan. Hilary had never been invited to contribute to a statutory assessment prior to this case.

Table 15: Case Study Three: Important C-M-Os

	Parents	Professional	Child
Context	<p>Beliefs</p> <ul style="list-style-type: none"> Everyone in the group was equally important I felt my child's opinion was valued. <p>Time</p> <ul style="list-style-type: none"> Meetings took account of any additional needs my child had. 	<p>Beliefs</p> <ul style="list-style-type: none"> Everyone involved in the assessment saw the child as being at the centre of the plan. Everyone involved in the assessment saw the holistic needs of the child not just the educational or clinical needs. <p>Preparation</p> <ul style="list-style-type: none"> The AC was fully prepared for meetings. CYP were fully prepared for meetings. 	<p>Beliefs</p> <ul style="list-style-type: none"> People were kind and caring towards me. What I had to say was important to people. <p>Facilitator</p> <ul style="list-style-type: none"> The person who led the meeting did a good job. <p>Preparation</p> <ul style="list-style-type: none"> I knew what the meeting was about and what I wanted.
Mechanism	<p>Attitudes</p> <ul style="list-style-type: none"> Everyone supported my child's right to be included in school and the community. <p>Interpersonal skills</p> <ul style="list-style-type: none"> The assessment represented everyone's views. I felt my voice was heard. 	<p>Attitudes</p> <ul style="list-style-type: none"> Group members were committed to the child's right to be included in school and the community. Group members were committed to the principles of equal opportunities for children with SEND. <p>Relationships</p> <ul style="list-style-type: none"> Relationships between group members were positive, collaborative and supportive. 	<p>Interpersonal skills</p> <ul style="list-style-type: none"> I felt listened to. I felt comfortable in meetings. <p>Community Capacity</p> <ul style="list-style-type: none"> Think there are people and places which can help me to do the things I want to do.
Outcome	<p>EHC Plan</p> <ul style="list-style-type: none"> The plan reflected everyone's views about what my child needed and the outcomes we were working towards. The plan reflected my child's hopes, interests and aspirations. Outcomes written in the EHC plan were specific to my child and achievable over the time stated. 	<p>EHC Plan</p> <ul style="list-style-type: none"> Group members shared responsibility for monitoring outcomes. The plan reflected the CYPs hopes and aspirations. <p>Responsibility</p> <ul style="list-style-type: none"> Group members shared responsibility for reaching outcomes. 	<p>Empowerment</p> <ul style="list-style-type: none"> I felt listened to. <p>Final attitude</p> <ul style="list-style-type: none"> People liked what I had to say. <p>Responsibility</p> <ul style="list-style-type: none"> My parents know how to help me at home.

Summary

Charlie's assessment is a really good example of where PCP has been realistic and achievable, but it also highlights that this is not a one off process. In this case Charlie and the parents had been involved in a longer term SEND support plan. The relationship between the key-worker, or champion, and the child was very important to the success of this assessment,

"The people round the table knew him really well so there was an element of trust that already had been built up. He was so comfortable and confident with every single person before we started the meeting." (Paul)

In addition, other members of the school system and the school ethos supported the process in a way which valued the child and the parents' contribution, and abandoned the hierarchical status which could potentially have been present.

"I've worked in that particular school before and that particular key-worker is extremely good at listening to everybody else, and she doesn't have a hidden agenda....That's the main thing there was no hidden agenda." (Hilary)

The importance of pre-established relationships was also really important for the parents. Soffi in particular had had previous experience of judgement from professionals and as both she and Hilary stated, the assessment could have been intimidating for her. However, because Soffi had been working with the various professionals for some time she felt more confident in their presence and was confident that like her, they wanted what was best for Charlie. In the eyes of the parents and Hilary the role of the AC was critical to the success of the plan. Her skills in managing group dynamics and in building a safe, trusting and empathic environment for everyone to feel heard was regularly mentioned throughout all three interviews.

"Our AC was amazing she really was... she had patience waiting for everyone to finish what they had to say rather than jumping in. She let everyone speak and let everyone finish...she just resolved discussions on each aspect that we covered." (Soffi and Paul)

In the parents' eyes the plan reflected not only their views and opinions, but Charlie's too. They felt that the plan had been specific to Charlie because of the way in which professionals valued their involvement.

"Because if we weren't important as [everyone else] then we wouldn't have got what we needed to get across and the plan wouldn't have been specific to Charlie." (Paul)

At the end of the interview I asked Charlie if there was anything that he thought would have made his meeting better.

"I think you are trying your best at the moment...Everybody I needed there was there...People were kind to me...it was good." (Charlie)

Table 16: Case Study Three: Causal links

	Parents	Professional	Child
Outcome-Mechanism links	<ul style="list-style-type: none"> The plan reflected everyone's views about what my child needed and the outcomes we were working towards— 1) Everyone supported my child's right to be included in school and the community, 2) The assessment represented everyone's views. The plan reflected my child's hopes, interests and aspirations—1) I felt my voice was heard. Outcomes written in the EHC plan were specific to my child and achievable over the time stated—1) The assessment represented everyone's views. 	<ul style="list-style-type: none"> Group members shared responsibility for monitoring outcomes—1) Group members were committed to the principles of equal opportunities for children with SEND, 2) Relationships between group members were positive, collaborative and supportive. The plan reflected the CYPs hopes and aspirations— 1) Group members were committed to the child's right to be included in school and the community. Group members shared responsibility for reaching outcomes— 1) Relationships between group members were positive, collaborative and supportive 	<ul style="list-style-type: none"> I felt listened to—1) I felt listened to. People liked what I had to say—1) I felt comfortable in meetings My parents know how to help me at home—1) I think there are people and places which can help me to do the things I want to do.
	<ul style="list-style-type: none"> Everyone supported my child's right to be included in school and the community—1) Everyone in the group was equally important. The assessment represented everyone's views— 1) Everyone in the group was equally important, 2) I felt my child's opinion was valued. I felt my voice was heard—1) Everyone in the group was equally important. 	<ul style="list-style-type: none"> Group members were committed to the child's right to be included in school and the community— 1) CYP were fully prepared for meetings, 2) Everyone involved in the assessment saw the holistic needs of the child not just the educational or clinical needs. Group members were committed to the principles of equal opportunities for children with SEND— 1) The AC was fully prepared for meetings. Relationships between group members were positive, collaborative and supportive—1) Everyone involved in the assessment saw the child as being at the centre of the plan, 2) The AC was fully prepared for meetings, 3) Everyone involved in the assessment saw the holistic needs of the child not just the educational or clinical needs. 	<ul style="list-style-type: none"> I felt listened to—1) What I had to say was important to people. I felt comfortable in meetings—1) I knew what the meeting was about and what I wanted, 2) The person who led the meeting did a good job. I think there are people and places which can help me to do the things I want to do— 1) People were kind and caring towards me.

Brief Summary of the Causal Links

In contrast to the two previous case studies, the C-M-Os chosen by all three interviewees in this case study were different. However, the professional, parents and child did agree on the broader categories of C-M-Os. For example, the broad category of *beliefs* was identified in all interviewees context choices. Both the parent and professional felt the plan reflected the child's interests, hopes and aspirations, but they linked this to different mechanisms. For the parents this outcome was linked to their voice being heard. For the professional it linked to the positive attitudes of group members towards the child's inclusion.

"A lot of people forget what it's like to be young and a child in a world controlled by adults. I mean this way in some form a child is not being done to. He's got an element of control about what happens to him and that's so unusual isn't it." (Hilary)

The child agreed that his interests, hopes and aspirations had been included in the plan but this was not as important to him as the attitudes people demonstrated towards him. At the end of the assessment he felt he had been listened to. He believed that people had liked what he had to say which he linked to him feeling comfortable in meetings. Both the child and the professional emphasised the importance of sharing responsibility for reaching outcomes, this was important for different reasons. For the child it meant that individuals knew how to help him in class, but it also meant that his parents understood how to help him at home.

*"Homework that's the thing that I need to work on...My mum's going to spend more time with me so I can do it, but I also do it with Miss **** too." (Charlie)*

For the professional, the responsibility of reaching and monitoring outcomes were linked to the positive and collaborative relationships within the group. In addition, the monitoring of outcomes was linked to group members being committed to the child's inclusion in school and the community. The parents connected the plan reflecting everyone's views to the group's commitment to inclusion for the child and to the assessment representing everyone's views. The plan being SMART was also linked to the representation of everyone's views in the assessment.

The child felt listened to throughout the assessment and this was linked to him feeling that what he had to say was important to people. This was then reinforced after the meeting when the child saw the impact his views had on his provision and teachers attitudes towards him.

“They listened to me yeah...there’s been a massive difference [since the meeting] because the teacher listens to me more.” (Charlie)

Both the professional and parents identified the positive attitudes towards inclusion of the child in school and the community as important C-M-Os, but again linked them to different contexts. For the parent this was linked to the non-hierarchical nature of the group, and in fact all of their mechanism choices were linked to everyone in the group having equal status which may reflect the parents’ previous experiences of ‘judgmental’ professional conversations. However, in this assessment the parents felt their voice was heard. The professional linked the attitudes towards inclusion to group members seeing the holistic needs of the child and the child being fully prepared for meetings. She also felt that relationships between group members had been positive, collaborative and supportive, which linked to the underlying beliefs of the group members and the preparation of the AC and which was linked to the child being at the centre of the plan. She discussed how this may affect his future participation.

“What is nice about this is Charlie can’t possibly hope to know what’s best for him in the long run, but because he’s at the conception of his EHC he will probably feel part of it and grow with it... His foundation is there now. His lasting memory from this when he moves was yes I can sit in a group of adults and they will listen to me. So that’s a good experience for him.” (Hilary)

10.4 Case Study Four

Tom is a young adult post 18 and he has a diagnosis of Aspergers Syndrome. Tom’s younger brother went through the statementing process a few years ago so his parents, Debbie and Gary had previous experience of a statutory assessment process. Judy was the EP working with Tom and his family during the assessment.

Table 17: Case Study Four: Important C-M-Os

	Parents	Professional
Context	<p>Beliefs</p> <ul style="list-style-type: none"> • I felt my child’s opinion was valued • My child was at the centre of the plan <p>Facilitator</p> <ul style="list-style-type: none"> • The AC was committed to me and my child • Everyone was committed to my child having equal opportunities. 	<p>Beliefs</p> <ul style="list-style-type: none"> • Everyone involved with the assessment saw the holistic needs of the child not just the educational or clinical needs. • Everyone involved with the assessment saw the child as being at the centre of the plan. <p>Facilitator</p> <ul style="list-style-type: none"> • The AC had the relevant skills to complete the role. <p>Preparation</p> <ul style="list-style-type: none"> • I felt prepared for meetings
Mechanism	<p>Interpersonal skills</p> <ul style="list-style-type: none"> • The AC really listened to my views. <p>Attitudes</p> <ul style="list-style-type: none"> • Everyone was committed to my child having equal opportunities. <p>Relationships</p> <ul style="list-style-type: none"> • The relationships between people in the group were positive. 	<p>Interpersonal skills</p> <ul style="list-style-type: none"> • ACs provided an environment of trust empathy and understanding • ACs ensured everyone’s voice was heard. <p>Attitudes</p> <ul style="list-style-type: none"> • Group members were committed to the principles of equal opportunities for SEND. <p>Relationships</p> <ul style="list-style-type: none"> • Relationships between group members were positive, collaborative and supportive.
Outcome	<p>Empowerment</p> <ul style="list-style-type: none"> • My child felt listened to throughout the process. <p>EHC Plan</p> <ul style="list-style-type: none"> • Outcomes written in the EHC plan were specific to my child and achievable over the time stated. • The plan reflected my child’s interests hopes and aspirations. 	<p>Empowerment</p> <ul style="list-style-type: none"> • The CYP was supported to participate fully in the assessment. <p>EHC Plan</p> <ul style="list-style-type: none"> • The Plan represented a joint assessment of the CYPs needs, provision and outcomes. <p>Knowledge of CYP</p> <ul style="list-style-type: none"> • The plan reflected the CYPs interests hopes and aspirations <p>Responsibility</p> <ul style="list-style-type: none"> • Group members shared responsibility for reaching outcomes.

Summary

This is a unique case study in that it is the first of the post eighteen assessments carried out by the LA. The way in which professionals are commissioned to carry out their role at this stage may be very different for those children who are still in full time schooling. In this case the EP discussed the fact that this was a discreet

piece of work specifically for the statutory assessment, whereas in school the EP would have been likely to have had prior involvement.

"...within the time I had, I had to work with the young person quite intensively but without any real work prior to my involvement and with very little prospect of work following it..."

(Judy)

In addition she highlighted the need for forethought and flexibility in the way that young adults are engaged in the process.

"...because we are dealing with an adult here, he is the person that I'm talking this through with so I felt it necessary to talk through how I might word some of the things so that they wouldn't come as a shock for him so for example his quite low functional skills with spelling reading and numeracy...I didn't want his self esteem to be affected by that or his confidence about how he could use those skills in the future to be damaged." (Judy)

Both Tom's parents and Judy felt that the plan was a good plan. It included Tom's views and hopes for the future and gave him a key role in making decisions about his future and what might best support him. They were pleased with the level of flexibility that the assessment team showed towards Tom, meeting him at times and locations convenient to him, and rearranging appointments at Tom's request. They had also felt fully prepared and involved in the assessment. Although Debbie and Garry felt positively about the assessment, they felt the length and format of meeting may have been prohibitive to his understanding of key issues.

"The assessments some of them were very wordy so I'm not sure Tom was coping with and the length of them....there was not enough pictorial. If there was a way of putting it into video or pictures Tom would probably have made sense of it more." (Debbie)

In the eyes of the parents and the professional the role of the AC had been key in facilitating a good EHC plan.

"He didn't just lead and chair, he pulled everything back together again. He was really good at what he did...It's the attention to detail in the way he listened to everything we were saying." (Debbie)

Debbie and Garry were satisfied with Tom's draft plan, but they were incredibly anxious about whether the plan would be approved as a statutory document and

secondly whether or not it would be followed through and supported both by the educational setting and the wider community. Debbie felt that once the plan had been approved the responsibility for monitoring and evaluating outcomes would be on “her shoulders”. They were also skeptical about the capacity of the local community to support Tom’s inclusion. This was based partly on previous experience.

“No I don’t think they do [support his inclusion]. It’s a fight...On every level it’s a fight...the community in general really doesn’t support children or young people or young adults on the spectrum.” (Debbie and Garry)

Table 18: Case Study 4: Causal links

	Parent	Professional
Outcome— Mechanism links	<ul style="list-style-type: none"> • My child felt listened to throughout the process—1) The relationships between people in the group were positive. • Outcomes written in the EHC plan were specific to my child and achievable over the time stated—1) Everyone was committed to my child having equal opportunities. • The plan reflected my child's interests hopes and aspirations—1) The AC really listened to my views. 	<ul style="list-style-type: none"> • The CYP was supported to participate fully in the assessment—1) ACs provided an environment of trust empathy and understanding. • The Plan represented a joint assessment of the CYPs needs, provision and outcomes—1) ACs ensured everyone's voice was heard, 2) Group members were committed to the principles of equal opportunities for SEND. • The plan reflected the CYPs interests hopes and aspirations—1) ACs ensured everyone's voice was heard, 2) Group members were committed to the principles of equal opportunities for SEND, 3) ACs provided an environment of trust empathy and understanding. • Group members shared responsibility for reaching outcomes—1) Group members were committed to the principles of equal opportunities for SEND, 2) Relationships between group members were positive, collaborative and supportive.
Mechanism— Context links	<ul style="list-style-type: none"> • The AC really listened to my views—1) The AC was committed to me and my child. • Everyone was committed to my child having equal opportunities—1) I felt my child's opinion was valued, 2) My child was at the centre of the plan. • The relationships between people in the group were positive—1) I felt my child's opinion was valued, 2) My child was at the centre of the plan, 3) The AC was committed to me and my child. 	<ul style="list-style-type: none"> • ACs provided an environment of trust empathy and understanding—1) The AC had the relevant skills to complete the role, 2) Everyone involved with the assessment saw the child as being at the centre of the plan. • ACs ensured everyone's voice was heard—1) The AC had the relevant skills to complete the role, 2) Everyone involved with the assessment saw the holistic needs of the child not just the educational or clinical needs, 3) I felt prepared for meetings. • Group members were committed to the principles of equal opportunities for SEND—1) The AC had the relevant skills to complete the role, 2) Everyone involved with the assessment saw the holistic needs of the child not just the educational or clinical needs, 3) Everyone involved with the assessment saw the child as being at the centre of the plan. • Relationships between group members were positive, collaborative and supportive—1) The AC had the relevant skills to complete the role, 2) Everyone involved with the assessment saw the holistic needs of the child not just the educational or clinical needs.

Brief Summary of the causal links

The parental and professional C-M-O links were different, although the broad categories of the C-M-Os were similar. For example, the parent felt their child had been listened to throughout the process and the professional felt that the child had been supported to fully participate in the assessment. The parents linked their child being listened to with the positive group relationships whilst the professional linked the support the child had received to the environment of trust, empathy and understanding the AC had created.

"...sometimes was quiet but sometimes he would go off on one and talking talking talking and they...sat there and they listened...they didn't hurry him or rush him... and nobody interrupted him either, and he gets lots of that, he gets lots of people filling in for him, the sentences and he hates it, and they didn't do any of that..." (Debbie)

The professional was keen to emphasise the joint assessment of the young person's needs and the joint responsibility for reaching outcomes which she felt was supported by the AC ensuring everyone's voice was heard and the commitment to equality of opportunity for the young person. Interestingly, the plan reflecting the child's interests, hopes and aspirations was linked by the parents to the AC really listening to their views. During the interview they had talked about the way in which they advocated for Tom at his request. This had been noted by the professional who had observed a positive dynamic between Tom and his parents, but she highlighted the need to recognise the balance of power between parents and their children in the assessments.

"I think we have to acknowledge that parents are always going to have some kind of influence over their children at whatever age. The question is to actually figure out whether that power is positive in this situation and to unpick some of the complexities associated with the influence." (Judy)

The professional elaborated on this point and discussed the skills and time required to support the young person appropriately. She discussed the need for an independent advocate who was present purely to support the young person. The professional attributed the plan representing the young person's views to the

interplay of a number of mechanisms including the skills of the AC, everyone's voice being heard, and the commitment of group members to equality of opportunity.

The skills and commitment of the AC were discussed at length by the parents and professional, and this was evident in the C-M-O links. The parents felt that the positive relationships and the AC listening to their views was linked to his commitment to them and their child.

"[Our AC] has been amazing...He contacts us all the time...He works so hard such long hours, and nothing is too much trouble. He was never ever abrasive." (Debbie)

The group's commitment to equality of opportunity for the young person was attributed by both the parents and the professional to the group seeing him as being at the centre of the plan. The parents also felt this linked to group members valuing his opinion, whilst the professional felt this linked to the group seeing his holistic needs and the skills of the AC in drawing together information to build a detailed understanding of the young person.

"The assessment coordinator was committed to the process...there was an element of really trying to develop a detailed understanding of the case before the skeleton plan meeting beyond what might have been presented on paper." (Judy)

The parents linked the positive relationships in the group to the ACs commitment and their child being valued by the group. Similarly, the professional linked this mechanism to the skills of the AC. Furthermore, she felt this had been facilitated by the group seeing the holistic needs of the child, which she felt was particularly important for an adult EHC plan. These two contexts were also identified by the professional as linking with the group's commitment to equality of opportunity for the young person.

10.5 Case Study Five

Toby is a four year old boy with communication and interaction needs. He is non-verbal and communicates predominantly through leading an adult, pointing and through sensory seeking behaviors. His Mum, Sarah, also has two year old twin boys and was interviewed at home, with all three children present. Martine is an

advisory teacher who had been supporting Toby both in his nursery setting and in accessing community groups.

Table 19: Case Study 5: Important C-M-Os

	Parents	Professional
Context	<p>Facilitator</p> <ul style="list-style-type: none"> • The AC led the meeting well. • The AC was committed to me and my child. <p>Beliefs</p> <ul style="list-style-type: none"> • My child was at the centre of the plan. 	<p>Facilitator</p> <ul style="list-style-type: none"> • The AC was committed to the process. <p>Beliefs</p> <ul style="list-style-type: none"> • Everyone involved with the assessment saw the child as being at the centre of the plan. <p>Time</p> <ul style="list-style-type: none"> • I had opportunities to talk to professionals in different roles to create a shared understanding of the EHC process.
Mechanism	<p>Attitudes</p> <ul style="list-style-type: none"> • Everyone supported my child's right to be included in school and the community. <p>Interpersonal skills</p> <ul style="list-style-type: none"> • The AC mediated between people in the group. <p>Relationships</p> <ul style="list-style-type: none"> • The relationships between people in the group were positive. 	<p>Community Capacity</p> <ul style="list-style-type: none"> • The community services support the outcomes and inclusion of the CYP. <p>Interpersonal skills</p> <ul style="list-style-type: none"> • The AC ensured the assessment represented a group consensus. <p>Relationships</p> <ul style="list-style-type: none"> • Relationships between group members were positive, collaborative and supportive.
Outcome	<p>Empowerment</p> <ul style="list-style-type: none"> • Professionals valued my contribution. <p>EHC Plan</p> <ul style="list-style-type: none"> • Any initial disagreements were resolved amicably by the time we wrote the plan. • The plan represented everyone's views about what my child needed and the outcomes we were working towards. 	<p>Empowerment</p> <ul style="list-style-type: none"> • The parents were supported to participate fully in the assessment. <p>Knowledge of CYP</p> <ul style="list-style-type: none"> • The plan represented a joint assessment of the CYPs needs, provision and outcomes. <p>EHC Plan</p> <ul style="list-style-type: none"> • The plan represented the CYPs interests, hopes and aspirations. • The plan represented what had and hadn't worked for the child in the past.

Summary

Sarah felt safe and secure in the expertise of the assessment team, so much so that she was happy and confident in leaving them to complete the outcomes after she had left the meeting.

“I felt quite good. I left the meeting a bit early because I had left my mum with all three children and...I felt comfortable just leaving it and knowing that it was going to go in...everybody there had the expertise... I’m glad they were there to stand up and ask questions on my behalf or make suggestions.” (Sarah)

Much of this was due to the pre-established relationships that she had with the team. A solid and consistent Team Around Me process had been implemented long before Toby’s EHC proposal was submitted and Sarah had experienced professionals’ commitment to Toby’s inclusion both in nursery and the wider community. For Martine this was a unique assessment as it was the first she had participated in. She had not had any formal training about the EHC process and this and the fact that the process was also new to others in the group had an impact on the time it took to complete. There was professional debate within meetings, and Martine worried that this may at times have precluded Sarah from saying what she wanted to. However, Sarah did not allude to this, instead she had been impressed with the way in which professionals managed these differences of opinion, and this gave her confidence that they would create a good plan for Toby. The relationships between group members were described positively, and Martine commented on how this and the equal status of group members helped them to stay focussed on Toby.

“There was quite a lot of humour. A lot of it instigated by Mum. She is quite a character so we were kept focused and it kept us thinking about Toby....I suppose everyone giving time for each other to speak...I just didn’t feel there were any power struggles.” (Martine)

Both Martine and Sarah commented on the skills of the AC in facilitating a positive group dynamic. They particularly referenced his active listening skills and how he ensured that everyone in the group was heard. On reflection Sarah was happy that the plan represented a joint assessment of Toby’s needs and Martine felt that the plan reflected Toby as an individual and that the outcomes written in the plan were SMART. However, she raised an important issue about whose responsibility the plan would be as Toby would be making the transition to school in 5 months time, and similar to case study one, the receiving school had not yet been identified.

Table 20: Case Study 5: Causal links

	Parent	Professional
Outcome — Mechanism links	<ul style="list-style-type: none"> Professionals valued my contribution—1) The relationships between people in the group were positive. Any initial disagreements were resolved amicably by the time we wrote the plan—1) The relationships between people in the group were positive, 2) The AC mediated between people in the group. The plan represented everyone's views about what my child needed and the outcomes we were working towards— 1) The relationships between people in the group were positive, 2) The AC mediated between people in the group. 	<ul style="list-style-type: none"> The parents were supported to participate fully in the assessment—1) Relationships between group members were positive, collaborative and supportive, 2) The AC ensured the assessment represented a group consensus. The plan represented the CYPs interests, hopes and aspirations—1) The community services support the outcomes and inclusion of the CYP. The plan represented a joint assessment of the CYPs needs, provision and outcomes— 1) The AC ensured the assessment represented a group consensus. The plan represented what had and hadn't worked for the child in the past—1) The community services support the outcomes and inclusion of the CYP.
Mechanism — Context links	<ul style="list-style-type: none"> Everyone supported my child's right to be included in school and the community—1) My child was at the centre of the plan. The AC mediated between people in the group— 1) The AC was committed to me and my child. The relationships between people in the group were positive—1) My child was at the centre of the plan. 	<ul style="list-style-type: none"> The community services support the outcomes and inclusion of the CYP—1) Everyone involved with the assessment saw the child as being at the centre of the plan. The AC ensured the assessment represented a group consensus—1) the AC was committed to the process, 2) Everyone involved with the assessment saw the child as being at the centre of the plan. Relationships between group members were positive, collaborative and supportive—1) I had opportunities to talk to professionals in different roles to create a shared understanding of the EHC process.

Brief Summary of the Causal Links

The parent felt empowered during the assessment because she felt that professionals valued her contribution, this was linked in her view to the positive relationships between group members and these relationships were facilitated by the fact that everyone saw the child as being at the centre of the plan.

“There were differences of opinion [but] they were able to look at it positively rather than take it to heart. Actually trying to use it to achieve a positive outcome and looking at it as something more important than themselves and their own ego.” (Sarah)

This view was supported by the professional feedback which suggested that the parent was supported to participate fully due to the positive relationships within the group, but she also noted the excellent support and commitment of the independent advisor from parent partnership. Similar to the parental view above, the professional also attributed the parent feeling supported to the skills of the AC in ensuring the assessment represented a group consensus. She noted that the pre-established relationships professionals had with each other supported the management of debate within the assessment group.

“Also it’s helpful if it’s someone who has had a relationship with the other professionals as well. That helped they knew each other.” (Martine)

For the parent this meant that any initial disagreements were amicably resolved by the time the plan was written. Both the parent and the professional felt the plan represented a joint assessment of the child’s needs. This was again linked by the parent to the positive relationships in the group. Furthermore, the parent linked this outcome to the AC's mediation skills, whilst the professional linked it to the similar mechanism of the AC ensuring there was group consensus. The professional also felt that the plan reflected the child's interests, hopes and aspirations as well as what had and hadn’t worked for them in the past, and this was linked to the group seeing the child as being at the centre of the assessment. She talked about the way in which his views had been sought through adult observations of him over time and in a variety of contexts. There had been multi-professional involvement with Toby for some time and this had built up a holistic picture of Toby from multiple perspectives.

“I think because of his behaviour that we observed I suppose he did have influence...his behaviours and his ways and his cheekiness...so I think he influenced us quite a lot. If we hadn’t have done we wouldn’t have had him at the centre would we.” (Martine)

Both the parent and professional saw the relationships as important mechanisms in the assessment although they linked these with different contexts. For the parents,

this was linked to people viewing her child as being at the centre of the plan, and for the professional, it was linked to having opportunities to talk to professionals in different roles to create a shared understanding of the process. This highlights the need for multi-professional collaboration both prior to and during EHC assessments to develop a common understanding of the process and their roles within it. The parent spoke about the way in which the AC had mediated between group members, and this was linked to his commitment to her and her child.

“Yeah he kind of prepared everything really; he made sure he sent out any little changes made so we were kept up to speed on things.” (Sarah)

Similarly, the professional linked the group consensus to the AC's commitment and the child being at the centre of the plan. The professional and the parent discussed the positivity towards the child's inclusion within school and the community. The parent discussed this from a beliefs perspective and felt that all group members had been committed to her child's inclusion, whilst the professional linked this to the capacity of the community to support the outcomes in the plan and the child's inclusion.

10.6 Assessment Coordinator (AC) Focus Group

The five ACs involved in the focus group came from a variety of professional backgrounds, but were all employed by the LA. Four of the five focus group members were from educational professions.

Table 21: Focus Group: Important C-M-Os

	Assessment Coordinator
Context	<p>LA and Service level</p> <ul style="list-style-type: none"> • The LA promotes a person centred culture of working <p>Preparation</p> <ul style="list-style-type: none"> • Parents/CYP had the information and support they needed to participate fully. <p>Beliefs</p> <ul style="list-style-type: none"> • Everyone involved saw the child as being at the centre of the plan.
Mechanism	<p>Attitudes</p> <ul style="list-style-type: none"> • Group members supported the child’s right to be included in school and the community. • Group members were committed to the principles of equal opportunity for children with SEND. <p>Relationships</p> <ul style="list-style-type: none"> • Relationships between group members were positive, collaborative and supportive.
Outcome	<p>EHC Plan</p> <ul style="list-style-type: none"> • The plan reflected the CYPs experiences of what had and hadn’t worked for them in the past. • The plan represented a joint assessment on the CYPs needs provision and outcomes. • The plan reflected the child’s interests, hopes and aspirations.

Summary

The group strongly believed that the LA and services for which they worked promoted a person-centred culture of working. They discussed the training that had occurred at SENCo conferences and the LA road shows over the past 18 months, and the work that had been done with whole schools to embed PCP. They did highlight however that although the LA embodied person-centred values it was up to systems to interpret that in different ways. Their conclusion was that the LA supported person-centred values and ways of working but that it was important to acknowledge that this was not a one-off objective, but a process that needed to be invested in over time. Child and parental preparation was also viewed as an important context although the group admitted it was difficult to objectively discuss this when they had been instrumental in preparing children and their families for the assessment. The group all agreed that the child had been seen as

the centre of the plan in all of their EHC experiences, which reflects the professional and parental perspectives that were outlined in the case studies.

Collaborative and supportive relationships were seen to be critical in facilitating positive EHC meetings. Aspects that were seen as key to getting this right were: 1) having a pre-established relationship prior to the EHC assessment; 2) keeping the number of people within the assessment group to a minimum; 3) having an understanding of the types of educational setting and differing needs of the child.

“It is knowing the family...Ideally it should have been done by somebody else who knew the family...and you would have been able to do it without so many other people there...having two less would have made you feel less intimidated.” (Carole)

The group felt that everyone within their assessments had been committed to equal opportunities for children with SEND, and that the child’s inclusion within school and the community was valued. The group felt that their plans had included the child's experiences of what had and hadn’t worked for them in the past. These experiences were primarily evidenced through observations and interactions with parents and professionals. They felt it could be difficult to include hopes and aspirations, due to the age and needs of the children involved, although one AC did feel that their plan had represented this clearly. The group felt that outcomes were broadly SMART although highlighted the need for more training and clarity on what this should look like for children at different stages of their education and development. A need for flexibility in this area was also highlighted what might appear SMART to one professional may not be to another.

“It’s not just the age either...if I think about the one...he’s twelve he hasn’t been in school for three years and that’s way too big a leap...now the outcome is to get him to library...It’s a very small little outcome really.” (Beryl)

Like the professional in case study two the group discussed the difficulty of conducting an EHC in a temporary setting or a setting that was due to change soon.

“That’s quite an issue isn’t it....If they are already in then the school would be committed to it as they are part of the process but if they are EYs ones or even I guess the sixes going up to seven you haven’t got the receiving school involved yet.” (Carole)

Table 22: Focus Group: Causal links

	Assessment Coordinator
Outcome — Mechanism links	<ul style="list-style-type: none"> The plan reflected the CYPs experiences of what had and hadn't worked for them in the past. —1) Group members supported the child's right to be included in school and the community, 2) Group members were committed to the principles of equal opportunity for children with SEND. The plan represented a joint assessment on the CYPs needs provision and outcomes. —1) Group members were committed to the principles of equal opportunity for children with SEND, 2) Relationships between group members were positive, collaborative and supportive. The plan reflected the child's interests, hopes and aspirations. —1) Group members supported the child's right to be included in school and the community, 2) Group members were committed to the principles of equal opportunity for children with SEND.
Mechanism— Context links	<ul style="list-style-type: none"> Group members supported the child's right to be included in school and the community. — 1) The LA promotes a person centred culture of working, 2) Parents/CYP had the information and support they needed to participate fully, 3) Everyone involved saw the child as being at the centre of the plan. Group members were committed to the principles of equal opportunity for children with SEND. — 1) The LA promotes a person centred culture of working, 2) Everyone involved saw the child as being at the centre of the plan. Relationships between group members were positive, collaborative and supportive. — 1) The LA promotes a person centred culture of working, 2) Parents/CYP had the information and support they needed to participate fully, 3) Everyone involved saw the child as being at the centre of the plan.

Brief summary of the causal links made by the focus group

The child's views, interests, hopes and aspirations being represented in the plan were linked to the attitudes of group members to the child's inclusion and the assessment group's commitment to the principle of equal opportunities for children with SEND. This mechanism and the relationships within the group were also linked

with the plan representing a joint assessment of the child's needs. The focus group all agreed that the draft plan had represented the children's interests, hopes and aspirations and their prior experiences of what had and hadn't worked for them in the past, however in all but one case they spoke about the reliance on parental views to achieve this.

"It's hard because in a sense people are speaking for them. You are making assumptions aren't you?" (Alison)

"You can make fairly good assumptions by their behaviours." (Beryl)

"But it's not quite the same as when with some of the work we've done with older people who can really express what they want etc." (Carole)

"With some of the scenarios it's actually listening to the young person's wants that's not what the parent wants." (Daphne)

Following a lengthy discussion the focus group were unsure as to how well the child had been supported to be involved in the assessment, they discussed the potential need for effective advocacy services for young people.

"it would be really good if there were peer advocates...and un connected to the teaching staff side of school because sometimes they say what they think they are meant to say" (Daphne)

The team agreed that when thinking about the capacity of the child's decisions about how and if the child should participate should be made by a range of people including parents and professionals. The focus group agreed that the assessment group's commitment to equal opportunities, the child's right to inclusion and the relationships between group members were linked to the child being seen at the centre of the plan and the LA promoting a person-centred culture of working. Positive relationships between group members and the inclusion of children were also linked to the context of parents and children having the information and support they needed to participate fully.

At the end of the interview the focus group discussed the anxiety of some of the parents following the EHC assessment, and discussed a number of factors that may be helpful in alleviating this. These suggestions can be viewed in Appendix 9.

10.7 C-M-O cross-case comparisons

Appendix 11 presents a cross-case analysis of the priority C-M-Os chosen by interviewees.

Context

Parents cross-case tended to choose context themes about beliefs with few choices of time and facilitator themes, while professionals also chose beliefs (shared theme with parents) but chose time and preparation as priority themes. This may be suggestive of differing roles and perspectives. Phase one of this research (page 55-57), highlighted the time constraints that some professionals are under and how other work is likely to be postponed, or work completed outside of contracted hours in order to fulfill their role in the EHC assessment. The C-M-O cross case comparison (Appendix 11) demonstrates how positive relationships and interpersonal skills within the group were linked to everyone in the group seeing the holistic needs of the child as well as them having enough time to collaborate with other professionals. This was emphasized in the qualitative data in which professionals and family members discussed the working relationships with the child, other professionals and family members they had prior to statutory assessment. Although case study four highlights that this is not always possible due to commissioning arrangements.

Mechanisms

Parents cross-case chose mechanism themes about interpersonal skills and attitudes as priority themes, with relationships also highlighted as important, while professionals also chose interpersonal skills (shared theme with parents) with more of an emphasis on attitudes. Professionals also highlighted the capacity of the community in meeting the outcomes and inclusion of the pupil, alluding to the possible tensions between desirable and realistic outcomes. Parents differed in their opinions about which interpersonal skills had facilitated outcomes. These ranged from active listening skills of the group and AC to their 'voice being heard' and the assessment representing all views. The context that most supported these

mechanisms was the group seeing the holistic needs of the child rather than just their educational or medical needs. Charlie linked feeling listened to during the assessment to the belief that his opinion was valued by members of the assessment team. Positive relationships within the group were linked by professionals and parents to viewing the child at the centre of the assessment.

Outcomes

Parents and professionals cross-case chose the final EHC Plan as the most important outcome theme. Both parents and professionals wanted the plan to accurately reflect the child's interests, hopes and aspirations as well as what had and had not worked for them before. Noticeably this was not the most important theme for the child who focused instead on the verbal and non-verbal feedback he received from the face-to-face meetings and improved attitudes of adults towards his involvement. He was also concerned that the group had shared responsibility for reaching outcomes. This may indicate differing priorities for children and adults, which it could be argued highlights the importance of ascertaining the child's view. The plan representing a group consensus and the group sharing responsibility for reaching outcomes were chosen to a lesser degree by parents and professionals.

11 Discussion for Phase Two

Overall, parents and professionals were very positive about the EHC assessment process. The context factor that was most highly rated by parents, professionals and for the one child were the beliefs of the individuals and systems involved in supporting the child, as demonstrated by the C-M-O cross case analysis (Appendix 11). The way in which parents were prepared for meetings and the skills and commitment of the facilitator were also highly regarded. These contextual factors were closely linked to the interpersonal skills, relationships and attitudes of the assessment group, which parents linked to a sense of empowerment.

Empowerment was characterised by parents feeling listened to and feeling that professionals valued their contribution. What was most valued by parents however, was the way in which the interpersonal skills, relationships and attitudes of group members ensured that the plan represented an accurate and holistic picture of their child. This led to a real sense of satisfaction with the draft plan. For Charlie, the interpersonal skills also contributed to a sense of empowerment and reflected a positive attitude towards Charlie's participation, which made him feel that his views were valued. Professional and AC views closely mirrored that of the parents which supports the idea that the process has been a collaborative one. The AC group were also keen to highlight that it was the LAs positive culture of person-centred working that supported them in being able to fulfil their role in a way that supported children, parents and professionals in a person-centred way.

The following paragraphs will seek to answer the original research questions.

11.1 How are parents, children and professionals supported in understanding and contributing to the process?

Charlie's EHC assessment in case study three demonstrates a really good example of where PCP has been used effectively to support a young person's meaningful participation, from his own and others' perspectives. This example highlights that this is not a procedure to be followed but rather a way of listening and responding to a child's views over time. The underlying school ethos and the beliefs of the school staff had been supporting Charlie's participation for some time. Tom's EHC

assessment did not benefit from the pre-established relationships that were present in Charlie's assessment. As mentioned in section 9.2.3, only two young people from the selection of case studies took part in their EHC assessment, Charlie aged 10 and Tom aged 19. This was due to professional and parental views regarding the children's age and competency. Tom chose not to take part in this study. His parents reported that he had found the assessment very stressful and exhausting, which they felt may be related to this. Without hearing Tom's perspective we cannot possibly know how supported he felt during the assessment process however, many of the comments from both his parents and the professional interviewed for this case study suggest that attempts were made to make the experience as person-centred as possible within the time available. This included giving Tom choice and control over the venue for meetings, providing him with space and time to talk and process information, and rescheduling meetings to ensure that Tom could be present. The professional involved in this assessment also spoke of the need to give most weight to Tom's views within this assessment due to his age and level of independence. The length of the meeting and the method of communication were felt by Tom's parents to impact on his capacity to participate, although overall they were happy that Tom's views had been accurately recorded and written into the plan.

In three out of five case studies and in four out of five assessments discussed by ACs, the meaningful participation of children was raised as a potential issue. Issues of age, capacity and emotional vulnerability have all created barriers to children being actively involved in their assessments. The issue of what meaningful participation looks like for these children is very complex. There will be no 'one size fits all' solution. As Claire highlights in case study two, we need to be 'wary of performers' and actively seek to include the 'real participation of children and young people', otherwise the process may appear tokenistic. To be truly person-centred we must consider the needs, circumstances and preferences of the individual receiving support, and acknowledge that these needs may change over time.

11.2 To what extent do parents and children feel listened to throughout the process?

Parental and professional perceptions of being listened to were very positive. All parents stated that they had felt listened to throughout the EHC assessment, which suggests that the professional and AC perspectives of parents feeling listened to were accurate. However, feeling actively listened to was only chosen by two parents and the child as a priority mechanism, and one parent and the child as a priority outcome. This may suggest that although active listening was a very important element for parents and the child in this study, it was the results of being listened to that was rated as most important. This is outlined in the feedback from parents about the ways in which the EHC plan accurately represented their child. For two of the parents and for Charlie feeling listened to was one of the most important outcomes. Feeling listened to was closely linked to parents feeling that they had choice and control over decisions which were made about their child. For two of the parents interviewed this outcome was particularly poignant as they described in some depth previous experiences where they had not felt listened to and where they had experienced negative attitudes from professionals towards their involvement.

Charlie was very clear in his interview that he had 'definitely' felt listened to by all the professionals. When reflecting on the assessment meetings, Charlie talked about the feedback both verbal and non-verbal that he received from adults when he was talking. Another important aspect for Charlie was the fact that since the assessment he had seen physical evidence of his views being used to make changes to his provision and the way adults worked with him. This is one of the most important elements of participation and one which is embedded in the literature on person-centred support (Corrigan, 2014; Dowling et al, 2006; Murray and Sanderson, 2007; Todd, 2002). Participation is more than the act of just taking part, it is the ability to influence decisions about one's own life and see that lead to change.

11.3 To what extent do parents and children have some choice and control over decisions which are made about them/their child?

Parents in these five case studies felt empowered by the process and as a result felt valued and able to participate in decisions which were made about their child. The most important aspect for all the parents was that the plan accurately represented their child. Feeling valued and listened to in their eyes helped to ensure the accuracy of the plan.

In all of the case studies, parents were aware of the need for them to advocate for their child, a finding which was also highlighted in the questionnaire data. In one case this was the result of a direct request from the young person, but in other instances, parental advocacy was related to the age and competency of the child. In some cases this may be absolutely appropriate and in line with the child's wishes. However, we may need to be aware of an over reliance on this, not only from a legislative perspective but also from an ethical perspective. The SEND Code of Practice is very clear that we should not use parent's views as a 'proxy for children's views' (Chapter 1.10 SEND Code of Practice, 2015). Whenever parental or professional views are relied upon as a substitute for the views of the child we should be questioning who has made this decision and why. There may be ways in which the child can participate in a way that meets their needs and preferred method of communication. This could be combined with parental and professional views to form a more holistic view of the child and which recognises the child as an active agent in their own lives. This will be discussed in more depth in the overall discussion later in this thesis. Conflicts of interest may also exist between the wishes of the child, the parent, and the professional. The power relationships in this dynamic may require careful management if all parties are to have an equal voice.

11.4 To what extent does the draft plan represent the hopes and aspirations of the child?

As outlined in the previous paragraph this is a very difficult aspect to understand with such limited feedback from children themselves. Parental and professional C-M-O choices very clearly demonstrate their perception that the EHC plan

represented the hopes and aspirations of the child, as well as the child's past experiences of what had and had not worked in terms of their support. This was linked to the assessment representing everyone's views. However, this relates to their adult perspective of the child's hopes and aspirations. Parental advocacy will be discussed in more depth in the overall discussion at the end of this thesis. Certainly from Charlie's perspective his hopes and aspirations were clearly identified, and plans were put in place to support these views.

11.5 What are parents', children's and professionals' views on the relationships between members of the assessment team?

The relationships within the assessment groups were described very positively by all involved within the assessment, and were closely linked to the interpersonal skills of group members as well as the skills of the facilitator. The positive and collaborative nature of relationships was noted by four of the parents, three of the professionals and the AC group. This seems to have been facilitated by the group viewing the child as being at the centre of the assessment, which corresponds with their view that the draft plan represented the child's hopes and aspirations. This confirms the adults desire to include children's views, but is in contrast to the feedback regarding how this can be done with very young children or those with significant needs. This indicates a need to further explore the different methods of participation within the authority.

Parents and professionals alike spoke about the importance of having pre-established relationships with other members of the assessment group prior to the assessment process. This supports the notion of a continuum of SEND support which encourages multi-professional working and planning for the child prior to the need for statutory assessment. This was important not only in respect to the rapport between group members, but also in respect of having a sound knowledge of the child over time, and in facilitating the child's involvement. In addition to the pre-established relationships between professionals, the child and their family, professionals also talked about the way in which their previous experience of working with other professionals facilitated their comfort and participation in

meetings. This could be a helpful insight to support the development of multi-professional working within the EHC process. This will be discussed further in the overall discussion.

11.6 To what extent do parents', children and professionals understand how the plan will be implemented and reviewed?

Parents and professionals of children in school or nursery settings were clear that the plan as a whole would be reviewed every twelve months, and that they would be involved in the setting and reviewing of termly individual education plan outcomes. They also felt confident following the assessment that their views would be valued by professionals in this process.

One of the issues raised by the post 18 EHC assessments was concerned with commissioning arrangements between EP services and post sixteen education providers. As EPs in the authority are not yet commissioned to do non statutory work by the post sixteen education facility specific to this case study, the EP would not be able to continue working with the young person following completion of the plan. The family had felt supported by the AC and the EP during the assessment period but felt this support would disappear following the assessment which led the parent to feel that all the responsibility for the monitoring and evaluation of the plan was her responsibility. This was in part because the parent did not feel the SENCo at the setting really understood her child's needs. A similar anxiety was held by parents of children in early year's settings whose school place had not yet been allocated. The group of professionals involved in most of these assessments were specialist early years professionals who would not be following the child through to primary school. Unlike the parent of the post-16 young person however, these parents felt that the school SENCo would take over responsibility for the plan.

12 Overall Discussion

This study represents a small sample of families and professionals who experienced the EHC assessment in this authority at a particular point in time. From the point of the first EHC assessment in the authority to the point of data collection, the new statutory assessment process had only been running for a total of four months. The ever evolving nature of this process will undoubtedly mean that there will be elements discussed in this research that have already been identified for development within the LA.

12.1 Children and young people's participation

The rights of children can be viewed in two ways, firstly, from a legal and social justice perspective and secondly, from a relationship perspective (Kanyal, 2014). The first of those perspectives is clearly outlined in the policy and legislation that informs and governs the rights of all children in the UK (Children and Families Act, 2014; SEND Code of Practice 2014). The second requires careful consideration about the way in which we as adults view participation and how we provide opportunities for children to participate in a way which facilitates their preferred method of communication.

The key advocates of PCP and associated person-centred approaches warn of the danger of adopting the model in a bureaucratic way and without the philosophical content (Dowling et al, 2006; Stirk & Sanderson, 2012). Viewing PCP as an 'add on' to existing structures and practices rather than embedding it within the philosophy of a setting is likely to reduce any potential benefits, and the process itself becomes tokenistic. The use of person-centred thinking tools such as those suggested by (Sanderson, Goodwin & Kinsella, 2012) may be incredibly helpful for some students. For example, students like Charlie who are emotionally, cognitively and verbally able to access such resources with appropriate support, and where the system supports their participation at a wider level. However, for those children who are not yet able to access these tools we may need to think more flexibly about the way in which we engage them in their support.

Parents and professionals in this study wanted the EHC plan to reflect accurately the child's interests, hopes and aspirations as well as what had and had not worked for them before. However, the findings suggest that there was a difficulty in gaining the views of the child. The barrier to participation seemed to relate to individual's concept of participation and what this might look like for very young children or children who do not have the language skills and learning skills deemed necessary to take part in a PCP approach. This desire to want to capture the views of the child is encouraging and demonstrates the underlying belief of frontline workers that children's participation is important. A significant development for the future will be broadening individual's understanding of participation both at the level of the individual learner and the wider systems that surround them.

It is a child's right to participate (UNESCO, 1994; SEND Code of Practice 2014), and as professionals it is our responsibility to find flexible, creative and meaningful ways of facilitating that participation. It is my view that participation is best viewed as a multi-dimensional construct that recognises the different 'voices' of all children of all ages and abilities, and which exists within a matrix. Each and every component within this matrix would be as valuable as another so long as it took into account the needs and preferences of the child. For example, a child of four who as yet has no verbal, sign, or symbolic language and who is not yet able to make direct choices when posed a question, may be demonstrating communicative intent through their preference for specific activities, people or environments. This can be documented through photographic evidence from a variety of contexts which alongside consultation and reflection with parents and professionals could form a holistic picture of the child's interests over time. A method such as the 'mosaic approach' designed by Clark and Moss (2001), might be a useful framework with which to organise and reflect upon this type of information. This form of participation may be heavily facilitated by adults around the child but it adopts the principle that children are competent 'meaning makers and explorers of their environment' (Clark, 2005). In contrast, a young person whose views are facilitated for an EHC assessment through the use of a PCP approach may feel this participation is

tokenistic if the school system is perceived to be autocratic, with no opportunity for students to inform decisions and promote change in the wider system.

12.2 Parental and professional advocacy

The views of professionals have historically been highly valued in statutory assessments, and there has been a movement towards much greater parental involvement in the last 20 years (CSIE, 1997; DfES, 2001; DfE, 2014). These are critical perspectives and ones that should have a high degree of importance (Brown, Prynzwansky and Shulte, 2001). However, it may also be important to discuss to what degree the assessment process is reliant on the parental or professional views acting as a proxy for the child's views.

Questions have been raised in previous research about the ability of adults in general to empathise with children's perspectives (Kellett, 2005; Pithouse & Crowley, 2007). As adults we have a wealth of experience which has informed our working model of the world and it may be difficult as adults for us to act in a way that disregards this experience. Professionals' in phase one of this research highlighted the 'presence' of parental views and questioned whether in some cases this view may not be wholly objective. This could equally be said of professional views. Personal perspectives, demographics, political, religious, moral and cultural ideology and our individual or organisational agendas will undoubtedly affect the way in which we as adults perceive the child's interests, dislikes, and wishes. This being said, an independent evaluation of voice advocacy work conducted by the Thomas Coram Research Unit (University of London) in 2006, concluded that the overwhelming majority of young people felt that the process of having an advocate had been very valuable, and had experienced being listened to properly for the first time during their lives. The important difference in this evaluation is that the young people were supported with independent advocates, whose role was solely to advocate for the child. If advocating for the child is combined with a professional or parental role in the EHC process it may be difficult to separate the purpose and agenda of the adult perspective from the child's perspective.

Corrigan (2014), found that on reviewing PCP outcomes for children over time, the young people sometimes reflected different views to their parents and school staff (relating to progress in the areas of 'respect' and 'competence'). As Corrigan (2014), notes, this emphasises the importance of eliciting young people's own individual voice and not assuming that parents, carers or professionals can always provide an accurate perspective (Corrigan, 2014). This may require a degree of flexibility and creativity in thinking about what constitutes the 'voice of the child' and what may be required to ensure that we learn to listen to the many different 'voices' of children (Clark, 2005).

12.3 Participation: Moving forward

This research, although limited by its size, suggests that more work is needed in relation to how 'participation' with children is defined by individuals and systems in the authority. It seems fitting that this definition should be constructed in collaboration with children with SEND.

A variety of methods could be used in the LA to support children and young people's participation in a way that draws upon their skills across a variety of mediums. Supporting children to conduct their own research; providing opportunities for children to share their views within their school or community systems (such as youth and school councils); or providing creative opportunities for children to present their views through art, play, or drama, are all methods that have been successfully used to elicit children's views (Clarke, 2005; Hammond, 2015; Kellett, 2005; Kotsanas, Smith, & McNaughton, 2014). This knowledge could then be used to think more creatively and flexibly with children about the way in which their many different voices can be heard. An example of a flexible approach to children's participation can be seen in the research by Kotsanas, Smith, and McNaughton (2014), who examined children and parents' views on what made the City of Melbourne liveable for them and others. This information then directly influenced public policy in the city and helped to define the children's charter in Melbourne. Children from birth to twelve years were included in the study. Children aged three to twelve contributed by talking, drawing, writing and/or taking

photographs whilst parents and carers contributed on behalf of children under three years of age

Conducting this research has provided a unique opportunity to reflect upon my own practice in supporting children and young people's participation. I have long prided myself on working with children to gain their perspective on a specific situation, but this research has highlighted a number of areas that to my regret I have at times overlooked. For example what outcome does the child wish to work towards, and what do they hope our work together can achieve? These very fundamental questions bring me back to what should be the underlying ethos of my work as an EP; what value am I adding, and who is my client? In the ever changing world of commissioning, traded services and with limited professional experience in the EP arena to call upon, it can be all too easy to lose sight of these questions and instead focus on the requirements of the 'purchaser' or the organisation. In my future work with children and young people I hope to draw upon the five fundamental principles cited by Billington (2006), to support my continued reflection on how I work with children and young people. Namely, how do we speak of children; how do we speak with children; how do we write of children; how do we listen to children; how do we listen to ourselves when working with children.

My experiences during the completion of this research have helped me to understand that working with children and young people is a complex social process. It has highlighted the need and value of relationships between professionals, parents and children in order to reach outcomes which are valued by all. Placing ourselves in a professional relationship with the child or individual with whom we work has an impact on the quality of work we can achieve (Billington, 2006). This emphasis on 'relationship' is something which I have endeavoured to value throughout my work, although I am aware that like many of the professionals in this research the elements of time and capacity have at times been a barrier to achieving this satisfactorily.

12.4 Multi-professional working

The results of this study suggest that multi-professional collaboration for those professionals who are actively involved in the assessment is very good. This was facilitated by good interpersonal skills, the ability of the AC to manage discussions and the absence of a professional hierarchy. Professionals in both phase one and two of the study talked about the need for time to collaborate with one another in order to build a shared understanding of the EHC process.

Professionals, families and ACs all noted the frustration for themselves and for families when professionals from other services were unable to attend the assessment meetings. However, they also acknowledged the pressure that other services are under and that the structure of those services may not support their participation. In addition to this, the AC group commented on the bias towards education within the plans. In some ways they felt the plans were misleading because although they are termed 'education, health and care plans' the priority need has to be an educational one. The bias towards education in the EHC plans has also been noted by Norwich (2014), who suggests that improved outcomes for children and their families will depend partly on the commissioning and planning of joint services. Joint commissioning of services is in action in the authority and there has been significant inter-agency working at a senior management level to implement the SEND reforms. However, this does not seem to have filtered down to a grass roots level, as highlighted by one of the professional views.

"The importance of EHC needs to be disseminated across all organisations. From my experience working on the interface between education and CAMHS many CAMHS colleagues haven't been given any training at all about EHC or understand their role within it. This is due to lack of dissemination by management." (EP)

Professionals in the authority are keen to address this issue with half of the respondents in phase one of this study saying that they would like more opportunities to work with colleagues from across all three sectors. Professionals desired opportunities to have safe conversations around different work practice, multi-agency training sessions and CPD, as well as structured discussions around different professional ethos and belief systems. The findings from this research supports the findings of Atkinson, Jone and Lamont (2007), whose comprehensive

literature review on multi-agency working and implications for practice identified three key areas for effective multi-agency development. These were: 1) effective communication and information sharing (e.g. by having transparent lines of communication, creating opportunities for discussion); 2) developing a shared purpose (e.g. by agreeing joint aims, conducting a needs analysis); and 3) effective planning and organisation (e.g. by developing shared protocols, having a clearly defined structure).

Within the LA there are very good opportunities for collaborative working across a wide range of educational services. Furthermore, there is a Multi Agency Support Team which provides educational, therapeutic and family support to families of children within Primary education settings. Within this setting there are strong links between education and social care colleagues. However, across the LA there are far fewer opportunities for frontline workers to collaborate with colleagues from health services. There are specific instances of colleagues working alongside health professionals such as those working in the autism assessment group, and colleagues working within Children and Adolescent Mental Health Service (CAMHS), which helps bridge this gap. Clinical case reviews, CAFs and pupil reviews in schools, provide some opportunity for communication with paediatricians, speech and language therapists, occupational therapists and physiotherapists, but there is very little opportunity to engage in joint training or CPD activities with these colleagues outside of individual casework. There have been attempts by both sides to rectify this, for example, a recent invitation to EPs from the speech and language team to deliver training on dynamic assessment. Professionals in this research were requesting increased opportunities for joint CPD and training between frontline workers across agencies to help consolidate positive working relationships. This implies that there is a need to go beyond joint commissioning and managerial discussions across agencies for effective multi-agency working to take place. An interesting comment was made by the EP interviewed in case study four. She talked about the difficulty even within education, of keeping up to date with new roles, role changes, and constant restructuring of services. She posited the idea of making links to other services through conduits, for example the GPs who are the funnel

through which all other health services are provided. These are the people who often have the most up to date information regarding services structures. This would be an interesting avenue for the LA to explore.

12.5 Facilitators

There has been debate in the authority regarding the role of the AC, what types of professionals should hold the role, and the capacity of specific services to commit to the role. This research supports previous research into person-centred support by suggesting that the role of the facilitator is an important one. One respondent in the questionnaire feedback stated the need for ACs to have a good understanding of educational systems. While this may be advantageous, there will be a variety of professionals within the group who can inform and guide about educational systems. The role of the facilitator should be first and foremost to support the group (including the individual whom the plan is for) in reaching a consensus about how best to support the child, and then think about ways of achieving that vision and how to overcome potential barriers (Holburn, 2002). It was also noted by the teacher interviewed for case study two that the more experience a professional has in one particular area the more likely they may be to make assumptions which match that experience.

“I don’t know what makes a good assessment coordinator because in a way the more experienced they are in an area, sometimes that can be a negative because they tend to have a stronger, oh well I’ve seen this sort of case before and I have made up my mind.”

(Claire)

The aspects of the AC role that were most commented on were their interpersonal skills and commitment. In phase one the skills most commonly observed by professionals were active listening, empathy, respect and collaboration, all core conditions for person-centred working as outlined by Rogers (1951). In phase two, these conditions reduced anxiety for parents and were perceived by parents and professionals to lead to SMART outcomes for children and a plan which represented everyone’s views. For the child it led to him feeling his opinion was valued. Whatever the decision by the LA about who continues to do this role, it is

imperative that it does not become a procedural role. The human element of this role and the conditions it creates within the group appears to be vital to parental and professional satisfaction in this process.

12.6 SEND support

Having enough time to complete the EHC advice giver role satisfactorily was an important context for professionals in phases one and to some degree in phase two of this study. In the first phase, professionals responded that they did not have quite enough time to fulfil their role, and the range of responses across the scale for collaboration suggests that experiences of having time to collaborate with other professionals differ. This is an important finding because in phase two, collaboration with other professionals in order to build a shared understanding of the EHC process was linked to having positive relationships and interpersonal skills within the group. One could argue that inter-professional collaboration should naturally occur through the multi-agency relationships that develop prior to statutory assessment, although this is not always the case. Certainly in the case of post 16 assessments EPs are not commissioned to work outside of a statutory capacity. There is also the issue of capacity within services. A large number of professionals in phase one of this research suggested that they are completing work for their role in EHC assessments by postponing other non-statutory work, or by completing work outside of their contracted hours. This may reflect the time staff needed to familiarise themselves with the new system of EHC assessments, the time needed for subsequent assessments may reduce with familiarity of the process. However, it will be an important factor for the LA to monitor as it may impact on how responsive they can be to the needs of children who do not meet the criteria for statutory assessment but whose needs are significant. The changing socio-political context and the lack of time to work more creatively with children and their families may affect the ability of professionals to hold on to the beliefs, hopes and aspirations with which they entered the profession (Cameron, 2006, p.289). In addition to this, completing work outside of contracted hours will not be sustainable, and may lead in some cases to professional burnout characterised by emotional exhaustion, depersonalisation and reduced personal accomplishment

which could be potentially problematic for a process which relies on a commitment to a person-centred philosophy and practice (Corrigan, 2014).

Boxer, Foot, Greaves, and Harris (1998), highlight that these same issues of increased statutory work and a lack of time to complete other more diverse work were present nearly twenty years ago. Since then there has been a drive in the EP world to redefine its models of working with a shift away from individual case work and a move towards consultation and systemic practice. If the EHC process has had an impact time and role in other authorities then services will have to think carefully about how they can deliver a balanced service that supports all children and not just those who qualify for their input through diagnosis or statutory assessment.

12.7 The programme and its implementation

This research sought to use a realistic evaluation framework to develop a programme of person-centred support in order to evaluate the EHC process. The programme was designed with a specific LA and statutory assessment structure in mind. For this research I wanted to look beyond the extent to which the EHC process in the LA was successful, and understand how specific elements of the process and the face to face interactions linked with one another. The concept of a person-centred programme has been one way of beginning to determine how specific contexts, mechanisms and outcomes are linked, and to that end and within the confines of this small study I believe it has been successful. The strength of the method lies in the links between specific C-M-Os. It goes beyond merely stating what is and what is not successful or unsuccessful and explores what is successful to what degree and why. The card sorting method employed in phase two acted as a semi-structured interview script, maintaining a balance between the needs of the research and the issues which are important to the participants. Its primary aim however was to enable the sorting of C-M-Os into elements that had and had not been present in the assessments and from there to prioritise elements that had been most important to individuals. In addition this method then allowed the data to be visually represented and the participants to draw their own links between

them. During this process there was time to clarify with interviewees why certain links were made, and to understand in more depth why these were perceived to be so important.

The card sorting task was designed to provide participants with a sense of agency, in which they could guide and structure how they fed back their experiences. In addition the linking of the C-M-O elements was a way of participants visually constructing their EHC experience, incorporating those elements that are of highest priority to them. It is important to acknowledge however that the card sort was a predetermined, closed sort design. The participants were only given opportunity to categorise the cards into three very general piles, 'true', 'false' and 'unsure'. The prompts written on the cards were also predetermined, based on the C-M-O elements that had emerged from the literature review.

The method is to some extent directive, but I would argue that in many respects it is also person-centred. Of benefit was the way in which the method appeared to put interviewees at ease. The card sorting task, allowed time to withdraw eye contact for those individuals' who were less confident. It appeared to make silences more comfortable, with interviewees spending time checking and re-checking their decisions and focussing on the cards. The format also allowed the interviewee to set the pace of the interview, and choose which C-M-O elements they wanted to discuss in more depth. Of interest was the way in which the final task to form the links between C-M-Os changed the dynamics between parents who were interviewed together. This was of particular note in case study three, where the husband was far more talkative than the wife who said little during the interview. However when it came to sorting the cards into priority elements and the drawing of the links between C-M-Os the wife was very clear about how she wanted the links to be presented. This provoked her to talk about her views in a way that she had not during the previous part of the interview. Without this task she may not have expressed these views so openly. These observations would benefit from further investigation in future studies.

The programme represents a framework which is based upon my own interpretation of the EHC assessment as a person-centred process. Others may have different views about the types of theory which might be most useful in applying to this process. There has been much work on the use of person-centred practices for a wide range of children and adults, and to date there appear to be a number of commonly identified facilitators and barriers to its success as outlined in the literature review of this thesis. Holburn (2002) called for a more systematic evaluation of PCP due to concerns over its misapplication. His proposal to use quantifiable data such as applied behaviour analyses to evaluate the implementation and impact of PCP may be one way of achieving this, realistic evaluation may be another. The programme itself and the results of this study would benefit from discussion with a wider range of children, parents, and professionals to assess its credibility and develop the understanding of the process in the authority further.

12.8 Limitations

This study represents a small sample of one LA's EHC assessment process, at one particular point in time, with a process that is in its infancy. The results are not intended to be definitive nor generalisable. Rather, its purpose has been to illustrate points from a small group of people who have been directly involved in the EHC assessments within the context of this very distinct area. It has highlighted areas where the LA are meeting the aims of the new SEND reforms, and areas where there is potential for development.

The research has employed a somewhat directive approach to gaining the views of children, young people, parents and professionals. I have exercised editorial control over how the programme theory was created, the analysis and recording of the participant data. Alternative inductive methodologies could be equally valuable in constructing participant's experiences. For example a traditional grounded theory or narrative approach could have been taken in this research to determine without a predetermined framework, what elements and concepts were important to participants (Billington, 2012; Glaser and Strauss, 1967). In addition one could

abandon the traditional researcher led methodologies and focus on supporting children to initiate and explore their own research interests (Kellett, 2005). One also needs to acknowledge that capturing participants' experiences in this research was dependent on the participants' use of language to construct their realities. In section 2.6 I discuss the limitations cited in the literature in relying on student 'voice' to construct experience, a theme that is present in this research also. This is a limitation of my study and an issue which will need to be considered in data collection methods for future research. Gauntlett (2007), has explored how researchers can use everyday creativity in order to understand social experience. In seeking an alternative to traditional interview methods and focus groups he has advocated the use of visual mediums such as video, collage, drawing and model construction and a way of eliciting individuals' perceptions and constructs.

12.9 Implications for educational psychology practice

Educational policy reflects the ever changing social, financial and political landscape, and the tension between those who see it as an instrument for instrumental outcomes and those who see it as potential for human growth and emancipation (Taylor, Rizvi, Lingard & Henry, 1997). National policy reflects these changing priorities which are for a perceived good, but which may compete with the priorities and ethos of the organisations and systems on which they are imposed.

It can often feel that as professionals we have little or no control about the continual changes in policy and legislation. However, we can affect how such policies are interpreted, developed and implemented within the services in which we work. In regards to EHC plans, it is my view that as practitioners we need to be actively involved in research which seeks to inform and shape new policy in order to ensure that the ethos to which we all subscribe is followed through to meet the process that is delivered.

The complexity of the current socio economic context demonstrates some of the challenges of working in the field of SEND. However, as EPs we are trained to work in messy, complex situations which are difficult to unpick, contain information black holes, lack well established procedures for management and have unclear processes and outcomes (Cameron, 2006). Through applying psychology we seek to find solutions to problems, evaluate strategies, work systemically across services and the community and improve outcomes for children, their families and communities. Skills I believe can be utilised to bring about positive change within the development, implementation and evaluation of the EHC process.

As members of the British Psychological Society EPs should:

'seek to make explicit links between the needs, identity, aspirations and behaviour of individuals ...change will culminate in an individual who experiences a personally meaningful life and is able to make choices and contribute to their community in ways that are valued.'
(British Psychological Society, 2002)

Inclusive policy which seeks to empower individuals and enhance relationships between services must be addressed at all levels of the ecosystem and not through national policy and legislation alone. EPs are in a unique position with their knowledge of psychology, knowledge of research design and methods, and relationships with schools, LAs, and the wider community, to influence change through the monitoring, evaluation, and development of policy that truly meet the needs of their service users (Cameron, 2006; Farrell et al, 2006). In an era where the profession is concerned with demonstrating its distinct contribution, research should be a core function of this contribution (McKay, 2002). Action Research projects and ongoing evaluation into work practices adds to the knowledge base of what works (BPS, 2006). This does however rely on services valuing the role of research and having the time and resources to be able to commit to this form of work. By sharing local research aims, methods and findings more widely we can contribute to the national understanding of policy practices such as EHC assessments, and over time hope to influence national perspectives.

12.10 Concluding remarks

The primary aim of this research has been to evaluate to what extent the LA are meeting the principles of the SEND reforms (DfE, 2014). This research is limited by its sample size, but it would suggest that in many areas the LA are meeting the requirements of the SEND reforms, particularly in relation to parental involvement. Parental perceptions of the way in which they are involved and supported to participate are positive. Further research exploring the impact of the EHC assessments a year after completion would be useful to ascertain to what extent the plans have delivered what children and parents felt they would. Professional perspectives of multi-agency working suggest supportive and collaborative relationships between professionals in the assessment group, although frustrations exist about the extent to which all agencies are able to contribute to the assessment process. More work is needed in relation to how participation with children is defined by individuals and systems in the authority. It seems fitting that this definition should be constructed in collaboration with children with SEND and used to think more creatively and flexibly about the way in which the many different voices of children in the authority can be heard.

13 Appendices

Appendix 1: The Common Delivery Framework (SQW, 2012).

Table 5-1: The Common Delivery Framework (CDF)

Theme	Elements
ORGANISATIONAL ENGAGEMENT AND CULTURAL CHANGE	1 Engagement of relevant stakeholders
	2 Recruitment of designated staff
	3 Change management
	4 Market development and the local offer
ENGAGING AND INVOLVING FAMILIES	5 Awareness raising with families
	6 Peer support
SETTING UP THE INFRASTRUCTURE	7 Mapping of single assessment and plan pathway
	8 Development of personal budgets
	9 Coordination and delivery of the pathfinder approach
	10 Development of IT resources
SAFEGUARDING AND RISK MANAGEMENT	11 Safeguarding

Source: SQW

Appendix 2: Outcome Variables for SEND Evaluation Telephone Interviews (SQW, 2013) .

The details of the matching are included in the accompanying technical report.

Outcome measures

The telephone survey included a wide range of **outcome variables** which have been used to measure the short-term impact of the pathfinders. Table 1 sets out the broad categorisation that has been used throughout the report.

Table 1 Categorisation of the outcomes

Category	Outcomes
1. Experience of the assessment and support planning processes	<ul style="list-style-type: none"> ▪ Understanding of the process/decisions ▪ Whether processes were child/young person-centred/family-centred ▪ Whether assessment and support planning process was joined up ▪ Perceived fairness of decisions about support ▪ Whether processes put burden on families ▪ Satisfaction with process
2. Experience of the delivery of services	<ul style="list-style-type: none"> ▪ Choosing support services ▪ Whether child/young person gets support needed ▪ Satisfaction with services
3. Child/young person's outcomes	<ul style="list-style-type: none"> ▪ Parent-reported health ▪ Quality of life ▪ Social contact and independence ▪ Confidence ▪ Experience of education ▪ Post-16 aspirations
4. Parental/family relationship outcomes	<ul style="list-style-type: none"> ▪ Self-reported health ▪ Control over daily life ▪ Quality of life ▪ Family organisation/home chaos

Source: Pathfinder evaluation team

Appendix 3: Work Roles of Questionnaire Respondents

Education	Number	Health	Number	Social care	Number
Educational Psychologists	12	Health Visitor	1	Adoption Support Social Worker	1
Trainee Ed Psych	2	Speech and Language Therapist	1	Social Care Occupational Therapist	1
Advisory Team Manager	1		1	CAF Officer	
Portage Home Visitor	1				
SENCo- primary	2				
Children's Centre Leader	1				
School Counsellor	1				
Education Welfare Officer	1				
1:1 support worker EYs	1				
Family Support Worker/Learning Mentor	2				
Nursery Nurse	1				
Nursery manager	1				
TOTAL	26	TOTAL	2	TOTAL	3
GRAND TOTAL	31				

Appendix 3 Continued: Work Roles of individuals invited to complete questionnaires

Education	Number	Health	Number	Social care	Number
Educational Psychologists	7	Health Visitor	2	Social Worker	2
Trainee Ed Psych	3	Speech and Language Therapist	6	Social Care Occupational Therapist	1
Learning Mentor	2	Private SLT	1	CAF Officer	1
Portage Home Visitor	3	Paediatrician	4		
Nursery SENCo/Managers	9	Physiotherapist	4		
SEnCo- primary	2	Occupational Therapist	3		
SEnCo - Secondary	1				
SEnCo Special School	1				
College Support staff + 18	2				
School Counsellors	2				
Education Welfare Officer	1				
Family Support Worker/Learning Mentor	1				
Advisory Teachers	1				
TOTAL	45	TOTAL	10	TOTAL	3
GRAND TOTAL	59				

Appendix 4: C-M-O questionnaire correlation

CONTEXT ELEMENT	QUESTIONNAIRE QUESTION/S	MECHANISM ELEMENT	QUESTIONNAIRE QUESTIONS
CF 1	4 & 5	MF 1	11
CF 2	6b	MF 2	25
CF 3	8b	MB 3	22d
CF 4	22d & 24	MF 4	24
CF 5	6c	MF 5	23
CF 6	6d	MF 6	22a
CF 7	3b	MF 7	24
CF 8	10	MF 8	9a
CF 9	11g	MF 9	9a
CF 10	11 c&d	MF 10	9b
CF 11	20 b&c	MB 1	25
CF 12	22 a&b	MB 2	9b
CF 13	16		
CF 14	3a		
CF 15	6d		
CF 16	8		
CB 1	5		
CB 2	6b		
CB 3	4& 5		
CB 4	5		
CB 5	9d		
CB 6	9d		
CB 7	9b&d		
CB 8	6d		
CB 9	9c		
CB 10	9c		
CB 11	9		

OUTCOME ELEMENT	QUESTIONNAIRE QUESTION
OF 1	25
OF 2	11c-g
OF 3	25
OF 4	14 &16
OF 5	11 i
OF 6	21
OF 7	11 c&d
OF 8	11d
OF 9	16
OF10	11h
OF 11	22c
OF 12	11i
OB 1	9d
OB 2	11i

Appendix 5: Professional Advice Giver Questionnaire

Professional Advice Giver Questionnaire

By completing and returning this questionnaire I give consent for my data to be used in this research.

General Information

1. Please indicate your professional role in the box below

Methods used to Collect Views

2. What methods were used to gain your views for the EHC assessment?

Professional Reports		<input type="checkbox"/>
Telephone contact with the Assessment Coordinator		<input type="checkbox"/>
Email contact with the Assessment Coordinator		<input type="checkbox"/>
Meeting with the Assessment Coordinator		<input type="checkbox"/>
Multi-Professionals Meeting		<input type="checkbox"/>
Other (Please Specify)		<input type="checkbox"/>

Please answer these questions by marking one of the options to the right with an 'X'	Not at all				Very much
3.	0	1	2	3	4
Was the information you needed to provide for the EHC process, made clear to you?					
To what extent did you feel supported in giving your views for the EHC process?					
To what extent did you feel listened to and respected throughout the process?					
How satisfied were you with the methods used to collect your views?					

Appendix 5 Continued: Professional Advice Giver Questionnaire

Organisational support and training

4. To what extent did you feel you had time to fulfil your role in the EHC assessment process?
(Please mark your score with an 'X')

not at all enough	Not quite enough	About right	Slightly More than enough	Very much more than enough
0	1	2	3	4

5. How was this time allocated? (please indicate one or more answers with an 'X')

- You were provided with specific time by your service to complete this role
- You postponed other work in order to fulfil your role for the EHC assessment
- You completed the work required outside of your contracted working hours
- Other

Please answer these questions by marking one of the options to the right with an 'X'	Not at all				Very much
6.	0	1	2	3	4
To what extent did you feel adequately prepared/trained for the role you had within the EHC assessment?					
To what extent did you feel you had opportunities to reflect upon and discuss the EHC advice giver role with a range of other professionals?					
To what extent do you feel your service promotes the importance of building relationships with individuals, their families and significant others and empowers them to make decisions about their own futures?					
To what extent do you feel your service has provided you with the information, training, and technical support you needed to carry out your EHC role confidently?					

Appendix 5 Continued: Professional Advice Giver Questionnaire

Please answer these questions by marking one of the options to the right with an 'X'	Not at all				Very much
7.	0	1	2	3	4
To what extent do you feel your views were represented accurately throughout the EHC process?					
Did you feel you had to adapt your views in order to find a common view at any point in the process (including in the writing of the plan)?					

The Draft Plan Meeting

8. Please indicate with an 'X' the elements below that were present in your meeting (You may mark more than 1).

The parent had a choice of venue		The child had a choice of venue	
The parent's preferred method of communication was used		The child's preferred method of communication was used	
The parent had control over the length of the meeting		The child had control over the length of the meeting	
The parent had control of the structure of the meeting		The child had control of the structure of the meeting	
The parent's physical, mental health, and learning needs were taken into consideration		The child's physical, mental health and learning needs were taken into consideration	

Please answer these questions by marking one of the options to the right with an 'X'	Not at all				Very much
9.	0	1	2	3	4
To what extent do you feel the professionals who you worked with you on the plan were committed to the principles of equal opportunities for children with SEND?					
To what extent do you feel there is a gap between the funding for community services for children with SEND and the principles of equal opportunity?					
To what extent do you feel person centred support is achievable within the EHC assessment process.					
To what extent do you feel there is a gap between the principles of person centred support and the local and national policies that govern services?					

Appendix 5 Continued: Professional Advice Giver Questionnaire

10. What in your view was done to demonstrate that the child was at the centre of the plan (or not)?

--

Satisfaction with the Draft Plan

Please answer these questions by marking one of the options to the right with an 'X'	Not at all				Very much
11.	0	1	2	3	4
To what extent did you feel actively and meaningfully involved in the outcomes written in the EHC plan?					
To what extent do you feel the EHC plan represented your views?					
To what extent do you feel the plan represented the child/young person's hopes for the future?					
To what extent do you feel the plan represented the child/young person's views of what has worked well for them in the past?					
To what extent do you feel the plan represented the parents' hopes for their child's future?					
To what extent do you feel the plan represented the parents' views of what has worked well for their child in the past?					
To what extent do you feel the plan met the holistic needs of the individual rather than focusing purely on their clinical or educational needs?					
To what extent were the outcomes written in the plan Specific, Measurable, Achievable, Realistic and Time Orientated (SMART)?					
To what extent was the responsibility for monitoring and evaluating outcomes shared between the child/young person, parents and professionals?					
To what extent were you satisfied with the Draft EHC Plan agreed at the 12 week meeting?					

Appendix 5 Continued: Professional Advice Giver Questionnaire

Comparison to the previous 'Statementing' process

12. Did you ever provide advice for the previous Statutory Assessment Process? If 'No' skip to Question 16.

Yes

No

Please answer these questions by marking one of the options to the right with an 'X'	Not at all				Very much
13.	0	1	2	3	4
To what extent do you think the EHC process is different to the previous statutory assessment process?					
To what extent was your role different in comparison to the previous statutory assessment process?					

13.b Can you give two examples of how the EHC assessment process or your role within the EHC process is different to the previous statutory assessment process?

1)	
2)	

14. To what extent was the process more or less collaborative compared to the previous statutory assessment process?

Considerably less collaborative	Less collaborative	Equally collaborative	More collaborative	Considerably more collaborative
-2	-1	0	+1	+2

Appendix 5 Continued: Professional Advice Giver Questionnaire

Please answer these questions by marking one of the options to the right with an 'X'	Represented less effectively		No difference	Represented more effectively	
	-2	-1	0	+1	+2
15. To what extent were your views represented more or less effectively in the EHC plans compared to the previous statutory assessment process?					
To what extent were the child's/ young person's views represented more effectively in the EHC plans compared to the previous statutory assessment process?					
To what extent were the parents' views represented more effectively in the EHC plans compared to the previous statutory assessment process?					

16. To what extent do you feel the views and opinions of the child/young person, parents and professionals were evenly weighted in the draft plan?

Evenly weighted	
Parent's views held most weight	
Child's views held most weight	
Professional's views held most weight	

Inter-Professional Relationships

17. How would you define the professional relationships you experienced during the EHC process?
(Tick one)

Multi-disciplinary (working alongside, no joint planning)

Interdisciplinary (joint planning, work separately)

Trans-disciplinary (joint, planning, working and sharing roles)

Appendix 5 Continued: Professional Advice Giver Questionnaire

18. Would you have preferred to work differently

Yes

No

19. If yes which of these would you have preferred? (Tick one)

Multi-disciplinary (working alongside, no joint planning)

Interdisciplinary (joint planning, work separately)

Trans-disciplinary (joint, planning, working and sharing roles)

Please answer these questions by marking one of the options to the right with an 'X'	Not at all				Very much
20.	0	1	2	3	4
To what extent did you find the other professional's views useful when thinking about the outcomes for the child/ young person?					
To what extent did you find the parent's views useful when thinking about the outcomes for the child/ young person?					
To what extent did you find the child's/young person's views useful when thinking about the outcomes for the child/young person?					

Please answer these questions by marking one of the options to the right with an 'X'	Became considerably more negative	Became more negative	Stayed the same	Became more positive	Became considerably more positive
21.	-2	-1	0	+1	+2
To what extent did your attitude towards the parent change throughout the process?					
To what extent did your attitude towards the child/ young person change throughout the process?					

Appendix 5 Continued: Professional Advice Giver Questionnaire

Please answer these questions by marking one of the options to the right with an 'X'	Not at all				Very much
22.	0	1	2	3	4
To what extent were the relationships between parents, children/young people, and professionals positive and productive?					
To what extent was there conflict between the views of the child/young person, parent and professionals?					
To what extent were any initial disagreements between children/young people, parents and professionals resolved amicably by the time the plan was written?					
To what extent was the role of the assessment coordinator important in the EHC assessment process and draft planning meeting?					

23. Can you give two examples of how the Assessment Coordinator managed conflict in the group?

24. Please indicate with an 'X' which of the following qualities you observed in the Assessment Coordinator? (mark as many as apply)

- | | | | | | |
|------------------|--------------------------|---------------------|--------------------------|-------------------------|--------------------------|
| Active listening | <input type="checkbox"/> | Collaboration | <input type="checkbox"/> | Time management skills | <input type="checkbox"/> |
| Empathy | <input type="checkbox"/> | Conflict resolution | <input type="checkbox"/> | Organisation skills | <input type="checkbox"/> |
| Respect | <input type="checkbox"/> | Mediation | <input type="checkbox"/> | Group management skills | <input type="checkbox"/> |

Appendix 5 Continued: Professional Advice Giver Questionnaire

25. Previous research suggests that the following may act as facilitators or barriers to good relationships within a person centred process. Please indicate with an X which of these you experienced, and /or add additional facilitators and barriers underneath. (mark as many as apply)

FACILITATORS		BARRIERS	
Professionals and facilitators show evidence of active listening		Professionals and facilitators do not appear to be listening to the views of others	
Facilitators provide an environment of trust, empathy and understanding		The environment is intimidating, and professionals show a lack of understanding towards one another	
Relationships between group members are seen as positive, collaborative and supportive		There is a hierarchy within the group, with some group members' views being seen as more important than others	
The facilitator mediates between professionals/ parents/ children/young people to create coherence in the group		The facilitator does not manage the group well, meaning there is no balance between views and conflicts remain unresolved	

26. Can you identify 3 ways in which the inter-professional relationships could be improved in the EHC assessment process?

1) 2) 3)

27. If you would like to add any additional information please use the box below.

Appendix 5 Continued: Professional Advice Giver Questionnaire

Would you be interested in taking part in an interview to explore your views further?

Yes

No

Thank you very much for your time.

Please return your questionnaires by email or post to **Morwenna Redwood** at the following address

Email: Morwenna.redwood@plymouth.gov.uk

Postal Address: Plymouth Community Psychology Service

ELAFS
Plymouth City Council
Windsor House
Plymouth
PL6 5UF

Appendix 6: Nodes used for coding qualitative data in NVivo

Time

- CF1- Time for roles
- CF2- Time to collaborate with others
- CF3- Time to be person-centred
- CB1- Time Too Intensive
- CB2-Time used to discuss personal differences
- CB3- Time Lack of

Facilitators

- CB4 - Time in services is already stretched
- CF4-Facilitators committed with necessary skills
- CB5- Facilitators unprepared and lack skills necessary

LA and Service Level

- CF5- Services promote a person-centred culture
- CF6- Services support staff in a Person-centred way
- CF7- Services support individuals to participate

National and Local Policy

- CB6- Policy located within existing frameworks
- CB7- HE&SC agendas are not prioritised
- CB8- Not enough access to info and resources

Attitudes

- CF8- All see the child at centre of plan
- CF9- Value Holistic needs
- CF10- Values and beliefs of Parent and CYP are central
- CF11-Positive attitudes to CYP involvement
- CF12- Positive attitude to parental involvement
- CF13- Equal Group Status
- CB9- lack of belief in PC approach
- CB10- PC approach is idealistic and unrealisable
- CB11- Systems do not embody PC values

Preparation

- CF14- Feeling prepared for meetings
- CF15- Staff have support and info they need

Interpersonal Skills

- MF1- Active Listening
- MF2- Trust Empathy and Understanding
- MF3- AC ensures parent and CYP voice heard
- MF5- Conflict resolution

Appendix 6 Continued: Nodes used for coding qualitative data in NVivo**Relationships**

- MF6- Collaborative and supportive
- MF7-Mediation
- MB1- AC does not understand group dynamics

Attitudes

- MF8- Equal opportunities for SEND

Community Change

- MF9-Inclusion is valued
- MF10-Community Services support outcomes
- MB2- No capacity in community to support outcomes

Personal Change

- OF1- All feel listened to and respected
- OF2- Influence over decisions
- OF3- Informed and supported to participate

Knowledge about CYP

- OF4- Jointly write and agree a plan

Responsibility

- OB1- PC approach is 'tokenistic' and no joint responsibility
- OF5- Joint responsibility to reach outcomes

Final Attitude

- OF6- Attitudes to parent and CYP improve

EHC Plan

- OF7- Reflects CYPs hopes and aspirations
- OF8- Reflects the CYPs experience

Appendix 7: Person-Centred Programme

C-M-O Programme					
FACILITATORS			BARRIERS		
Context Code names (CF-1-17)			Context Code names (CB- 1-11)		
<i>Time</i>	1.	The organisational structure and funding arrangements provide professionals and facilitators with allocated time for their EHC role. (Rasheed, 2006), as well as time to reflect on and be involved in developing the process for the future (Beresford et al, 2011).	<i>Time</i>	1.	A person Centred process takes longer than anticipated which can be off-putting when services are stretched (Beresford et al, 2011).
	2.	Opportunities for individuals in different and potentially conflicting, roles to collaborate and build shared views and understanding of the process (Beresford et al, 2011)		2.	Those involved use the time to discuss their professional differences and disagreements instead of trying to find common ground with other members of the assessment group (Beresford et al, 2011).
	3.	Meetings support a child/ young person's and parents' preferred method of communication, their chosen environment, their preferred structure for the meeting, the extent to which they would like the meeting to be formal/informal, their need for accommodations to be made for physical/learning/ mental health needs.		3.	Lack of time to train, prepare and invest in person centred support (Mansell et al, 2004).
				4.	Existing caseloads mean professionals are already at or over capacity Rasheed et.al,

					2006.
Facilitators	4.	Facilitators are committed and have the appropriate skills (Robertson, Emerson, Hatton, Elliott, McIntosh, Swift et. al, 2005)		5	Facilitators are unprepared and have inadequate skills and understanding.
LA and Service Level	5.	LAs and services promote a person centred culture of working which recognise the importance of building relationships with children/ young people and their families. (McCormack, 2010; Mansell & Beadle-Brown, 2004).	National and Local Policy		.
	6.	LAs approach to managing professionals and facilitators is person centred, i.e. that empowers them to make decisions about their own role with access to the information, training, technical support and time they need to do the role confidently.		6.	Policy around person centred support is largely located <i>within</i> existing policy arrangements, rather than <i>challenging</i> traditional policy arrangements (Beresford et al, 2011).
				7.	Health, education and social care agendas are not prioritised and funding is restricted (Beresford et al, 2011).
	7.	Individuals are provided with information and support to participate fully.		8.	Individuals do not have access to information and resources they need to participate effectively (Mansell et al, 2004).
Beliefs	8.	All key stakeholders see the child at the centre of the EHC plan	Beliefs	9.	Lack of belief among frontline workers and service providers that person centred practice is a

					real possibility (Packer, 2000a).
	9.	There is an explicit value base which sees the holistic needs of the individual rather than focusing purely on their clinical or educational needs Stalker & Campbell (1998).		10.	Person centred practice is thought to be idealistic and potentially unrealisable (Stalker and Campbell, 1998).
	10.	The values and beliefs of the Parent/CYP are seen as central to the plan.		11.	Whole school cultures, attitudes, environments and systems do not embody person centred values and principles (Ashton and Lambert, 2006; Fielding, 2010)
	11.	Professionals, Parents' and facilitators have positive attitudes to CYP involvement and decision making even when this is perceived to be difficult (McCormack, 2006).			
	12.	Professionals' and facilitators have positive attitudes towards parental involvement and decision making, even when this may conflict with professional perspectives			
	13.	Parents', Professionals, Facilitators, CYP all support the equal status of group members (Holburn, 2002).			
Preparation	14.	All stakeholders feel fully prepared for meetings. This includes having a clear understanding of their role; knowledge of the format of the meeting; prior knowledge of the information that will be discussed; knowledge of			

		the child's needs, hopes and aspirations.			
	15.	Services in Education Health and Social Care ensure staff have the information and support they need to understand their role and participate effectively.			
	16.	The facilitator ensures that parents/CYP have the information and support they need to participate fully			
Mechanisms Code names (MF- 1-10)			Mechanisms Code names (MB- 1-2)		
<i>Interpersonal skills</i>	1.	Professionals and facilitator show evidence of active listening.			
	2.	Facilitators provide an environment of trust, empathy and understanding (Murry et al, 2007).			
	3.	An independent facilitator coordinates the meetings, to ensure the individual's voice is heard. The facilitator ensures the Parent/CYP is consulted throughout the process.			
	4.	The facilitator encourages each individual to participate in the process, and collaborates with each individual to ensure that decisions made during the process represent a group consensus rather than just the majority view. (Holburn, 2002).			

	5.	The facilitator uses approaches which resolve differences between individuals within the EHC plan group before the plan is written.			
Relationships	6.	Relationships between group members are positive, collaborative and supportive.	Relationships	1.	The facilitator does not have a good understanding of group dynamics (Rasheed et al, 2006).
	7.	The facilitator mediates between professionals/ parents/ CYP to create coherence in the group.			
Attitudes	8.	A belief that people with SEND should be afforded the same rights and opportunities as everyone else in society (Stalker & Campbell (1998)			
Community change	9.	A more inclusive view of individuals with additional needs.	Community Change		
	10.	The community services support the outcomes and inclusion of the CYP.		2.	Community services do not have the capacity to support policy and ideological changes (Michaels and Ferrara (2006
Outcomes Code names (OF- 1- 12)			Outcomes Code names (OB-1-4)		
Empowerment	1.	The Child/ Young person, Parent/s, and professionals feel listened to and respected throughout the process.			
	2.	The Child/ Young person, Parent/s, and professionals feel they have influence over decisions			

	3.	The Child/ Young person, Parent/s, and professionals feel informed and supported to participate in the assessment.			
Knowledge about the child/ YP	4.	Parents, professionals and CYP write and agree a plan which represents their joint assessment of the child's needs, the provision needed for them to achieve specific outcomes and which states who will be responsible for delivering the provision. (Sanderson, 2012)	Knowledge about the child/ YP	1.	Person centred language is used but the plan arrived at is incomplete and does not represent a collaborative assessment of the child's needs and indicates no joint responsibility for monitoring outcomes. Holburn (2002)
Responsibility	5.	There is a shared responsibility by children/young people, professionals and Parents' to reach outcomes).	Responsibility		
Attitudes to CYP and Parental involvement	6.	Attitudes to CYP and parental involvement in the assessment process have become more positive.			
EHC plan	7.	The plan reflects the CYPs interests, hopes and aspirations	EHC Plan	2.	Outcomes do not represent children/ young people's interests and needs.
	8.	The plan reflects the CYPs experiences or what has and hasn't worked for them in the past.		3	Outcomes do not take account of what is realistically achievable within the systems the individual operates in (Aston and Lambert, 2010).

	9.	Outcomes written in the EHC plan are SMART, and agreed by children/young people, parents' and professionals'.			
	10.	Any initial disagreements between CYP, Parents and professionals are resolved amicably by the time the plan is written.			
Review	11.	At the draft planning meeting students, parents and professionals agree to share responsibility for evaluating the outcomes (Murray, 2008).			

Appendix 8: Breakdown of C-M-Os for interviews

Legend: Black = parent

Orange = professional

Blue = child

Programme Code	C-M-O element Wording
CF3 (Time)	<p>C1- I was able to communicate however I wanted to.</p> <p>C4- Meetings with parents supported their preferred method of communication</p> <p>C1- I was able to communicate however I wanted to</p>
CF3 (Time)	<p>C2- My child could communicate however they wanted to.</p> <p>C4- Meetings with children and young people supported their preferred method of communication</p> <p>C1- I was able to communicate however I wanted to</p>
CF3 (Time)	<p>C3- Meetings took place where I wanted them to be.</p> <p>C5- Meetings took place in the parents chosen environment.</p> <p>C3-The meeting was where my Mum/ Dad wanted it to be?</p>
CF3 (Time)	<p>C4- Meetings took place where my child wanted them to be.</p> <p>C5- Meetings took place in the child's chosen environment.</p> <p>C2- The meeting was where I wanted it to be.</p>
CF3 (Time)	C4- I had choices over what the meeting looked like
CF3 (Time)	C5- I chose how I wanted to say what I like and what I need.
CF3 (Time)	<p>C5- Meetings took account of any additional needs that I had.</p> <p>C6- Meetings took account of any additional needs the parent had.</p>
CF3 (Time)	<p>C6-Meetings took account of any additional needs my child had.</p> <p>C6- Meetings took account of any additional needs the child had.</p>

CF4 (Facilitators)	C7- The AC was committed to me and my child. C7- The AC was committed to the process
CF4 (Facilitators)	C8- The AC led the meetings well. C8- The Ac had the relevant skills to complete the role. C6- The person who led the meeting did a good job
CF7 (LA and Service Level)	C9-I had the information and support I needed to take part. C9- I had the information and support I needed to participate fully
CF7 (LA and Service Level)	C10- My child had the information and support they needed to take part. C7- I had the information and support I needed.
CF8 (Values)	C11- My child was at the centre of the plan. C10- Everyone involved with the assessment saw the child as being at the centre of the plan.
CF9 (Values)	C12- People thought about all of my child's needs not just their school or medical needs. C11- Everyone involved with the assessment saw the holistic needs of the child not just the educational or clinical needs. C8- People thought about all of my needs not just what I need at school
CF10 (Values)	C13- I felt my opinion was valued. C12- We all saw the parent's values and beliefs as central to the plan.
CF10 (Values)	C14- I felt my child's opinion was valued. C 13-We all saw the CYP's values and beliefs as central to the plan. C9- What I had to say was important to people.
CF11 (Values)	C15- People had a positive attitude towards my child's involvement C14- Other professionals had a positive attitude towards the CYPs involvement even when this was perceived to be difficult. C10- People were kind and caring towards me.

CF12 (Values)	<p>C16- Professionals had a positive attitude towards my involvement.</p> <p>C15- Other professionals had a positive attitude towards the parent's involvement even when this was perceived to be difficult</p> <p>C11- Adults helped me to say what was important to me.</p>
CF13 (Values)	<p>C17- Everyone in the group was equally important.</p> <p>C16- There was equal status between all the group members.</p> <p>C12- Everyone at the meeting was equally important</p>
CF14 (Preparation)	<p>C18- I felt fully prepared for meetings.</p> <p>C17- I felt fully prepared for meetings.</p> <p>C13- I knew what the meeting was about and what I wanted to say</p>
CF14 (Preparation)	<p>C19- The AC was fully prepared for meetings.</p> <p>C18- The AC was fully prepared for meetings.</p>
	<p>C20- Professionals were fully prepared for meetings</p> <p>C19- The Parents were fully prepared for meetings.</p>
CF14 (Preparation)	<p>C21- My child was fully prepared for meetings.</p> <p>C20- CYP were fully prepared for meetings</p>
CF16 (Preparation)	<p>C22- I had the information and support I need to participate fully</p> <p>C21- I had the information and support I needed to carry out my role.</p> <p>C14- I was supported my champion</p>
CB2 (Time)	<p>C23- Meetings were used to discuss differences of opinion rather than trying to find common ground.</p> <p>C24- Meetings were used to discuss differences of opinion rather than trying to find common ground.</p> <p>C15- People couldn't agree in the meeting.</p>
CB5 (Facilitators)	<p>C24- The AC was unprepared and did not manage the group well</p> <p>C26- The Ac was unprepared and did not have the necessary skills.</p> <p>C16- The person who led the meeting was not very good.</p>

<p>CB8 (LA and Service Level)</p>	<p>C25- I did not have the information and support I needed to participate fully.</p> <p>C27- I did not have the information and support I needed to participate fully.</p> <p>C17- I did not understand what the meeting was about.</p>
<p>CB11 (Values)</p>	<p>C26- The school did not support my child in talking about their views.</p> <p>C30- Person centred practice was not evident in the school or community culture.</p> <p>C18- I did not understand what I was supposed to say.</p> <p>C19- The school did not help me talk about what was important to me</p>
<p>MF1 (Interpersonal Skills)</p>	<p>M1- People really listened each other's views</p> <p>M1- All group members actively listened to one another.</p> <p>M1- I felt listened to.</p>
<p>MF2 (Interpersonal Skills)</p>	<p>M2- I felt comfortable in meetings.</p> <p>M2- ACs provided an environment of trust empathy and understanding.</p> <p>M2- I felt comfortable in meetings.</p>
<p>MF3 (Interpersonal Skills)</p>	<p>M3- I felt my voice was heard</p> <p>M3- ACs ensured everyone's voice was heard.</p> <p>M3- I felt my voice was heard.</p>
<p>MF4 (Interpersonal Skills)</p>	<p>M4- The assessment represented everyone's views.</p> <p>M4- The assessment represented a group consensus</p> <p>M4- The assessment represented everyone's views.</p>
<p>MF5 (Interpersonal Skills)</p>	<p>M5- The AC resolved any differences between people in the group.</p> <p>M5- The AC resolved any differences between people in the group.</p> <p>M5- Disagreements were sorted out by the person leading the meeting.</p>

MF6 (Relationships)	<p>M6- The relationships between people in the group were positive collaborative and supportive.</p> <p>M6- The relationships between people in the group were positive collaborative and supportive.</p> <p>M6- People in the meeting got on well.</p>
MF7 (Relationships)	<p>M7- The AC mediated between people in the group.</p> <p>M7- The AC mediated between group members</p> <p>M7- The person leading the meeting helped people to agree on outcomes.</p>
MF8 (Attitudes)	<p>M8- Everyone was committed to my / the child having equal opportunities.</p> <p>M8- Group members were committed to the principles of equal opportunities for children with SEND.</p>
MF8 (Attitudes)	<p>M9- Everyone supported my / the child's right to be included in school and the community.</p> <p>M9- Group members supported the child's right to be included in school and the community.</p>
MF10 (Community Change)	<p>M10- The services in our community support my child's inclusion.</p> <p>M10- The community services support the outcomes and inclusion of the CYP</p> <p>M8- I think that there are people and places which can help me to do the things I want to do.</p>
MB1 (Relationships)	<p>M11- ACs did not manage the group well.</p> <p>M11- ACs did not have a good enough understanding of group dynamics</p>
MB2 (Community Change)	<p>M12-The services in our community do not support my / the child's inclusion.</p> <p>M12- The community services do not support the outcomes and inclusion of the CYP.</p> <p>M9- There are people and places which can support me in doing what I want to do in life.</p>

OF1 (Empowerment)	O 1- I felt listened to throughout the process O1- In my opinion the parent felt listened to throughout the process.
OF1 (Empowerment)	O2- My child felt listened to throughout the process. O2- In my opinion the CYP felt listened to throughout the process. O1- I felt listened to
OF2 (Empowerment)	O3- I had had influence over decisions. O3- The parent had influence over decisions
OF2 (Empowerment)	O4- My child had influence over decisions O4- The child had influence over decisions O2- I helped to make decisions.
OF3 (Empowerment)	O5- I was supported to participate fully in the assessment. O5- Parents were supported to participate fully in the assessment
OF3 (Empowerment)	O6- My child was supported to participate fully in the assessment O6- The Child was supported to participate fully in the assessment O3- People helped me to say what I want and need.
OF4 (Knowledge about the CYP).	O7- The plan represented everyone's views about what my child needed and the outcomes we were working towards. O7- The plan represented a joint assessment on the CYPs needs provision and outcomes. O4- We all agreed on what I want and need. O5- We all agreed on what my next steps are.
OF5 (Responsibility)	O8- We all shared responsibility for achieving the outcomes. O8- Group members shared responsibility for achieving the outcomes. O6- I know what I need to work on at school and at home. O7- My teachers know how to help me at school. O8- My parents know how to help me at home

<p>OF6 (Improved or sustained positive Attitude towards CYP and parental involvement)</p>	<p>O9- Professionals valued my contribution</p> <p>O9- Attitudes towards parental involvement became more positive over the time of the assessment.</p>
<p>OF6 (Improved or sustained positive Attitude towards CYP and parental involvement)</p>	<p>O10- Professionals valued my child's contribution.</p> <p>O10- Attitudes towards CYP involvement became more positive over the time of the assessment.</p> <p>O9- People liked what I had to say.</p>
<p>OF7 (EHC Plan)</p>	<p>O11-The plan reflected my child's interests, hopes and aspirations</p> <p>O11- The plan reflected my child's interests, hopes and aspirations</p> <p>O10- The plans tells people about my, hopes for the future.</p>
<p>OF8 (EHC Plan)</p>	<p>O12- The plan stated what had and hadn't worked for my child in the past.</p> <p>O12- The plan reflected the CYPs experiences of what had and hadn't worked for them in the past.</p> <p>O11- The plan tells people what has and hasn't worked well for me in the past.</p>
<p>OF9 (EHC Plan)</p>	<p>O13- Outcomes written in the EHC plan were specific to, my child and achievable over the time stated</p> <p>O13- Outcomes written in the plan were SMART..</p> <p>O12- I think I can do the things written in the plan.</p>
<p>OF10 (EHC Plan)</p>	<p>O14- Any initial disagreements were resolved amicably by the time we wrote the plan.</p> <p>O14- Any initial disagreements between group members were resolved amicably by the time the plan was written.</p> <p>O13-Everyone agreed on what was important for me.</p>
<p>OF 11 (EHC Plan)</p>	<p>O15- We all shared the responsibility for monitoring outcomes.</p> <p>O15- Group members shared the responsibility for monitoring outcomes.</p> <p>O14- I had to agree to work towards my goals</p>

OB1 (Knowledge about the CYP).	O 16- I do not feel that I had choice or control over decisions made about my child. O16- Person centred support was talked about but not delivered.
OB1 (Knowledge about the CYP).	O17- My child had no choice or control over decisions made about them. O16- Person centred support was talked about but not delivered. O15- I do not feel that I had any choice about decisions
OB2 (EHC Plan).	O18- The outcomes did not represent what my child likes and needs. O17- The outcomes did not represent the CYPs interests and needs. O16- The things I have to do, do not match what I like and what I think I need.
OF3 (EHC Plan)	O19- I do not think the outcomes were achievable within my child's school or community. O18- Outcomes were unachievable within the context of the systems in which the child exists. O17- I do not think that school can provide what I need.

Appendix 9: Post EHC assessment – Qualitative Data

Case Study 1

Overall Pippa and Matthew were happy with the plan that they and the team around Dylan submitted. However they discussed their frustration over handing such a personalised plan constructed by a group of people who really knew Dylan to a panel where no one knows him.

“The fact that the panel has not got a guaranteed person that knows Dylan, that’s frustrating me a lot...there should be a person on that panel that knows that child... because a written document doesn’t have any feeling, it doesn’t have any emotion, it’s just a black and white piece of paper.” (Pippa)

Case Study 3

Soffi and Paul were pleased with the plan that was written at the draft plan meeting but they talked about the uncertainty they felt regarding Charlie’s placement now the plan had been submitted.

“I feel personally that we are in limbo because we don’t know what’s going to happen come September. All of his friends know what’s going to happen and he wants to know...time is running out for us preparing for it adequately.” (Soffi and Paul)

However one of the factors that the parents found helpful during this time was communication with their Assessment Coordinator.

“But [the AC] has let me know whether it is going over to the SMAP team.. She has kept me in the loop with that.” (Soffi)

Case Study 4

Debbie and Gary talked at some length about waiting for the plan to go to panel and theirs and Tom’s anxiety during at this time. They were due to hear about whether the plan would become a statutory document any day. (N.b. Whilst I was interviewing them I observed this anxiety first hand in them waiting for the post to arrive. Their disappointment when they opened a LA headed letter that was completely unrelated was palpable

“I still feel lost a little bit and anxious. tense, nervous... we don’t know if it has gone through. I don’t know how he’s going to cope if it doesn’t and I don’t know how we are going to cope if it doesn’t. I know there’s mediation and appeal and that’s where we would be going... he’s not clinging to it exactly, but he really needs it...so he’s almost kind of depending on it...that uncertainty isn’t good for families and it certainly isn’t good for Tom.” (Debbie)

Appendix 9 continued: Post EHC assessment – Qualitative Data

Debbie also discussed the fact that they see this plan as a support for Tom as he grows in maturity and independence, almost bridging the gap between childhood and adulthood.

“One of the reasons we went into it in the first place was because there are things we can’t do any more to support him. When he was six and he wouldn’t go to school, we could pick him up put him in the back seat. We can’t do that now he’s eighteen.” (Debbie)

One of their frustrations centred around the way in which parents hear the news from the LA, and the impact this has on the family as a unit.

“And also I’ve got to say it went to panel on Wednesday and the format is you have a letter sent out to you on first or second class...Why can’t they send an email saying yes or no? Just yes or no. All the detail can come through in the post...just put the parents out of their misery because...from here on in if it’s a no, then we’ve wasted a week not knowing when we could be putting together information that you are getting in there for the appeal.” (Debbie)

One thing they felt might help with this is having a clear understanding of the dates that were significant in the assessment.

“I was thinking about...maybe... a chart so when you hit a certain date, that’s on the chart....Fifteen days seem huge if it’s working days...it’s three weeks, and if it’s a calendar day it’s only just over two.” (Debbie)

Gary’s primary concern was how he would discuss a negative response with Tom, and the effects that might have.

“... if it comes back negative then do I lie to him and still keep him anxious and waiting...or do I tell him the truth, then he just comes crashing down?” (Gary)

Debbie reiterated this fear.

“What I will tell him is that he will have support from a source but I can’t tell him what that looks like...and that’s the worse part. I don’t know and it’s almost like being panic stricken because I haven’t got the answers anymore. What do I do now?” (Debbie)

Appendix 9 continued: Post EHC assessment – Qualitative Data

Focus Group

The Group discussed the anxiety of parents who were waiting for the plan to go to the LA panel and what in their eyes might be helpful in alleviating this.

C "My parent was fairly anxious on the time scales and things so I sat down with mine, and discussed it. It would have been useful if they had a letter that gave them, this is what's going to happen when."

B "Well I did that just by talking to the parent so after each time you had a communication with them you say this is where we are up to know. This is what's going to happen."

B "There's the anxiety levels of the parent...she needed to know the whole process from the beginning."

C "The problem is the time line that they give out from the SEND team the is vague because there is only one real statutory deadline and that's the 20 weeks...But they are not set in stone so if you give the parent an actual physical time line and something doesn't happen by the date it's supposed to happen that can cause an issue."

A "What about a case study?"

C "A case study, an example of a child going through an assessment? This is what happened at this meeting and then you are not saying this is what's going to happen you are saying this is a case study. This is what one might look like in the past sort of thing."

A "So that they can see it's a picture. It's a description isn't it as opposed to this is what will happen."

B "It makes it real rather than a process."

Appendix 10: Case Study 2 Dialogue- Crossover of EP and School Roles

“ I’ve had a sort of ongoing discussion with say some EPs in terms of what is their role and what is the schools role, say my role in terms of setting targets because I feel a little that the poor EP is brought into this process because its statutory duty and they have a whole hour or whatever to observe this child, do an interview and get a report written up and sent in. So with the best will in the world they can’t actually produce a holistic report within that time, therefore, they interview the SEMCO or perhaps a class teacher or the head teacher for a primary school, or me if its ACE and you give them all this information and then you see it as the EP report, then you also produce your own report so you think well really I’ve done two reports. I’m certainly not saying it’s the EPs fault or whatever...my worry is we don’t actually get two objective view points because I think the EPs point is too influenced by the school but it’s not their fault it’s just the nature of the process. I don’t see a way round it because everyone is so pressured in terms of time and it can lead to schools being resentful in that they have to provide the time for the EP to meet their staff and so sometimes they are being taken away from the children who they are meant to be serving so the whole thing is tricky”. (Claire- Teacher at an alternative education provision)

Appendix 11: 11 PAGES LEFT BLANK FOR INSERTION OF CMO CROSS CASE ANALYSIS TO ENSURE NUBERING IS CORRECT WHEN PRINTING

Appendix 12: Ethical Research Approval

Certificate of ethical research approval

TITLE OF YOUR PROJECT:

The Perceptions of Key Stakeholders on how their views and opinions are obtained and used for Education Health and Care Plans.

1. Brief description of your research project:

The purpose of this study is to explore the perceptions of key stakeholders regarding the process of how their views are obtained and used in the new statutory assessment process. This will give an insight into whether the two core principles of the Government's EHC proposal 1) to enhance multi-professional collaboration between education, health services and social care and 2) to give parents and children who are going through the assessment process greater control and choice in decisions (Children and Families Bill: DfE, 2013) are being properly met. The perspectives of the key stakeholders, and what in their view supports or creates barriers in this process, can be used to inform the development and implementation of the EHC process in the Plymouth Local Authority (LA).

2. Give details of the participants in this research (giving ages of any children and/or young people involved):

Parents: Parents whose children are going through the statutory assessment process will be approached to enquire whether or not they would like to take part in the research. Parent participation does not automatically mean their child who is being assessed will be included in the study. Separate consent will be required from the parent and the child in order for a child to take part in the study. Particular consideration will be given to parents' language, preferred method of communication, and culture when looking at informed consent, interview methods and interview environments.

Children: The population for this study is still emerging; therefore the age of the children who may take part is not yet determined. Statutory Assessment under the new Education Health and Care Plan system can take place for any child from 0-25. Based on current statistics from the Plymouth LA it is likely that most EHC plans will take place for children between 4-16 years of age. Particular consideration will be given to children's age, language, preferred method of communication and culture when looking at informed consent, interview methods and interview environments.

Chair of the School's Ethics Committee
updated: March 2013

MSc, PhD, EdD & DEdPsych theses.



Graduate School of Education

Certificate of ethical research approval

MSc, PhD, EdD & DEdPsych theses

To activate this certificate you need to first sign it yourself, and then have it signed by your supervisor and finally by the Chair of the School's Ethics Committee.

For further information on ethical educational research access the guidelines on the BERA web site: <http://www.bera.ac.uk/publications> and view the School's Policy online.

READ THIS FORM CAREFULLY AND THEN COMPLETE IT ON YOUR COMPUTER (the form will expand to contain the text you enter). **DO NOT COMPLETE BY HAND**

Your name: Monwema Redwood

Your student no: 550024269

Return address for this certificate: 14 High Cross Road, Exeter, EX4 4NP

Degree/Programme of Study: DEdPsych

Project Supervisor(s): Brahm Norwich and Shirley Larkin

Your email address: m378@exeter.ac.uk

Tel: 07985447768

I hereby certify that I will abide by the details given overleaf and that I undertake in my thesis to respect the dignity and privacy of those participating in this research.

I confirm that if my research should change radically, I will complete a further form.

Signed:date: 04/04/14.....

Appendix 12 continued: Ethical Research Approval

include contact details for the researcher at the Plymouth Community Psychology Service, as well as support services such as Plymouth Parent Partnership. A date and venue will also be outlined for the researcher to feed back the findings to the participants.

4. **anonymity and confidentiality**

Individuals who participate in the questionnaires and interviews will have the right to anonymity. The focus groups will not allow for anonymity however I have made allowances for this in my methods (see research proposal and section 5 of this document for a summary). Once collected all participant data will remain confidential and will be labelled by number and role and not use personal names.

Data will be stored securely when not in use. Paper documentation and notes will be stored behind two locked doors when not in use and will stay on my person when being transported. Electronic data will be stored on an encrypted data stick, or on my personal and secure drive at the Plymouth Community Psychology Service. Individual participants will not be identifiable in the write up of the project. Interview data stored on digital recording devices will be downloaded to a secure drive or encrypted data stick immediately after the interviews take place and this data will then be wiped from the digital recorders. All data will be stored securely in a locked filing cabinet at the Plymouth Psychology Service until the research is complete and feedback has been given to the participants. Following completion of the research all participant data will be destroyed.

5. **Give details of the methods to be used for data collection and analysis and how you would ensure they do not cause any harm, detriment or unreasonable stress:**

General: Parent and children will be given choice as to where their interviews take place. This will include a home visit, the child's school/ nursery/ or a LA building. All home visits will conform to Plymouth Community Psychology lone working and home visiting policies, and any potential risks will be assessed before a home visit takes place. Professionals will be given an option of their work place or a LA building for their interview to take place. The range of venues should ensure that participants are comfortable in the interview environment and that they can access the interview venue easily. All participants will be given the option of withdrawing their data from the study at any time. They will be given the opportunity to take breaks as and when they need to and refreshments will be available to ensure they are comfortable.

Chair of the School's Ethics Committee
updated: March 2013

Professionals will include two groups of individuals. Those whose advice is sought for the statutory assessment process and the Assessment Coordinators (ACs) who collate the information and draw up the EHC plan in collaboration with children, parents and the multi-agency teams.

Give details (with special reference to any children or those with special needs) regarding the ethical issues of:

3. informed consent: Where children in schools are involved this includes both headteachers and parents. Copy(ies) of your consent form(s) you will be using must accompany this document. a blank consent form can be downloaded from the GSE student access on-line documents. Each consent form **MUST** be personalised with your contact details.

Volunteer information sheets outlining the key aspects of the study will be included in initial correspondence with potential participants. This information will be clearly stated again at the beginning of each focus group, along with information regarding confidentiality and how data will be used and stored during and after the research. Clear timelines and the level of commitment required will be made clear from the start. Consent to participation in the study will be provided by the completion of a consent form. Special consideration will be given to how informed consent is gained from children and YP (taking into consideration their preferred method of communication or language; their age; their level of understanding; the presence of a key worker or champion who can talk through any questions they have once I have left). In some cases children's consent may be best captured verbally, and in this case with the child's and parent's permission I will video tape consent, or have consent verified by the child's parent and keyworker/champion. The process of providing the child with information about the research and gaining consent will depend very much on the factors outlined above. The process will be entirely child centred. It is therefore difficult to include a generic version of a child's consent or information form. I have however included an example of a visual consent form using PECS symbols.

Participants will be informed that they can withdraw consent for the use of their data at any stage of the project. They will reserve the right to withdraw their participation during the interview. Data will be stored securely and individual participants will not be identifiable in the write up of the project. At the end of each individual interview or questionnaire, a debrief letter or equivalent (other forms of debrief will be considered for children and parents who have additional needs that would be best catered for through a one to one debrief session or activity) will be provided for all participants taking into account their preferred method of communication and language. The debrief letter will

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Appendix 12 continued: Ethical Research Approval

audio recorded and transcribed into a word document. These transcriptions will then be imported into NVivo (a qualitative data analysis computer software package) to begin coding the specific themes that emerge. Quantitative data will be analysed using SPSS (a statistical data analysis computer software package. Participants will be recorded by number and not name in the analysis and their data will be stored securely as mentioned in section 4. The confidentiality of data will also be clearly outlined to participants.

Reflective Practice:

My own reflective practice will be critical in how I conduct this research in an ethical way. Aside from the environmental and practical concerns it will be necessary for me to consider my personal and professional effectiveness as well as identify factors which support and constrain effective functioning (Monsen, Frederickson & Cameron, 1998). Self reflection and evaluation will be necessary as a tool for reflection on my actions but also as a tool for reflecting in action as outlined by (Schon, 1983). This will help to ensure that I remain sensitive to the needs and views of my participants and react in a way that would uphold the values of the University, my Doctoral Course and the ethical guidelines of both the British Psychological Society and the Association of Educational Psychologists.

6. Give details of any other ethical issues which may arise from this project - e.g. secure storage of videos/recorded interviews/photos/completed questionnaires, or

As stated under section 4.

7. Special arrangements made for participants with special needs etc.

All children will be accompanied by a champion or advocate of their choice (so long as it is not prohibited by safeguarding concerns). This champion will have a good rapport with the child and be aware of the range of needs and skills of the child. In addition to this I have undertaken training in Makaton and visual communication techniques and am familiar with augmented communication technologies. Any medical information (i.e. epilepsy, diabetes) which may be relevant to their health and safety during the interviews will be sought from parents and schools before I interview a child. I will have an introductory meeting with all the children prior to interviewing them. All the children and young people I interview will have input into the form that this interview takes place. Various mediums could be used to capture their views, from visuals, audio, video and written work. It will be child led.

8. Give details of any exceptional factors, which may raise ethical issues (e.g. potential political or ideological conflicts which may pose danger or harm to participants):

Chair of the School's Ethics Committee updated: March 2013

Paper one: Interviews with parents will be semi structured and will take account of a parents preferred language or method of communication as well as their fatigue levels. Parents will be given the option of attending the interviews with a key worker, advocate, friend or relative for support. Additional support can be provided by Plymouth Parent Partnership. Translators will be sought for parents who wish to take part in the study in a language other than English. Children's interviews will be conducted in a person centred format, taking into account of the child's interests, developmental age and additional needs. Interviews will not be purely verbal and will involve activities that allow the researcher to ask questions in a way that ensures the child understands and is able to respond, an example of this might be a physical likert scale on which the child can stand to indicate their like or dislike or a PECS communication board with options for them to choose from.

Paper two: Professional Advice Givers will be sent questionnaires and be given the option to take part in an individual interview. As stated in the general section above, they will be given choice about the venue for these interviews and their continued participation. Assessment Coordinators views will be sought through Focus Groups.

It will be important to ensure that professionals do not feel pressure from the systems in which they work to participate in the study. There can be ethical dilemmas associated with focus groups,

particularly to do with confidentiality and informed consent (Tolich, 2009). The topics discussed in the AC focus group will not be personal in nature, however there may still be some anxiety from participants about being open and honest in their feedback among colleagues especially if they hold a different opinion. Some of this will be addressed by the method used to run the focus group.

However additional steps can be taken to address some of these issues, by ensuring participants have detailed information sheets which clearly state the intention of the group and the way in which it will be run as a public group. I can also help to minimise anxiety by ensuring that the management team overseeing the ACs are not present for this focus group, and that feedback is written up in a way that tells a combined story of people's views rather than pinpointing the experiences of individuals.

Analysis: The interviews will be transcribed using thematic analysis based on Braun and Clarke's (2006), framework. This approach to thematic analysis provides a rigorous, clear and systematic framework which is not led by a particular theory or epistemology and can be used to analyse qualitative data across a range of epistemological approaches. Semi-structured interview data will be

Chair of the School's Ethics Committee updated: March 2013

Appendix 12 continued: Ethical Research Approval

This form should now be printed out, signed by you on the first page and sent to your supervisor to sign. Your supervisor will forward this document to the School's **Research Support Office** for the Chair of the School's Ethics Committee to countersign. A unique approval reference will be added and this certificate will be returned to you to be included at the back of your dissertation/thesis.

N.B. You should not start the fieldwork part of the project until you have the signature of your supervisor

This project has been approved for the period: April 14 until: June 15

By (above mentioned supervisor's signature): [Signature] **date:** 21/11/14

N.B. To Supervisor: Please ensure that ethical issues are addressed annually in your report and if any changes in the research occur a further form is completed.

GSE unique approval reference: D1314426

Signed: [Signature] **date:** 24/4/14
Chair of the School's Ethics Committee

It will be important to ensure that parents do not feel under pressure to take part in the study because their child is going through the statutory assessment process. I am aware that this piece of research is of value to the LA in which advice givers and ACs are employed, therefore professionals must not feel pressure from the systems in which they work to participate in the study.

This form should now be printed out, signed by you on the first page and sent to your supervisor to sign. Your supervisor will forward this document to the School's **Research Support Office** for the Chair of the School's Ethics Committee to countersign. A unique approval reference will be added and this certificate will be returned to you to be included at the back of your dissertation/thesis.

N.B. You should not start the fieldwork part of the project until you have the signature of your supervisor

This project has been approved for the period: until:

By (above mentioned supervisor's signature): **date:**

N.B. To Supervisor: Please ensure that ethical issues are addressed annually in your report and if any changes in the research occur a further form is completed.

GSE unique approval reference:

Signed: **date:**
Chair of the School's Ethics Committee



Appendix 13: Volunteer Information Sheet- Questionnaires

Name of Researcher: Morwenna Redwood

(Trainee Educational Psychologist)

Project Title: Insider Perspectives of Education Health and Care Plan Assessments.

Please read the following information carefully and discuss with others if you wish.

What is the purpose of this research?

The introduction of 'Education, Health and Care Plans' has aimed to give parents and children who are going through the assessment process greater control and choice in decisions, and enhance the multi-professional collaboration between education, health services and social care. This research seeks to evaluate to what extent parents, children's, young people's, and professionals' experiences correspond to these values.

Why is my view important?

The core aims of the EHC process is to provide children, young people and their families with improved choice and control in decisions that are made about them, and to improve multi-professional collaboration between services. One of the aims of this research is to explore professionals' experiences of these two aims. I hope to use this information to explore the strengths and barriers of the EHC process in [the LA], and make recommendations for future practice. I am also interested in looking at how we can evaluate educational policies to ensure that we are meeting the needs of the children and families with whom we work.

Do I have to take part?

No. It is entirely your choice to take part, and you can change your mind at any time.

Who is conducting the study?

My name is **Morwenna Redwood**. I am a Trainee Educational Psychologist, studying my Doctorate at the University of Exeter and working with the [LA] Community Psychology Service.

I can be contacted at:

[LA] Address

Tel:

The project is being supported by the following people:

Professor Brahm Norwich: Professor of Educational Psychology and Special Educational Needs Exeter University.

Dr Shirley Larkin: Senior Lecturer, Programme Director MEd: Professional Studies

Dr Alan Fuller: Principle Educational Psychologist LA community Psychology Service

Dr Will Roberts: Senior Educational Psychologist LA Community Psychology Service

What will happen if I agree to take part?

Attached to this email is a questionnaire. You will be able to type your answers directly into the document. Alternatively you can print the questionnaire and fill it in by hand.

How much time will it take?

The Questionnaire should take no longer than 30 mins to complete depending on how much information you would like to feedback. You don't have to complete the questionnaire in one go, simply save the document and come back to it when you have more time.

What will happen to the questionnaire?

The Questionnaires will not be saved/ recorded by name. Each questionnaire will have a unique number code. Statistical data from the questionnaire will be analysed using SPSS (a statistical data analysis software package), and qualitative data will be coded thematically using NVIVO (a qualitative data analysis software package). The data will be kept in a locked filing cabinet at [LA] Community Psychology Service until the project has been written up in full. This will be July 2015 at the latest.

Will my interview be confidential?

Yes. You will not be mentioned by name in the transcripts or the write up. I may use quotes from your questionnaire to demonstrate a particular theme in my research, but this will not include any information that will identify you personally. Your data will also be kept in a locked filing cabinet in line with data protection procedures.

What will happen after I have been interviewed?

You will have the right to withdraw your data from the research at any time. Once I have analysed the data from all the interviews and written up the findings I will write to all the volunteers to invite them to a feedback session where I will discuss my findings. The data will be collected over a 3 month period and the analysis process and write up may take another 3 months, so this may take some time.

Does this research have ethical approval?

Yes. The Graduate School of Education Ethics Committee at the University of Exeter have approved this study.

Are there any risks to taking part?

The questionnaire is designed to be informal and as comfortable for you as possible. You only answer questions which you are happy to answer.

I am interested in taking part in this study.

Thank you. Please fill out the questionnaire attached to this email. If you would like to discuss your participation further you can contact me on 01752 224962.

Thank you for your time.

Appendix 13 continued: Volunteer Information Sheet- Interviews

Name of Researcher: Morwenna Redwood
(Trainee Educational Psychologist)

Project Title: Insider Perspectives of Education, Health and Care Plans.

Please read the following information carefully and discuss with others if you wish.

What is the purpose of this research?

The purpose of this research is to explore your experiences of the Education Health and Care Plan assessment for your child. By listening to your experiences we hope to understand to what extent the process worked for you and your child and where changes may be required.

Why is my view important?

Education Health and Care plans were introduced in September 2014 and are underpinned by core principles from the Children and Families Act (2014), which outline how parents', children, and young people should be involved and included in the assessment process. I hope that the information from this study will help us to understand if the EHC process matches the values outlined in the Children and Families Act, and what elements of the assessment process lead to positive outcomes for children and young people.

Do I have to take part?

No. It is entirely your choice to take part, and you can change your mind at any time.

Who is conducting the study?

My name is **Morwenna Redwood**. I am a Trainee Educational Psychologist, studying my Doctorate at the University of Exeter and working at the [LA] Community Psychology Service.

I can be contacted at:

[LA] Community Psychology Service

Address

Tel:

The project is being supported by the following people:

Professor Brahm Norwich: Professor of Educational Psychology and Special Educational Needs Exeter University.

Dr Shirley Larkin: Senior Lecturer, Programme Director MEd: Professional Studies

Dr Alan Fuller: Principle Educational Psychologist [LA] Community Psychology Service

Dr Will Roberts: Senior Educational Psychologist [LA] Community Psychology Service

What will happen if I agree to take part?

If you volunteer to be interviewed I will call you by phone to arrange a date and time for the interview.

How much time will it take?

The interviews will take about 1 – 1 ½ hours, depending on how much information you have to feed back. If you would find this too long, please let me know and we can arrange to have a shorter interview or to meet for 2 shorter sessions.

Where will the interview be?

You can choose where you would like the interview to be from either, your child's school/ nursery, your home, Windsor House (Nr Derriford) or Douglass House (Efford), we can also discuss other venues such as local children's centres and community centres.

What will happen during the interview?

The interview will be informal. You are welcome to bring a friend, support worker, family member or partner if you would feel more comfortable. It's a chance for you to share your experiences in a confidential environment

With your permission the interview will be audio taped. This will allow me to listen fully without having to take notes. If you don't want to answer a question, let me know and we will move on to another topic. You can take a break at any time and you have the right to stop the interview at any time.

What will happen to the audio recording?

The audio recording will be used to record your answers into a written document (transcript). Audio recordings will be destroyed once this transcript is complete.

What will happen to the transcript?

The Transcript will not mention you by name. Each interviewee will be identified by a number. These transcripts will be kept in a locked filing cabinet at [LA] Community Psychology Service until the project has been written up in full.

Will my interview be confidential?

Yes. You will not be mentioned by name in the transcripts or the write up. I may use quotes from your interview to demonstrate a particular theme in my research, but this will not include any information that will identify you personally. Your data will also be kept in a locked filing cabinet in line with data protection procedures.

What will happen after I have been interviewed?

You will have the right to withdraw your data from the research at any time. Once I have analysed the data from all the interviews and written up the findings I will write to all the volunteers to invite them to a feedback session where I will discuss my findings. The data will be collected over a 6 month period and the analysis process and write up may take another 6 months, so this may take some time. All volunteers will also be sent a summary of the research findings by post or email.

Does this research have ethical approval?

Yes. The Graduate School of Education Ethics Committee at the University of Exeter have approved this study.

Are there any risks to taking part?

The interview is designed to be informal and as comfortable for you as possible. The discussions we have will be led by your own thoughts and opinions. You only answer questions which you are happy to answer. However there may be issues which we discuss which may trigger emotional memories or tensions. I will be sensitive to this. If you need to stop at any time then that's ok.

I am interested in taking part in this study.

Thank you. I will be in touch shortly to make arrangements with you. Alternatively you can contact me on 01752 224962.

Thank you for your time.

Appendix 14: Consent form- Adults

CONSENT FORM

Title of Research Project: Insider perspectives on Education Health and Care Plans.

I have been fully informed about the aims and purposes of the project.

I understand that:

- There is no compulsion for me to participate in this research project and, if I do choose to participate, I may at any stage withdraw my participation and may also request that my data be destroyed
- I have the right to refuse permission for the publication of any information about me
- Any information which I give will be used solely for the purposes of this research project, which may include publications or academic conference or seminar presentations
- If applicable, the information, which I give, may be shared between any of the other researcher(s) participating in this project in an anonymised form
- All information I give will be treated as confidential
- The researcher(s) will make every effort to preserve my anonymity

.....
 (Signature of participant)
 (Date)

.....
 (Printed name of participant)

One copy of this form will be kept by the participant; a second copy will be kept by the researcher(s)

Contact phone number of researcher(s):.....

If you have any concerns about the project that you would like to discuss, please contact:

Morwenna Redwood (Trainee Educational Psychologist) Telephone no:

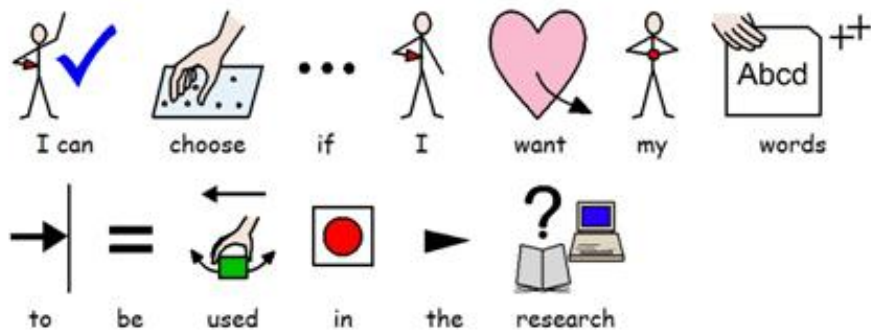
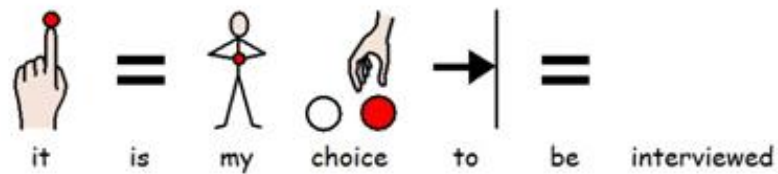
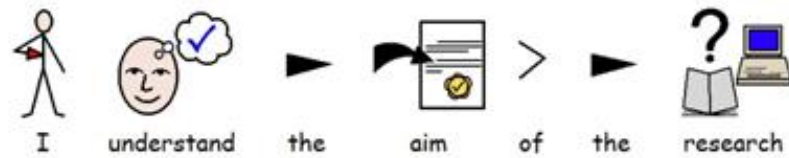
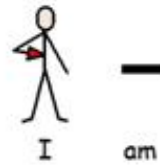
.....
 OR

Dr Will Roberts (Senior Educational Psychologist)

Data Protection Act: The University of Exeter is a data collector and is registered with the Office of the Data Protection Commissioner as required to do under the Data Protection Act 1998. The information you provide will be used for research purposes and will be processed in accordance with the University's registration and current data protection legislation. Data will be confidential to the researcher(s) and will not be disclosed to any unauthorised third parties without further agreement by the participant. Reports based on the data will be in anonymised form. Revised March 2013

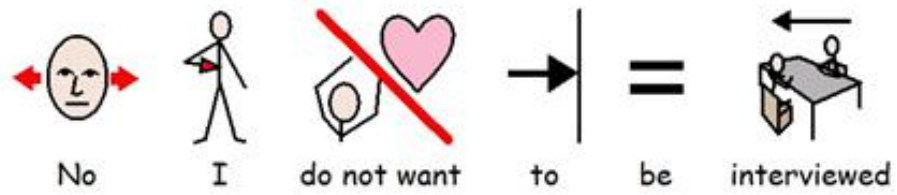
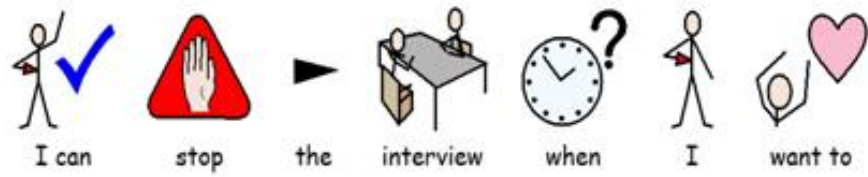
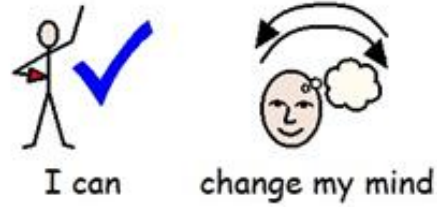
Appendix 14 continued: Consent form- Child

Example of a child's consent form.
For a child who uses visual communication symbols.

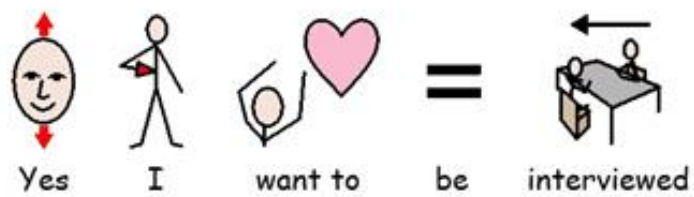


Appendix 14 continued: Consent form- Child

Example of a child's consent form.
For a child who uses visual communication symbols.



no



yes

14 References

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