UNDERSTANDING DECISION-MAKING RELATING TO OUT-OF-AUTHORITY PLACEMENTS FOR PUPILS WITH AUTISTIC SPECTRUM CONDITIONS

A thesis submitted to the University of Manchester for the Degree of Doctorate in Educational Psychology in the Faculty of Humanities

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Abstract

This study is concerned with understanding decision-making in relation to out-of-authority educational placements for pupils with an Autistic Spectrum Condition (ASC) in one Local Authority (LA). The aims of this research were twofold. The first was to explore what factors have the greatest impact on the decision to educate pupils with an ASC outside the local authority. The second was to explore the perceptions of key informants about the process for deciding those placements. The study involved examining 24 pupil cases where out-of-authority ASC placements had been agreed and interviews with case-informants contributing to those placement decisions in order to analyse their beliefs and understandings about the processes of decision-making.

The literature review highlights the limited research with regard to decision-making about pupils with Special Educational Needs (SEN) and draws examples from medical decision-making frameworks.

Data analysis showed that two factors, complexity and range of pupil need and lack of LA provision to match the needs identified had the greatest influence on the decision to educate pupils outside the local authority. The response of the LA’s own schools, professionals and parents to those presenting needs as well as the consequent impact on the child/young person and others were recognised secondary factors. Case-informants offered a strong impression that for the majority of these pupils successful inclusion in their own LA would require increased and more integrated services in order to meet their identified needs.

Data from the qualitative interviews provides a sense of the range of informants’ experiences relating to decision-making processes and the factors determining those perceptions. These related to whether the processes had been experienced as planned, were evidenced-based, child-focused and involved effective working with parents and other agencies. The findings, in part, reflect government concerns about the current statutory SEN framework and the case for change as made in the recent Green Paper (DfE, 2011). At a local level informants identified the need for a more explicit model of decision-making, ethically grounded with an emphasis for decision-making to be based on the holistic needs of the child and viewed that this would be better facilitated by having improved joint-working between services and stronger partnership engagement between the LA and parents/carers.

Clinical professional-patient shared decision-making is discussed as a potential model which might be usefully applied to better understand and develop current SEN decision making.
Dedication and Acknowledgements

I should like to thank Professor Peter Farrell for his support, encouragement and invaluable feedback over the course of completing this study.

I would like to take this opportunity to thank my LA for part-funding the course and to especially thank those colleagues who gave freely of their time to be involved in this research.

Also I would like to give a special mention to my colleague Kate Hughes for being a hugely supportive doctoral peer.

Finally, I would like to dedicate this work to my late parents and to my dear sister Alison, who has supported me from the very beginning of my journey to become a psychologist and again on this journey too.
Declaration

I declare that the work referred to in the thesis has been submitted in support of an application for another degree or qualification of this or any other university or other institution of learning.

SIGNED: .................................................. DATE: .........................
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Chapter 1: Introduction

1.1. Background to this study

This research, exploring the factors affecting decision-making in relation to out-of-authority educational placements for pupils with an Autistic Spectrum Condition (ASC) in one Local Authority (LA) has been motivated by current concerns within this authority regarding the educational provision for pupils on the autism spectrum. The increasing numbers of children and young people identified with an ASC is widely acknowledged (Fombonne, 2001; Fombonne et al., 2006). Recent UK studies (Baron-Cohen et al., 2009) estimate the prevalence of ASC to be 150 per 10,000, suggesting that in an average mainstream primary school there is likely to be at least one child per year with an ASC and in a secondary school most likely two in every Year group. The increase in prevalence of Autistic Spectrum Conditions (ASCs) has become an issue of central concern for LAs in relation to the planning of services and to finding appropriate provision. In the authority where the study took place, despite some significant development to establish a range of autistic-specific provision, a number of pupils with ASCs continue to be placed out-of-authority and while, in the overall context of Special Educational Needs (SEN), the number of out-of-authority placements has reduced, this is not the case for autistic pupils: with 24 ASC placements outside the authority recorded for the period 2010/2011. This compares with 12 out-of-authority placements for pupils with Behavioural Emotional and Social Difficulties (BESD) and 17 out-of-authority placements for Speech and Language Difficulties over the same period. The out-of-authority placements of pupils do not sit easily with the inclusive aims of the authority and the commitment to meet the needs of children and young people locally, in their own community. Additionally, in a context of competing priorities, in meeting the special educational needs of pupils the cost effectiveness of such placements is an important consideration for the Council in budget planning.
and development. As reported to the Council’s Every Child Matters (ECM) Scrutiny Committee:

‘There is insufficient provision to meet the needs of a group of ASC pupils, which represents the largest identified SEN group and at a financial cost of £918,777.85 per year’, (SEN Report, February, 2010).

In response to this report, I was invited to meet with the Council’s Scrutiny Committee to outline some of the issues behind this headline. The question below, posed by the Committee members at that time, prompted the present study.

‘What then are the reasons for 24 of our most vulnerable youngsters being educated outside our authority?’

The specific reasons for agreeing out-of-authority placements for this group of pupils had not been researched within the Council and there was strong interest in exploring the decision-making processes that have led to such placements being made in order to help inform future ASC policy and practice.

1.2. Aims of the study

The purpose of this study is to explore some of the reasons that might lie behind the decision-making to agree out-of-authority placements. The research is a qualitative study and seeks to gain knowledge around LA decision-making by accessing the understandings and beliefs of those case-informants contributing to the decision-making; in order to gain more insights into the decision-making processes that have led to such placements being made and to shed light on those factors which direct choice away from local provision options.
The study draws on decision theory research to understand and explore how decisions are made in relation to out-of-authority placements for pupils with an ASC and to consider to what extent the decision theory model might be applied to decision-making in the SEN context. Decision research has exerted a wide impact on a number of disciplines. In terms of the psychology of decision-making the history of the research field has shown a steady shift away from normative models, deriving from economic origins, towards behavioural research that aims to make sense of what individuals and groups are seeking to do when they make decisions (Beach and Connolly, 2005). In the field of SEN decision-making little importance has been paid to determining the key indicators that should guide the choice of a particular educational provision, whereas in medicine and related fields decision analysis is commonly used to assist decision-making. Overall there appears to be a limited amount of research on ‘decision-making’ in education, both in terms of organisation decision behaviour and SEN decision-making; and it does not seem to have attracted a great deal of attention in either the educational psychology or special education literature. This present study may add to the research knowledge or theory building around decision research from the educational perspective.

1.3 Research questions

This research study aims to seek answers to the following questions:

**Research Question 1:**
What factors are reported to have the greatest impact on the decision to educate pupils with ASCs outside the local authority?

**Research Question 2:**
How do key decision-makers perceive the process of decision-making for deciding placements for pupils with ASCs?
1.4 Research methodology

The study is an examination of 24 pupil cases, 22 male and 2 female, where out-of-authority ASC placements had been agreed; each of which includes interviews with 3 (sometimes 2) professionals contributing to the placement decision. The data set includes pupils across primary and secondary phases, with an age range from 7 years to 19 years. Those key professionals contributing to the 24 placement decisions comprise: educational psychologists, specialist educational psychologist (ASC); specialist speech and language therapist; specialist teacher for Autism; specialist teacher for Children in Care; social worker manager; statutory assessment manager responsible for overseeing the statutory assessment process, principal assessment and monitoring officer and LA principal manager. The form of professional contributions to the decision-making process varies with role; with some colleagues providing advice, some facilitating decision processes and others directing and approving decisions. The participants are professional colleagues working in Children’s Services and Health Services, a number of whom are peers or are in teams that I manage. My relationship with potential participants is an important ethical consideration in this research, in that as a manager in the role of researcher this research might be construed to be taking a “management” perspective. A consideration of this issue and the merits and shortcomings of the insider researcher role is discussed more fully in Chapter 4.

The study is retrospective and exploratory in nature and seeks to gain access to participants’ understandings about decision-making around out-of-authority placements for pupils with ASCs. In order to address these research questions the choice of research design calls for one which most aptly fits the nature of the questions and specifically can allow access to a thickness and richness of description (Geertz, 1973) through discourse; where case-informants can explore their own beliefs and thinking and share insights. In searching for which methodology best allows such insights to be generated it was necessary to appraise alternative research options. The
process of selecting a suitable theoretical approach and choice of method is discussed more fully in Chapter 4. The data gathering includes a content-analysis of pupil case files as well as semi-structured interviews with case-informants themselves. The data generated is largely qualitative and has been analysed thematically.

1.5 The structure of the thesis

Following this Introductory Chapter (1), Chapter 2 and 3 comprise the Literature Review chapters.

Chapter 2 considers the theoretical perspectives of decision-making, providing an overview of the significant lines of development in decision theory research over time and the evidential base for the various theories and positions, with particular reference to the application of medical and health decision-making.

Chapter 3 briefly addresses the nature of autism, its prevalence and the implications of this in terms of educational provision.

Chapter 4 outlines the Methodology of this study. The rationale for the choice of method is examined in regard to its ‘fitness for purpose’. The methodological issues relating to the study are explored and the procedures for data analysis are discussed.

Chapters 5 and 6 cover the Results and Discussion, relating to Research Question 1 and Research Question 2 respectively. These chapters provide a full review of the results from the study and a discussion of those findings, exploring links to the Literature Review.

Chapter 7 Conclusions and Recommendations addresses the research questions and presents a summary of the main findings and theoretical
conclusions. This final section includes a discussion of relevant methodological issues, examines the implications for practice and makes recommendations for future research.

1.6 Terminology

*Autism Spectrum Condition* (ASC) will be the preferred term used throughout this thesis, with the exception of quotations, rather than the more commonly used *Autism Spectrum Disorder* (ASD) which is a clinical term. Autism Spectrum Condition is the term used by the Autism Research Centre in Cambridge, UK and has recently been taken up by the Department of Health in their documentation and by all local authorities throughout the UK.
Chapter 2: Literature Review

Theoretical perspectives of decision-making and practice implications

Before reviewing the literature it is appropriate to outline the procedures that were followed in organising the Literature Review.

2.1. Systematic review

The procedures of a systematic review was conducted as a first step in planning the Literature Review in order to gain an understanding of any prior research completed on the application of decision theory (or decision models) within the field of Special Educational Needs (SEN). This procedure enables the researcher to identify all the relevant studies within a given topic. This review was conducted using a systematic method adopted from Badger et al., (2000) and Torgerson (2003) using the following key stages:

- Definition of the problem, inclusion and exclusion criteria
- The search strategy
- Criteria for the evaluation of studies
- Data extraction
- Summarised into a synthesis
- Findings reported

(Badger et al., 2000, p.221).

2.1.1 Definition of the problem

This systematic literature review aims to answer the following question:
How has decision theory been applied within the field of special educational needs and specifically, in SEN decision-making in local authorities?

2.1.2. Search strategy

The main electronic databases chosen in this initial literature search of academic journals were as follows: Scopus, which draws from data across the social sciences and medicine; educational literature data sets, comprising British Educational Index and ERIC, (this latter database has fewer references to European educational research); and PsychInfo and PsychArticles which were accessed separately though there is some cross-over with the journals referenced in these databases and those available through Scopus.

The following combinations of search terms were used to conduct the search of each of the electronic databases: decision theory/decision-making models and special educational needs, education, educational psychology and LA. This search was subsequently repeated using search terms decision-making and disability/developmental disabilities which increased the number of articles returned. The results are detailed in table 2.1.2 below.

<table>
<thead>
<tr>
<th>Database Used</th>
<th>Number of articles returned &amp; relevancy in brackets</th>
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<td>British Education Index</td>
<td>37 (5)</td>
</tr>
<tr>
<td>Education Resources Information Centre (ERIC)</td>
<td>107 (1)</td>
</tr>
<tr>
<td>PsycINFO</td>
<td>109 (5)</td>
</tr>
<tr>
<td>Scopus</td>
<td>27 (5)</td>
</tr>
<tr>
<td>Initial total</td>
<td>16</td>
</tr>
<tr>
<td>Total nos. of duplicated articles removed</td>
<td>5</td>
</tr>
<tr>
<td>Final total</td>
<td>11</td>
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</tbody>
</table>
2.1.3. Criteria for evaluation

References and abstracts of the articles found were downloaded to review for relevancy. The following criteria were used:

Inclusion criteria:

- Articles were sought from 1995 until the year 2011
- Articles must be published in peer-reviewed journals and of an empirical nature
- Articles must be based on the use of decision theory/decision-making models within educational settings
- No restrictions were set regarding the country the research originated from

Exclusion criteria:

- Papers written in a language other than English

2.1.4. Information synthesis

Eleven articles were found to be relevant to the present research area and the application of decision theory to the field of special educational needs. Decision-making in the context of the assessment of disability does appear from my literature search to have attracted particular attention within the educational psychology research literature.

2.1.5. Wider literature search

The second stage of the literature review involved conducting the search of electronic databases for journal articles that involved decision theory research/decision models outside the educational or education psychology research areas. The search terms employed included ‘judgement and
decision-making’, ‘medical decision-making’ and ‘human judgement’. Similarly for the literature review on autism, terms such as ‘autism prevalence’, ‘autism provisions’ were used to access current literature. These electronic data were supported by books and inter-library loans.

2.2. Terminology

Understanding how individuals make judgements and decisions has drawn research attention from a number of disciplines: psychology, philosophy, economics, medicine, business management and others for more than half a century, each of which seem to look upon it as uniquely its own (Beach and Connolly, 2005). Several commentators have sought to describe judgment and decision-making in different ways and terms vary considerably across professions and philosophies. Hastie (2001) defines the field of human judgement and decision-making as:

‘How people (and other organisms and machines) combine desires (utilities, personal values, goals, ends etc) and beliefs (expectations, knowledge, means etc) to choose a course of action’,

‘Decision-making refers to the entire process of choosing a course of action. Judgement refers to the components of the larger decision-making process that are concerned with assessing, estimating and inferring what events will occur and what the decision maker’s evaluative reactions to those outcomes will be’, (p.655 & 657).

In a professional clinical context, Dowie (1993) defines judgment as ‘the assessment of the alternative’, the ‘choosing between alternatives’, (p.8) and argues that judgments are made in the light of a future plan and with some knowledge of what the future might look like after the decision is made.

Acknowledging that the terms are often used interchangeably, Taylor (2010) defines professional judgement in terms of social work activity to be:

‘when a professional considers the evidence about a client or family situation in the light of professional knowledge to reach a conclusion or recommendation’, (p.10).
and defines a decision as:

‘the selection of a course of action as a result of a deliberate process by one or more people, which may be made by one person or it may be the result of a decision process involving a number of people’, (p.10).

Historically, the behavioural research streams of human judgement and decision-making have followed two separate lines of enquiry. For theorists pursuing the research area of human judgement the key empirical question has been concerned with the processes whereby individuals use cues to infer what is happening in their external world. A different line of investigation derived from theories concerned with decision-making has directed more attention to understanding how individuals choose what action to take (Hastie, 2001) and is of particular interest to the present study.

Considerable research exists in the literature proposing a variety of theories of human decision-making, emanating from specific professions or disciplines. While the breadth of studies from a number of theoretical approaches can be seen to usefully offer us a multi-perspective on the process of decision-making, it is has arguably led to inconsistent and divergent research goals. Some decision researchers have been focused on how to make the best decision under specific conditions, others have been interested in the explanation for a specific course of action; some have preferred to know what decision should be made, while others have been motivated to understand why (Johnson and Busemeyer, 2010). The literature and theories on decision-making are as broad and comprehensive as they are controversial. There is no one way to organise the research and literature; there exists differing and competing accounts and few researchers in this field have sought to examine it in more than one paradigm, which is a growing criticism of the extensive body of research (Shaban, 2005). Against this context, I intend to provide an overview of the significant lines of development in decision theory research over time, giving particular emphasis to the psychology of medical/health decision-making which has
given rise to a number of innovations and applications (Chapman, 2004). The usefulness of decision research to practice will also be explored.

2.3. Decision theory: Paradigms, Theories and Models

Decision theory is not exclusively the domain of psychologists. It developed from economics and statistical origins. In using the term decision theory in psychology it is important to distinguish between the various uses of the term in mathematics and economics. In this sense we refer to behavioural, economic and mathematical decision theories whilst acknowledging that these fields share a great deal of overlap (Lee, 1971). Behavioural decision theory seeks to provide an explanation of human behaviour and in particular of human decision-making. In decision research we observe a progression of paradigms from normative models based on mathematical equations to psychological models aimed at explaining actual behaviour. The terms paradigm, theories and models are frequently used in the decision theory literature and it is appropriate to define them at this point. According to Beach and Connolly (2005):

‘Paradigms are the most general—rather like a philosophical or ideological framework. Theories are more specific, based on the paradigm and designed to describe what happens in one of the many realms of events encompassed by the paradigm. Models are even more specific providing the mechanisms by which events occur in a particular part of the theory’s realm. Of all three, models are most affected by empirical data - models come and go, theories only give way when evidence is overwhelmingly against them and paradigms stay put until a radically better idea comes along’ (p.11).

2.4. ‘Classical’ Decision-making Paradigm

One of the original paradigms of human decision-making, referred to as ‘classical decision-making’ views the decision maker as acting in a world of complete certainty (Chapman and Sonnenberg, 2000). The classical
decision maker faces a clearly defined problem, with a fixed set of known options and their consequences and seeks to optimise the outcome of choice. Classical decision-making research focuses on the decision event (Klein, 1993). The underlying assumption being that given a particular decision situation, people endeavour to do what is best, choosing the option with the most desirable consequences.

Edward’s (1954) seminal paper brought decision-making and classical decision theory to the attention of psychologists. Edwards embraced the then emerging field of Bayesian statistics and through this work defined a basic paradigm for investigation, questioning how well the behaviour of an unaided decision maker compares to what a trained statistician would do using prescriptive theory to make a specified decision. In this way, by studying the differences between what the decision maker should do with what she or he actually does, first generation decision researchers worked to better understand the processes involved in human decision-making and to help individuals make better decisions.

In their critique of why classical theory is an inappropriate standard for evaluating and aiding most human decision-making, Beach and Lipshitz (1993) underline the theory’s limitations in applied settings. They contend that in its normative role, classical decision theory is:

‘An abstract system of propositions that is designed to describe the choices of an ideal hypothetical decision maker - omniscient, computationally omnipotent Economic Man - given the theory’s very specific assumptions about the nature of the decision task.’, (p.21).

In other words, it presupposes that the decision maker has complete knowledge of the decision situation, is aware of all the alternatives, probabilities, and consequences, and objectively follows the process with the goal of maximising economic gain or utility. They suggest that the impracticality of the rational model of decision-making stems from core assumptions that can be seldom realised in practice. They argue that from this perspective it has very little relevance to real world events. Furthermore,
Beach and Lipshitz (1993) challenge the prescriptive role which has been ascribed to classical decision theory following Edwards’ (1954) work.

‘By prescriptive it is meant that the way Economic Man would make decisions is assumed to be the only uniquely appropriate way, the only “rational” way’, (p.22).

Implicit in their argument is that if decision makers acted as they should classical theory would not only be normative and prescriptive but would be descriptive of what decision makers actually do. They go on to describe the various responses from decision researchers to this inability to use classical theory as a descriptive theory of human behaviour, for instance, those researchers who treasure the theory and remain uninterested in the behaviour, as well as those researchers who have chosen to hang on to the logic and structure of classical theory but to make modifications in light of research findings, in order to better understand the observed decision behaviour. In this latter camp, Beach and Lipshitz point to the position taken by behavioural economics and to the work of Kahneman and Tversky (1979) and their prospect theory of decision-making under risk as the most important endeavour in this direction.

Acknowledging the value of classical decision-making paradigms to decision research, Orasanu and Connolly (1993) argue that their contribution should not be ignored. Most predominantly found in laboratory settings, classic decision-making models seek to prescribe the right way to make a decision in an ideal situation and are often used in controlled settings and environments in purely theoretical ways.

**2.5. ‘Naturalistic’ Decision-making Paradigm**

An alternative response to the inability to use classical theory as descriptive theory is represented by researchers trying to more accurately describe the processes involved in real world decisions. During the mid-1980s, growing
doubts and criticism of the applicability of classical decision theory led to a reframing of thinking on decision theory and a new philosophical paradigm referred to as ‘naturalistic (or behavioural) decision-making’ was advanced (Flin et al., 1997). Fundamental to this stance is the contention that real decision problems rarely present themselves in the precise form that decision event research suggests and a recognition that human beings operate with cognitive limitations in a bounded rationality (Simon, 1955, cited in Hogarth, 1987). Simon’s concept of bounded reality relates the fact that real decision makers do not have unlimited computational capacities, time, complete information etc. and therefore do not necessarily make ‘rational’ decisions (as viewed from an economic standpoint) but that their choices reflect strategies that are ‘reasonable’ given their inherent limitations. This perspective makes the case for exploring the manner in which real decisions are made by actual decision makers in field settings in order to see how it is that decisions are made quickly and prudently based on actual abilities. It emphasises the need for research methodologies that focus on decision processes as well as their real world outcomes (Woods, 1995).

Orasanu and Connolly (1993) describe eight factors which are characteristic of decision-making in naturalistic environments:

- Ill-structured problems
- Uncertain, dynamic environments
- Shifting, ill-defined, or competing goals
- Decisions occurring in multiple-event feedback loops
- Time stress
- High stakes
- Multiple players
- Organisational goals and norms

(p.7).

The decision maker in such settings, it is argued, rarely faces a problem that is clearly defined, has only limited knowledge of possible action alternatives
and their consequences, and looks to choose an option which is ‘good enough’ and not necessarily the best (Flin et al., 1997). In doing so the decision maker is required to balance personal choice against organisational norms, goals, and expectations. Empirical evidence suggests that decision makers in real-life seldom balance costs with benefits or strive to maximise profit. Rarely do they consider multiple options or in isolation. Rather decisions are made incrementally to reach towards a larger goal and offer protection against failure (Beach, 1990).

In the absence of one unified “decision theory” Lipshitz’s (1993) review of nine models of naturalistic decision-making is helpful in giving some insight into how decisions are actually made. Lipshitz justifies the models chosen in terms of the fact that all involve real world decision-making which are ‘meaningful’ to the decision makers who have expertise or knowledge in regard to them. The nine models (Noble’s model of situation assessment; Klein’s model of recognition-primed decisions; Pennington and Hastie’s model of explanation-based decisions; Montgomery’s dominance search model; Beach and Mitchell’s image theory; Rasmussen’s model of cognitive control; Hammond’s cognitive continuum theory; Connolly’s model of decision cycles and Lipshitz’s model of argument-driven action) were assessed for areas of agreement and emerging common trends. Lipshitz (1993) concluded that there is significant affinity between the nine models, identifying six common themes about naturalistic decision-making:

- Real world decision are made in a variety of ways
- Situation assessment is a critical element in decision-making
- Decision makers often use mental imagery
- Understanding the context around the process is essential
- Decision-making is dynamic- it does not consist of discrete isolated events or processes
- Normative models of decision-making must derive from an analysis of how decision makers actually function, not how they “ought” to function
Studies investigating the decision behaviour of managers in organisations are consistent with a dynamic, non-rational view of decision-making; that describe the tendency of managers to act before all the information was gathered; be preoccupied with one or two concerns that governed their decisions; have a high tolerance for ambiguity, misinformation and a lack of information; use either complex, iterative decision processes or quick, autocratic processes and rely heavily on intuition (Wagner, 1991). Under time and resource pressures professional managers have been found to make decisions opportunistically, to ‘satisfice’, by which is meant they seek a satisfactory alternative and move to action at the first indication of a plausible idea (Isenberg, 1986 cited in Korte, 2003) to make a good enough decision. This is often the case when professionals have to make important decisions on limited information quickly due to time and resource pressures and in a context where there is a pressing need to decide, for instance, in making a safeguarding decision (Taylor, 2010).

In addition to the complexity of real work task conditions, the superiority of expertise and knowledge in decision tasks has been recognised as a significant factor. Zsambok and Klein (1997) suggest that individuals rely primarily on their experience in making naturalistic decisions, with experienced professionals seeing patterns in situations and assessing the relevance and importance of particular information more quickly than novices. Lacking the depth of experience, novices are seen to depend on the surface characteristics of the situation to guide their performance, doing it “by the book” and not being able to gain profitably from the nuances of the situation (Shanteau, 1992). Orasanu and Connolly’s (1993) summary of findings from a number of studies of more complex decision situations is consistent with this view:

- Experienced decision makers are distinguished from novices by their assessment abilities not their general reasoning skills (Chi et al., 1988; Klein, 1989; Orasanu, 1990)
- Experienced decision makers frequently generate and evaluate a single option rather than analysing a multiple options concurrently (Klein, 1989)
- Experts can look at a situation and quickly interpret it using their highly organised base of relevant knowledge
- Reasoning is guided by the decision maker’s knowledge to search and assess information and build causal models of events (Noble, 1989; Tolcott et al., 1989)

(p.18 & 19).

In reviewing the progress made by naturalistic decision-making research, a still relatively young area within psychology, Klein and Woods (1995) record the contribution of this approach in terms of:

- Placing emphasis on situation assessment as part of decision processes
- Underlining the importance of the role of experience in decision-making
- Formulating a set of descriptive models emphasising competency rather than dysfunctions
- Developing ethnographic methods of field research

At the same time they point to the limitations of this research paradigm in terms of the limited rigour of the supporting research, the need to demonstrate applied value and the fact that the models are not easily testable.

2.6. Normative Theories

A great deal of foundational decision research pursued purely mathematical models that analysed decision-making from the perspective of game theory and economics. This research was focused on the notion of making...
“optimal” decisions, aiming to reduce a decision situation to a mathematically optimising problem and finding the correct solution to the problem. First generation research assumes that the decision performance will be best if the behaviour of the decision maker reflects economics’ utilitarian paradigm, which Beach and Connolly (2005) expand on as follows:

‘which means that they strive to acquire desirable pay offs and if their decisions processes correspond to the processes dictated by utility theory and probability theory. That is, decision-making in the sense of acquisition of desirable payoffs, will be most successful if the attractiveness of each option is summarised as the sum of the probability - discounted utilities corresponding to its potential pay offs and if the decision maker chooses the option which offers the greatest sum’, (p.11 &12).

A central tenet of normative theories is the assessment and explication of risk. Researchers working from this position interpreted the systematic differences between normative prescriptions and observed decision behaviour as reflections of individuals’ cognitive limitations and processing errors. The developments around aids for helping decision makers overcome these limitations have led directly from this. Techniques, such as decision trees and decision matrices commonly used to assist medical decision-making (Thompson and Dowding, 2002) are tools used to structure the elements of a decision into a logical framework which explicitly show all the possible options that a decision maker might follow through time, including all possible decision alternatives and outcomes of chance events. A decision tree allows the user to model a decision situation by breaking down problems into smaller decisions so the effect of different of actions, probabilities, risks and benefits can be analysed (Dowie, 1993). Having ascribed a probability to each choice or action, the option with the highest utility for the decision maker can be calculated (Chapman and Sonnenberg, 2000).

Baron (2004) in his justification of normative models (for example such as expected utility theory, an analytical framework for decisions under uncertainty) contends that these frameworks are concerned ultimately with
improving human judgement, finding what’s wrong with it to find ways to improve it. If, as he argues, such models were derived from descriptions of what people do such errors could not be repaired. Whatever the justifications, from a behavioural stance, the perceived failures of normative theory gave rise to a counterpoise among researchers who wanted to inform a ‘more psychological view of decision-making’ (Johnson and Busemeyer, 2010, p.736).

2.7. Descriptive Theories

Descriptive theories, naturalistic and behavioural in nature, derive from psychology and behavioural science (Bell, Raiffa and Tversky, 1988). A descriptive view of decision-making focuses on how people actually make judgements rather than finding ideal decisions for any given situation. Descriptive theories in decision-making are more concerned with the choices individuals make rather than providing a rational basis for making choices. Importantly descriptive theories are not concerned with the quality or outcome of the decision, how good or bad it might be, but rather how individuals reach a decision. Evaluation of decisions within this domain is based on the extent to which the model observed relates to the observed choices in the decision (Shaban, 2005).

Decision theory has been applied to health care since the 1960s. Large bodies of descriptive theory research have been conducted, particularly in the nursing profession, exploring the process of nurse decision-making. Two predominant theoretical approaches of nurse decision-making prevalent within the nursing research are Information Processing Theory (also referred to as ‘hypothetico-deductive approach’) and the Intuitive-Humanistic approach and both will be discussed. The lack of consensus between researchers over the terminology used to explain nurse decision-making, has resulted in a number of terms, with ‘clinical decision-making’ being the most common (Luker and Kenrick, 1992) and others terms including ‘clinical
judgement’, ‘clinical reasoning’ and ‘diagnostic reasoning’ used. Thompson (1999) suggests these terms are interchangeable and describe the same phenomenon, namely the ‘operationalisation of nursing knowledge (Luker and Kenrick 1992, p. 458)’, (p.1222).

2.7.1 Descriptive Models

The Information Processing Model (Cianfrani 1984, cited in Thompson, 1999), like many of the current behavioural models of decision-making that follow a descriptive approach; focus on the information processing activities of decision makers. Decision-making, according to this theory, relies on earlier knowledge that the individual has acquired. The central assumption from this perspective of decision-making is that the human decision ‘system’ is bounded and restricted to the capacity of the human memory which is separated into short and long term memory; short term memory houses the stimuli which unlock the factual and experimental knowledge in long term memory. Decision makers go through a four- staged process that is guided predominately by the acquisition of cues from the environment:

- The clinician takes part in a patient encounter and gathers preliminary clinical information about the patient (also called the cue acquisition stage)
- Following this, the clinician generates initial and tentative hypotheses (usually around 4-6 in number). These are related to already gathered data and short term memory-based cues
- The third stage involves the clinician interpreting the cues gathered and classifying them as confirmatory, negative, or non-contributory hypotheses
- In the final stage the clinician weighs up the pros and cons of each decision alternative and chooses the one most favoured by the evidence

(Thompson, 1999, p.1223).
The intuitive-humanist perspective offers a theoretical counter to the information processing model. From this stance the prime motivators in decision-making are not related to the decision ‘task’ - the number of cues, the task complexity, etc. but rather are dependent on the individual making it. Various definitions of intuition or intuitive decision-making have been advanced and do not lead to an easy summary of the relevant research in this field as others have evidenced (Thompson, 1999). In the absence of universal agreement on terms there is a common premise of the contextual meaning of intuition, that is taken to describe reasoning which cannot be explained, is insightful, not easy to verbalise and without a rationale (Benner and Tanner, 1987). The basic premise of all intuitive-humanist models is that intuitive judgement distinguishes the expert from the novice, with the expert no longer relying on analytical principles to connect their understanding of the situation to appropriate action: an expert decision maker has an intuitive knowledge gained by past experience rather than on objective knowledge sources. Benner (1984) has described the five 5 stages a nurse passes through from novice to expert and suggested how decisions made depend upon the stage the nurse is at. This decision-making model has proved very influential in nursing and the preparation of trainee nurses as a result of the operationalisation of Benner’s work and her adaptation of the work of Dreyfus’ (1986) on skills acquisition (Thompson, McCaughan and Cullum, 2003).

Thompson (1999) suggests that both these theoretical decision-making models have a number of strengths and limitations, which question their applicability in researching clinical decision-making in nursing. In terms of communicability he suggests a major problem for intuitive models is that:

‘It is almost impossible to communicate something which is intangible and which the practitioner is unable to express’,

(Thompson, 1999, p.1225).

Lamond and Thompson (2000) have also drawn attention to the conceptual ambiguity around intuitive knowledge in health care decisions due to its lack of visibility.
Information processing/hypothetico-deductive models are not without their difficulties in this regard either as Thompson (1999) points out:

‘Whilst undoubtedly promoting communicability (through transparency) in the decision-making process, the use of knowledge, and the reproduction of that knowledge, the process itself may not be that relevant if, as appears to be the case, it does not ‘fit’ with the reality of clinical practice’, (p.1225).

In terms of the importance of practice context to decision-making, Thompson (1999) highlights the limitations of both approaches, asserting that:

‘The systematic-positivist approach to decision-making can be criticized because it includes an implicit assumption that judgement is the result of a unitary generic process used by all clinicians at all times (Benner 1984). The intuitive-humanist approach can be criticized for the opposite reason; namely, because of its axiom that each clinical challenge is unique, and the processes and inputs used subjective, then it is almost entirely context-specific and transferability of ‘intuition’ between different practitioners becomes impossible (Radwin 1990)’, (p.1226).

In contending that neither one offers a solely convincing base to explain decision making in the complex arena of practice, Thompson (1999) puts forward a case for a theoretical “middle ground”. From this alternative stance, the analytical and intuitive models are accepted as conceptually distinctive, but occupying the same theoretical plane at ends of a continuum, with most thinking taking place somewhere along that continuum. The Cognitive Continuum Theory (Hammond, 1996) proposes that pure intuition and pure analysis anchor a descriptive scale in which most reasoning is a ‘quasi-rational’ of the two modes of processing. Hammond describes the characteristics of the different modes of judgement and the task conditions that promote one process rather than another. According to this framework the decision is dictated by the decision task, which has three dimensions

- the structural complexity of the task
- the ambiguity of the task
- the way in which the decision task is presented
Intuitive decision-making approaches, in this interpretation, are viewed as the most appropriate form of cognition in instances where a task is poorly structured has multiple information cues available and time pressures are high. By contrast an analytical approach would be most appropriate where the decision is more unusual or more contested and requiring a clearer rationale and justification. The cognitive continuum in this sense is described as a prescriptive model; (see later section for a more detail) as it aims to help people improve their judgments. This framework has also been applied to medical decision-making (Hamm, 1988). From a researcher’s perspective the attraction of the cognitive continuum theory, according to Thompson (1999), is its inclusion of variables of power, social structure and individual knowledge which observes nursing as a form of social action. As a framework for researching nurse/ medical decision-making it allows for the recognition that multidisciplinary team members will accept analytical thinking from individuals who are seen as competent, often those `experts' in senior clinical positions. Similarly practitioners may reject intuitive solutions from more `junior' colleagues whose analytical reasoning cannot be proven.

2.7.2 Heuristics, uncertainty, biases, and errors

Descriptive theories place significant weight on investigating heuristics, uncertainty, biases, and errors in decision-making. Heuristics are loosely defined rules or 'rules of thumb' for accomplishing tasks which allow individuals to deal with uncertain situations and limited information to reach satisfactory outcomes. The development of such heuristics can be seen as part of a learning process by which we generalise from previous information of similar decisions. In many instances these short cuts yield very close approximations to the ‘optimal’. In certain situations, though, heuristics also introduce predictable biases into decision-making processes and increase the risk of failure as problems become more complex and ill-structured (Plous, 1993), often leading to systematic errors that distort the quality and/or ethics of decisions (Thompson and Dowding, 2002). In the context of social
work practice, Darragh and Taylor (2008) suggest that professionals who rely solely on personal experience to inform their practice run the risk of bias.

Researchers studying decision-making have highlighted the biases and cognitive limitations that typify the way that individuals use information to solve problems. Hogarth (1987) has identified 14 common biases in the information-gathering, information-processing and information-response phase of decision-making. Some examples of common biases that people tend to employ to make probability judgements are provided. Adjustment bias is where individuals tend to overestimate the importance of information which is highly visible and acquired early in the process and this then shapes their gathering and perspective of subsequent information, with new information being selectively processed to support judgements already made. Anchoring bias relates to how individuals judge new situations in relation to some know ‘related’ fact, say with regard to child development, but this may be biased by an inappropriate judgement of what is normal. Individuals may show a propensity to self-delusion, tending to overestimate their control over outcomes. Overconfidence refers to the tendency of individuals to be overconfident about the extent and accuracy of personal knowledge (Taylor, 2010).

Korte (2003) describes the range of assumptions that people hold that govern decision-making strategies: paradigmatic assumptions are those that are believed to be the objective facts or truths about reality, which he suggests are the hardest to challenge; prescriptive assumptions which are those which individuals think should happen; and causal assumptions which are the predictors employed by individuals to develop solutions. Whilst recognising the need for more research to close the gap between decision-making theory and practice, he contends that an explicit examination and challenge of decision-making biases is crucial to ensure rigour and effectiveness of the process of making decisions. As he says:

‘if one considers that problem solving processes are built on a series of decisions made by the decision makers in an organisation, then
one has to take into account the multitude of biases and misjudgements as well as the intelligence that leads to the outcomes of problem solving.', (p.446).

Conversely critics of the ‘heuristics and biases’ research programme point to the increasing list of biases and the lack of theoretical links with other areas of psychology to argue that such research has paid a very limited contribution to finding an encompassing behavioural theory. Researchers such as Keren and Teigen (2004) are considerably more respectful of its place in decision research in terms of its challenge to the rigid assumptions of economic theory and in legitimising a shift of research emphasis that moves away from normative models.

Kahneman and Tversky’s (1979) Prospect Theory is the most popular descriptive theory of choice and is viewed as the landmark achievement of first generational behaviour research and theory. It introduced important aspects from cognitive psychology to incorporate human tendencies into the evaluation of outcomes and their associated probabilities. Most economic and psychological explanations of risky decision-making have been advanced through quantitative means, which assume that when individuals make risky decisions they are trying to maximise expected value or utility. Faced with a choice between risky prospects, expected value theory tells us that optimum action can be determined by calculating the value of each possible outcome and weighing those outcomes by their probability of occurrence. The expected value of any given alternative is the sum of its weighted outcomes (that is multiplying the outcomes by their probabilities), (Hardman, 2009, p.66). However psychological research found that people do not always behave according to the prescriptions of expected utility theory and prospect theory was developed to account for a more human centred view of decision-making, which was more accurate at describing choices between two alternatives under risk. With its emphasis on the gains and losses to a specified point and decision weights instead of probability, prospect theory succeeded in providing a more descriptive view of decision behaviour, while retaining the logic of prescriptive theory. That said, critics have noted that despite successful replications it application outside the
experimental arena is questionable. Others (Busemeyer and Johnson, 2004) have pointed to its lack of detail about the underlying cognitive processes. Beach and Connolly (2005) consider that prospect theory and its gambling analogy are viewed as increasingly irrelevant to much of decision-making.

2.8. Prescriptive Theories

A growing disquiet to the existing dichotomy in the theory and understanding of decision-making and the ongoing separation of normative and descriptive theories led researchers to challenge this view. Bell, Raiffa, and Tversky (1988) set out a third philosophical stance, known as prescriptive theory. This third philosophy has its roots in the assumption that decision makers strive to do what’s best when making decisions, whether for themselves or for the organisation in order to achieve the maximum pay off (Beach and Connolly, 2005). This perspective is interested in helping people make better decisions and to improve the quality of the resulting decisions. According to Clemen (1995) a fundamental construct of the prescriptive approach is discriminating and accepting the difference between a good decision and a lucky outcome.

‘A good decision is one that is made on the basis of a thorough understanding of the problem and careful thought regarding the important issues. Outcomes on the other hand may be lucky or unlucky, regardless of decision quality’, (p.10).

Prescriptive theories have been applied in many contexts to help individuals and organisations to make good decisions and train them to make effective decisions more consistently. Decision analysis and decision trees (normative techniques described earlier), have been used extensively in prescriptive modelling in medicine in order to support clinicians in making specific diagnoses and for individuals to understand risks of different treatments. Decision analysis is a structured way of thinking about how the action taken in a decision situation would lead to an outcome.
The decision analysis view is distinctly prescriptive in that it seeks to establish explicitly the biases and preferences of the decision maker and the uncertainties associated with the decision in order to improve decision-making. Decision analysis depends heavily on the use of a calculus of probability in modelling the uncertainties that a decision maker faces and use statistical techniques to help overcome them. Decision analysis constructs models which are mathematical representations of all the attributes which contribute to a decision and using statistical techniques is able to estimate the potential implications of each course of action. Phillips (1984), cited in Clemen (1995) introduced the term requisite decision modelling which refers to the modelling process in decision analysis:

‘A model can be considered requisite only when no new intuitions emerge about the problem’, (p.34).

In other words a model is requisite when the decision maker's beliefs about preferences and its uncertainties associated with problem have been fully developed. The inclusion of personal and subjective judgements about uncertainty and values in structuring a decision problem is viewed as an important aspect of the process.

A common prescriptive model for assisting physician-patient and shared medical decision-making in clinical settings is the use of clinical guidelines and clinical policies. Practice guidelines or protocols are primarily decision support tools for reducing the variability in the processes and outcomes of care (Grimshaw and Hutchinson, 1995) by providing practitioners with decision guidelines for planning interventions within an evidence-based framework. These aim to improve standards and optimise patient outcomes by reducing the inconsistency in clinical practice and to discourage practices that are not evidence-based (Thompson and Dowding, 2002). Importantly, practice guidelines frame treatment recommendations and specify the best research-supported treatment for a disorder, or condition. The recommended treatment approach assumes relatively homogeneous intervention needs among different patients who have the clinical problem (Spring, 2007). These methodologies have associated computer-based
support systems which integrate guideline support with operational work flow. While clinical guidelines have been found to provide improvements in the quality of care and benefit both users and patient (Woolf et al., 2000) a number of clinicians have found their application too intrusive and overly generic to be useful for individual patients; and in some instances with reference to studies in child and adolescent mental care, have found them to impede clinical judgement and constrain appropriate care (Wolfe, 1999). Thompson and Dowding (2002) doubt their value in a context where decision makers are working in complex environments and having to assess and weigh up numerous data on numerous levels at numerous times. Additionally it is argued that prescriptive approaches such as these ignore the process benefits of practice and have been criticised as a single paradigm of inquiry (Hamm et al., 2000; Thompson and Dowding, 2002).

In the social care literature, Webb (2002) has discussed the applicability of evidence-based practice and decision analysis in social work in terms of greater transparency and accountability around decision-making. He notes:

‘Social workers may be required to provide detailed decision pathways to service users showing why various decisions were reached at different times of the process. Increasingly, accountability for outcomes will be fundamental to this process. It is also likely that service-user preference-based methods will be developed to determine the kinds of optimal interventions available’, (p.54).

Webb suggests that the some of the practice difficulties associated with making decisions in social work including: risk and uncertainty, multiple criteria, pooled decisions, value judgements, interdisciplinary input and long term implications may lend itself to the implementation of an approach which can contribute to problem structuring and the implementation of evidence-based practice. He draws on the work of Munro (1998) to illustrate the relevance of Bayesian models to social work, citing the particular example of its use with conflicting decisions at case conferences when information is presented about risk around a child.
In recognising the barriers to the development of evidence-based practice in social work, Webb contends that:

‘the advance of evidence-based practice and decision analysis in social work is indicative of it passing a critical threshold and mutating towards an actuarial profession’,

and cautions that

‘We must be careful that the final solution is not to the transformation of the caring role into the autonomized management and maintenance of risk populations as the sole criteria for intervention’, (p.60&61).

2.9. Alternatives to Gambling models

Finding alternatives to the gamble analogy which is so fundamental to prescriptive theory and first generation behaviour research has led researchers to construct alternative decision theories. This departure had been motivated by organisational and policy researchers and the like who have questioned the viability of the old models and found them to be deficient in terms of their practical needs (Beach and Connolly, 2005). At this point it is timely to consider two examples of the second generation research.

2.9.1 Social Judgement Theory

Social Judgement Theory addresses the process by which individuals weigh up, select and use cues to make judgements about uncertain situations. It applies to judgements particularly in professional settings that are made repeatedly, for instance in psychiatric diagnosis (Hardman, 2009). It centres on the psychological processes of knowing, usually when an individual cannot manipulate the environment variables to get more information and must use their own cognitive resources. The framework derives from the work of Brunswik, an Austrian psychologist, who specialised in the study of perception. Brunswik summarised his ideas about perceptual inference in
the form of the *Lens Model* (1947). This provides an understanding of the multiple factors that have to be taken into account in making professional judgements. Hammond (1955) is generally credited with the application of the lens model to higher level judgements. According to Hammond:

> ‘An organism is depicted as a lens; that is, it ‘collects’ the information from the many cues that emanate from an object and refocuses them within the cognitive system of the organism in the form of a judgment about the object’, (Bell, Raiffa and Tversky, 1988, p.167).

The decision maker creates an internal representation of the relevant factors as a step in the task of seeing patterns and making sense of the information as part of decision analysis. Interestingly experts do not use more cues than novices but are more adept at identifying factors that are most relevant to the decision (Gilovitch, Griffin and Kahneman, 2002). By applying statistical analysis to a series of such judgements it is possible to describe the impact that different cues have on a particular judgement.

Social Judgement Theory is also concerned with the creation of statistical models or *actuarial models* that can be used to predict future cases. These models provide rules for specifying how relevant cues should be combined to make a judgement. Hardman (2009) has usefully summarised the psychological research which show that unaided human judgement or *clinical prediction* is less successful than using actuarial models. Across a number of studies it can be concluded that:

- People can be inconsistent whereas actuarial models never are
- People sometimes rely on a piece of information that they think is relevant, but actually has little or no bearing on the things they are trying to assess
- People may consider relevant information but weight it in the wrong way when making a judgement
- When in receipt of additional information people are prone to identifying cases as exceptions to the rule
• Individuals working in particular domains may also be exposed to a skewed sample of events
• People's judgements can be affected by fatigue or boredom

(Hardman, 2009, p.11).

Importantly even when an actuarial approach is employed, people are necessary in order to choose the variables that are used in the model. Actuarial approaches have been used in health and social care to identify factors that correlate with particular outcomes, usually to predict harm, (Kemshall, 2008) and such knowledge can be used to inform professional practice.

Beach and Connolly (2005) suggest that as it has been developed in Social Judgement Theory, the logic of the Lens model is applicable to a broad range of socially interesting areas of decision.

### 2.9.2 Image theory

Image theory according to Beach and Connolly (2005) is ‘the most thoroughly developed second generation theory’, (p.184) that has been advanced. Image theory attempts to describe how decision makers actually make decisions rather than prescribing how they should make them. Image theory assumes that the decision maker possesses three decision-related images which are knowledge structures that guide their decision-making. These images constitute an individual’s *decision frame*:

• The *value image* refers to basic beliefs and values, morals and ethics of the individual - reflecting what truly matters, the way that they think things should be and the principles that underpin their own and others’ behaviour

• The *trajectory image* represents an individual’s future goals - what constitutes their desirable future, a vision of the situation they want
their life to be. This represents a vision that shapes the decision-making process

- The *strategic image* represents a person’s plan for achieving their goals and how to go about securing that future. Decision makers have operational strategies for engaging in decision-making and ways in which they attempt to forecast the outcome and in turn guide how they behave in influencing decisions

*Framing* refers to the process where knowledge is brought to bear on a decision.

Decision-making consists of:

- Adopting decisions or deciding to accept or reject potential goals or plans
- Progress decisions or monitoring progress towards implementation of plans

(Beach and Connolly, 2005, p.163 &164).

According to the theory, people opt for decision options that are compatible with their basic values; these decisions involve the use of the compatibility test which screens options for adoption on the basis of *quality* and the profitability test which focuses on the *quantity* of the outcomes associated with the options. Most image theory research has focused on screening of options and the compatibility test and most of it has been done in the laboratory. Results suggest that screening is the most important element of the decision process (Dunegan, 2003; Pestas, Kass and Dunegan, 2005, cited in Beach and Connolly, 2005). Image theory has also been proposed as a theory of how organisational decisions are made. From this perspective, the organisation’s *culture, vision* and *strategy* (Beach and Connolly, 2005) would correspond to the value, trajectory and strategic images of the individual. However there has been very little research into the organisational version to date and other researchers (Pestas, Kass and Dunegan, 2005, cited in Beach and Connolly, 2005) have highlighted the
need for this research to leave the laboratory to explore decision-making in organisations.

In his evaluation of the appeal of Image theory, Hardman (2009) acknowledges its attempt to link people’s values to the decisions they make, but points to the limited exploration of what is meant by the images, so central to the theory, or how they should be studied; as well as the lack of supporting evidence from real-life situations from purportedly a model of naturalistic decision-making. Additionally, he highlights the gap in the theory in that there is no specification of how individuals stop searching for information about options and references some contradictory evidence against the theory in terms of the screening process.

In terms of social work practice Taylor (2010) suggests that Image theory can help to conceptualise the professional role in supporting clients in decision-making in some circumstances, by envisioning the future. He describes the approach as a decision-making parallel to solution-focused brief therapy methods of helping clients.

2.10. Ethical Models

The role of the decision maker’s principles, beliefs, values, morals, ethics and duties would seem so essential to personal and professional decision-making that they cannot be overlooked. Noting how normative theories fail miserably in accounting for such influences by principally ignoring them and the absurdness of utility theory ‘reducing everything to a single point on a scale’, (p.189), Beach and Connolly (2005) insist that researchers and decision theorists should look to pursue this rich vein of research.

Ethics involves the study of assumptions held by individuals, by organisations and by professional groups which influence judgements and
decision-making. Taking the perspective of educational psychology practice, Webster and Bond (2002), define ethics as:

‘the study of how people are guided by their moral values in specific professional contexts’, (p.16).

While these authors note that professional codes of ethics provide a reference point for practitioners, they suggest that they may not explicitly help to resolve a particular ethical conflict or provide a set of rules on how practitioners act in all circumstances. They elaborate this view as follows:

‘The point here is that for professionals in practice, a critical awareness or mindset is required, which promotes ethical analysis based on core values and which can be applied creatively and systematically to any situation in order to reach a sound decision’.

They go on:

‘The sine qua non of a professional ethic in educational psychology is to ask whether an individual, service or organisation has acted in a way which accords with what most EPs [Educational Psychologists] would agree represents an adequate standard of psychological advice and intervention.’, (p.19).

As a profoundly people-centred profession, like medicine, Webster and Bond (2002) contend that educational psychology must move beyond the view that good practice can be construed simply as a series of transactions between professionals and service users. They stress the importance of developing ethical mindfulness in all professional decision-making and note that ethical deliberation is particularly crucial whenever choices need to be made in situations of uncertainty.

Professional ethics have been heavily influenced by the work of moral philosophers. Two key ethical theories which have relevance to medical and social work practice and decision-making (Mattison, 2000) are teleological (or consequentialism) and deontology and will be briefly outlined. Attention to the potential consequences of the proposed actions is central to the teleological perspective. Decisions for action are made in terms of the
consequences that might result and long term benefits; actions that result in greater degrees of good are desired. Utilitarianism grew out of this school of thought. This focus contrasts sharply with the *deontological* perspective which emphasises the influence of moral obligation on human behaviour and commitment. The ethical principle underpinning a deontological decision is that fixed moral rules should define the ‘rightness’ or ‘wrongness’ of decisions. This thinking is grounded in the belief that actions in themselves, can be good or bad regardless of the outcome they produce (Mattison, 2000). Thus from a deontological viewpoint the decision maker appraises the options, taking due regard of utilitarian and social considerations but which are secondary to moral and ethical obligations. This perspective sees the decision maker using their value judgements to reject courses of action that oppose their moral code and choose actions that are compatible with those codes. Observing that human beings are rooted in a social context, Etzioni (1988), cited in Beach and Connolly (2005) views the deontological decision maker being guided by their own ethical principles which are acquired in great part from those social groups or communities. This theoretical perspective which is seen as “duty based” has been observed to direct the behaviour of panels making allocation decisions of scare medical resources (Kluge, 1996, cited in Furnham, Hassomal and Mcclelland, 2002).

Cottone and Claus’s (2000) comprehensive review of the literature on ethical decision-making models in counselling indicates that while the literature is rich with details of decision-making models, few have been assessed empirically and few seem well grounded philosophically or theoretically. While there are many practice-relevant models available as guides for ethical decisions, in particular practice settings, within specialities or according to a published standard of practice, these authors report that empirical comparisons are lacking and a number of these practice models have been developed without attention to underlying philosophical or theoretical tenets. Cottone and Claus point to the immaturity of current ethical decision-making models and caution that it will be some time before empirically based approaches can be developed.
Bracher and Hingley (2002) contend that little attention has been paid in the literature to the ethical nature of the agencies in which educational psychologists have to operate, in terms of how organisational values become known and develop, and how these values affect professional decision-making. Yet they argue that this is an urgent area for consideration as increasingly public-sector organisations are being held up for public scrutiny and been found ethically wanting. The central thrust of their argument is that agencies cannot afford not to examine, develop and regulate their own levels of ethical maturity if they are to be entrusted with the psychological well-being of clients. Webster and Lunt (2002) similarly argue that ethical responsibilities of EPs go well beyond the individual interaction between client and practitioner to the collective dimensions of the profession and the organisations in which they work. These authors make the point strongly that:

‘a professional ethic for psychologists, like doctors, should also be concerned with the development of a professional culture. As applied social scientists this distils to practitioners acting in accordance with agreed standards, basing interventions on available evidence, and subjecting the principles for practice to open debate with peers. It is also about challenging organisational policies and procedures which may militate against good practice’, (p.98).

Reflecting on the changing context of world healthcare practice, Williams and Fulford (2007) observe the growing preoccupation with processes and outcomes alongside a parallel concern on values and ethics of those same systems. These authors discuss the notions of openness and transparency around making health-related decisions in terms of the processes used being open to scrutiny and the basis of decisions being made explicit and overt, and with the need for practitioners to have the skills to work as effectively with values as with evidence in everyday judgement and decision-making. Williams and Fulford (2007), citing Pendleton and King (2002) suppose that values are ‘deeply held views that act as principles for all individuals and organisations’, (p.228) which are broader than ethics, and are evident in all practice and managing of services with the defining feature of being ‘action guiding’ (Hare, 1952, cited in Williams and Fulford, 2007). Values are seen as pervasive and powerful factors influencing health decisions and clinical
practice whose impact is often underestimated (Petrova, Dale and Fulford, 2006). The values-based practice, a framework complementary to ethics and developed originally in the domain of mental health, starts from the premise that there might not be a single ‘right’ answer to problems, but alongside evidence-based approaches provides for more effective decision-making, where complex and conflicting values are often in play. As Williams and Fulford (2007) put it:

‘Facts alone are insufficient to determine action case by case...no matter how competent the protocols values also weight the prominence given to different facts in deciding the basis of actions. Hence we propose the requirement for values-based as well as evidence-based approaches’, (p.228).

This framework is not alone in underlining the importance of values in health care and its principles are shared by a number of disciplines, notably bioethics, health psychology and the medical humanities. Other fields of inquiry in which values are less central, such as evidence-based medicine, decision theory and health economics, nonetheless recognise their significance (Petrova, Dale and Fulford, 2006).

Drawing on ideas from philosophy, values-based practice is described as:

‘a clinical skills-based approach to linking the generalised scientific knowledge of evidence-based practice to the particular values - the needs, wishes and expectations - that individual patients bring to the clinical encounter. The principles of evidence-based practice and values-based practice thus work together as a basis of shared decision-making between practitioners, their patients and families’, (Petrova, Dale and Fulford, 2006, p.704).

Williams and Fulford (2007) set out ten principles of Values-based practice and describe “good process” across 4 key areas as follows:

- Theory : evidence and values
- Policy: patient-centred and multidisciplinary
- Skills: awareness knowledge, reasoning, communication
- Partnership: between users and providers (p.227).
2.11. Surrogate Decision-making

Many decisions are made on behalf of others. Such surrogate decisions are especially common in medical contexts where clinicians make decisions on behalf of their patients. Medical decision research has addressed the issue of how closely such decisions match patient preferences; with studies showing surrogates often not predicting patients’ preferences very accurately and advance directives providing little benefit (Chapman, 2004). In the particular context of making decisions for the profoundly mentally disabled Cantor (2009) proposes a legal and medical framework for surrogate decision-making on their behalf, arguing that the concept of intrinsic human dignity should have an integral role in shaping the bounds of surrogate decision-making, asserting that the best interests of the disabled person are not always the determinative standard: that the interests of the family or others can sometimes be considered.

2.12. Decision-making within Educational Psychology and Frameworks for Practice

Decisions in the helping professions like educational psychology involve the child and their family more directly. Interestingly, despite that, decision-making within educational psychology does not appear from my literature search to be a concept which has been researched in its own right. Rather studies have focused on frameworks of practice and the stance taken by practitioners in the real world educational contexts in which they work. The shift of educational psychology practice over time from a medical model to a more collaborative, problem solving model has been described by some authors (Stobie, 2002a, 2002b). Stobie describes the change in perspective over the time period from the 1950s to the 1990s. While these models still co-exist to some extent, Stobie’s own view is that the greatest change occurred between the period before the 1970s and afterwards. The medical model takes the position of the professional as expert and conceptualises the
assessment task as a *diagnosis of individual disorder* (Tyrer and Steinberg, 1998) and the expert recommending an appropriate treatment plan. Alternatively, the problem-solving paradigm places importance on the collaborative nature of decision-making. Annan (2005) advances the concept of decision-making in educational psychology practice using a *situational analysis framework* which is evidence-based, ecological, collaborative and constructive. She puts forward the idea that when people are in complex environments making decisions they make errors as a result of not analysing the situation well enough. Annan contends that situation analysis supports the psychologist to render difficult situations more manageable by reducing their complexity. The model provides a tool to ensure that practice is guided by legitimate knowledge or ‘evidence’ and that by encouraging authentic engagement of other people in the analysis of the situation any bias of the psychologist or others will be lessened.

Kelly, Woolfson and Boyle (2008) have drawn together frameworks of practice in educational psychology to support practitioners in applying psychological theory and research within educational contexts in their day to day work. Three executive frameworks are described: Monsen et al., Problem Solving Model (Monsen and Frederickson, 2008 outline here adaptations to the model); The Constructionist Model of Informed and Reasoned Action (COMOIRA) outlined by Gameson (2008); and the Woolfson et al., Integrated Framework (developed from the original Monson et al., framework) explained by Woolfson (2008). All three models come from the premise that EP practice involves the appraisal of complex situations, involving ill-structured problems and working with others in describing that situation and taking action. The frameworks provide a sequence of steps in a process in which decision-making is one element.

Monsen and Frederickson’s (2008) model is influenced heavily by insights derived from ‘information-processing theory’ and the five steps of reflective thinking proposed by Dewey, namely: *identification of the problem, clarification of the problem; the use of hypotheses; reasoning about the possible results of acting on one or another hypothesis; and testing the*
hypothesis by overt or imagined action (Kelly, Woolfson and Boyle, 2008, p.71 & 72). The COMOIRA framework underpinned by a strong constructivist approach is described as heuristic as opposed to algorithmic in that it is ‘flexible, iterative and a process of trial and error rather than a set of rules’ (p.97) and can respond to changing situations. Within the framework there are eight decision points, each of which has a specific set of functions which the authors consider to be useful in working with others to promote a process of change. These questions aim to assist practitioners to use psychology to make sense of their own behaviours, their own practice and the process of change itself.

2.13. Decision-making in Groups and Teams

Educational psychologists invariably work with other people in supporting children schools and communities. In the context of a team, decision-making is influenced by a number of factors which operate when people come together in groups. Research within social psychology is relatively pessimistic about the ability of groups to make high quality decisions and find the “best” solution to a presenting problem. Evidence suggests that groups can be effective at decision-making but often fail to be. There are a number of factors that work against and for the effectiveness of groups which I will briefly review. Several studies have shown that discussions tend to focus on available information already rather than on non-shared knowledge (Stasser and Stewart, 1992). Studies of real work teams have failed to find any overall benefit of greater diversity. Early research into group processes focused on conformity and suggests the tendency of individuals to polarise towards the position that was held by most members prior to discussion. The theory of ‘group think’ has been influential in terms of how people construe group decisions-making. It suggests that a combination of high group cohesion, if the group is under pressure or has a very directive leader leads individuals to seek unity and consensus above a realistic consideration of alternative courses of action (Harris, 1999; Annan et al., 2008; Hardman,
Leadership appears to play an important role in the performance of teams, with transformational leadership being associated with positive team performance (Hardman, 2009).

Many of the most important decisions and recommendations made by educational psychologists occur within the context of school-based teams. Despite this, research and theory regarding group decision-making has attracted little attention in the school psychology literature (Gutkin and Conoley, 1990; Conoley and Gutkin, 1995). Research that has been specific to school psychology in the USA provides considerable support for the idea that group-decision making is not always good decision-making even when composed of entirely of well intentioned and professionally competent school professionals. Multidisciplinary diagnostic teams in school settings have been found to reach inappropriate decisions based on irrelevant pupil data, resource availability and so called “teacher squeak” (i.e., how potently a teacher complains about a referred pupil) while ignoring relevant and central classification criteria (Gutkin and Nemeth, 1997). These authors highlight the importance of psychologists developing a stronger conceptual grasp of group phenomena for working within a group context: understanding and assessing the power of majorities in groups, the value of minority dissent, group polarisation and the establishment of shared norms.

### 2.14. Decision-making in the multidisciplinary assessment of disability

Examination of naturalistic decision-making frameworks in the context of the assessment of disability has received particular focus in the educational psychology research literature. Decision-making about children with disability regularly involves a multidisciplinary assessment approach and can be regarded as a group decision-making process. Researchers in this field have pointed to the complex nature of multidisciplinary assessment in terms of the ill-defined task, decision-maker characteristics and environment which
make evaluation of its outcomes problematic (Bartolo, 1999). There is a
wide prescriptive literature on how to improve the multidisciplinary process in
the assessment of disability (e.g. Rosenfield and Gravois, 1999), some of
which prescribes variations in the problem solving procedure described by
Bergan (1997), cited in Bartolo et al., (2001). This identifies four stages:
*problem identification, problem analysis, plan implementation and problem
evaluation*. Macmann and Barnett (1999) amongst others have called for
improvements in the decision-making processes in the assessment of
disability and for a greater research emphasis on understanding how
professionals actually apply their expertise and skills in making decisions in
real world contexts.

From this perspective, Bartolo, Dockrell and Lunt (2001) describe a
qualitative approach for constructing an account of how decisions are made
during a *transdisciplinary* assessment session, consisting of the
simultaneous assessment of the child by professionals of different
disciplines. Their study is concerned particularly with the process of group
decision-making involved in achieving group task objectives, specifically in
terms of how individuals use information to develop a common
understanding of the nature of the child’s difficulties (termed the TASK
process) as opposed to the process concerned with maintaining effective
collaborative contacts between group members (termed the INTERPERSONAL process). Team decision-making was studied in two
multiprofessional groups, one based in a medical setting and one in an
educational setting, assessing four complex child cases, with children whose
difficulties were suspected to lie within the autistic spectrum. The unit of
analysis was the verbal discussion protocols of an assessment.

Professionals were reported to be applying either (a) one or more situation
awareness processes (*Construct hypothesis, Describe, Explain, and Predict*)
or (b) one or both solution processes (*Recommend and Plan action*) to one
of three content categories: Behavioural and Emotional aspects, Medical
aspects and Content aspects. Professionals were found to be addressing
the problem in a series of three cycles of decision-making:
A provisional evaluation through referral information
- Actual assessment and professional-only decisions
- Negotiation of findings and decisions with the parents

Bartolo, Dockrell and Lunt suggest that this exploratory study offers a better understanding of what had previously been reported as the ‘messiness’ (p. 515) of the processes of multiprofessional assessment of disability and contend that such analysis can be used for initial training in decision-making skills for psychologists.

Bartolo’s (2001) own study of naturalistic multi-professional assessment describes how disciplinary and institutional orientation influences professionals’ decision-making about early child disability. Data consisted of the assessment discussion protocols about four pre-school children, suspected to have difficulties consistent with ASC, by two multi professional groups including a paediatrician, psychologist and speech therapist in a hospital; and educational psychologists, a psychotherapist and educational personnel in a school. Transdisciplinary assessment procedures, based on the same interactions with and observations of the child were followed. Verbal protocol and thematic analysis identified three major disciplinary schemas in the assessment process: namely the organic schema at the medical site and the behavioural and psychodynamic schemas at the educational site. Little evidence of the use of the social model in the assessment was noted, despite the current literature. Each approach provided different explanations of the problem, but all highlighted an individual disorder within the child. Bartolo suggests that the significant influence of the setting and disciplinary orientation on professionals’ perceptions and decision-making about these children highlights the importance for professionals to increase their awareness and knowledge of possible bias.

In terms of more recent research, Paton’s (2012) case study approach looking at decision-making in a multiprofessional Targeted Mental Health in
Schools Team (TaMHS) identified practitioners applying processes below conscious awareness as well as more explicit processes which links explanatory models, predominately relating to risk and resilience frameworks with the choices of interventions. She suggests that expertise in decision-making can develop over time through reflection on the process and that the group process involved in the team could be useful for other teams in Children’s Services.

2.15. SEN Decision-making

In an educational context, deciding provision for children with special educational needs is not a surrogate decision-making process but neither does the process yet involve parents as explicit decision makers in the same way as some shared decision-making models do. Local authorities have a central role in SEN decision-making confirmed by the Education Act, 1996. In general terms, following a period of assessment and consultation between professionals and parents, advice on the pupil’s needs are submitted to the local SEN Panel from professional advice-givers through written reports, together with parent views and pupil views (which may need to be mediated through an adult). Based on this information and taking into account factors such as age, and the presence or absence of additional learning disabilities (Jones, 2002), the SEN Panel determine provision in terms of the educational setting and specific type of support needed for the child or young person. Placement options vary: pupils with an ASC may be placed in a mainstream school, with or without ASC resourced provision, a special school for children with moderate or severe learning difficulties (with or without ASC-specific classes), a specialist school for ASC (run either by the LA or an independent organisation), or receive home-based programmes (DfES, 2002).

In the field of SEN decision-making there has been little focus paid to determine what key indicators should guide the choice of a particular
provision. Traditionally, some SEN ‘conditions’, for example a specific speech and language difficulty or dyslexia have been identified on the basis of a discrepant profile of cognitive abilities, to advise a specific treatment and/or provision route. To the extent that IQ may be used as a indicator of intelligence, IQ factors with cut-off points identifying pupils with moderate or severe learning difficulties are still in use today; though the emphasis on IQ as a core determinant of educational provision has lessened considerably. For children with special educational needs, it has been argued that although educational placement based solely on IQ test scores might not be valid, IQ tests have shown adequate functional utility (Flanagan, Andrews and Genshaft, 1997). Intelligence tests have known and significant limitations in measuring outcomes for ASC pupils (Charman and Howlin, 2003). In contrast, in the field of medicine and adult mental health, practitioners have drawn on decision theory in developing methods for improved decision-making. Such procedures are used to determine optimal cut-off scores of screening instruments by explicitly taking into account the costs and benefits of correct and incorrect clinical decisions (Smits et al., 2007).

While research has considered the implementation of policies and procedures under the SEN legislation (Norwich, 1995), there has been very little attention paid to the nature of the decision-making process itself. Using a content analysis methodology, Buck’s (2000) study investigated the relationship between reported professional assessments submitted to SEN Panels and the actual provision specified by the LA as part of the statutory assessment procedures. Buck reported that for a number of categories of SEN, the text content within the professional reports varied greatly in its association with the educational provision decisions reached by the Panel, based upon the written advice. The influence of parent submissions on decision-making was found to be limited to emotional issues. Clearly this raises questions about the method and/or quality of the decision-making process itself.

Jordan (2001a) has highlighted the need for a broadening of the current decision process to include collaborative work with parents and pupils
themselves. This view is consistent with a more recent small-scale study aimed at exploring the views of both parents and local authorities about the decision process of determining educational provision for children with autism spectrum disorders within an English context (Tissot, 2011). Findings noted that parents tended to perceive alternative placement suggestions as financially motivated rather than in the best interests of the child. Interviews with LA personnel showed an awareness of these concerns and the complex considerations involved in determining what educational placement is best for an individual pupil. This study underlined the need for a more shared model of decision-making with more effective communication between parents of children with ASCs and LA personnel at all stages of the process: both parties desired a more constructive working dialogue and saw this as the best means by which to reach an agreement to determine where a child should be educated.

The Lamb Inquiry (DCSF, 2009) and subsequent government responses (DCSF, 2010a, ‘Support and aspiration: A new approach to special educational needs and disability’, DfE, 2011) aimed at increasing parental confidence in LA SEN decision-making have called attention to the pressing need for greater levels of effective communication between LAs and parents.

Tissot (2011) suggests that there are a number of issues that influence and may disrupt the journey of decision-making in agreeing provision and placement for pupils with ASCs:

1. beliefs about the underlying philosophy of inclusion
2. beliefs about the factors that cause a child’s autism
3. how 1 and 2 should influence the determination of educational provision

(p.3).

It is argued that if parents strongly believe that their child requires specialist ASC provision they may have a strong bias against mainstream placement. Likewise, if LAs advocate mainstream provision they may resist consideration of alternative options.
Such differences in beliefs and philosophies can clearly lead to tensions and disagreements between parents and LAs about the best way to educate their child and resolution through mediation may become necessary. The dispute resolution arrangements are part of the framework for decision-making in respect of children with SEN, as defined in the Education Act 1996. Mediation can play a key role in acting as a catalyst for disagreement resolution; to facilitate early, effective communication and to facilitate negotiation in ‘non-negotiable’ situations (‘Special Educational Needs Disagreement Resolution Services National Evaluation’, DCSF, 2008b). Since 1994 parents have also had a right of appeal to an independent tribunal in SEN cases. Previous research has suggested that parents of pupils with ASCs find the statutory SEN decision-making process stressful (Tissot and Evans, 2006) and may experience ‘unique stresses’ compared to those of other SEN populations (Parsons, Lewis and Ellins, 2009). Not unexpectedly then, perhaps, Tissot (2011) reports that ASC cases are consistently one of the most frequent SEN categories listed for consideration by the Special Educational Needs and Disability Tribunal (SENDIST). The recent Green Paper consultation (DfE, 2011) gives notice of the Government’s intention to explore how to use the voluntary and community sector to introduce more independence to the process. If local authorities and parents disagree, it is planned that mediation will be used first to resolve problems in a less adversarial way than having to take their case to the Tribunal.

2.16. Overview of decision research and future directions

Decision research has exerted a wide impact on a number of disciplines. Studies have traditionally followed one particular paradigm or theoretical perspective exclusively. In terms of the psychology of decision-making the history of the research field has shown a steady shift away from normative models, deriving from economics and statistical origins towards behavioural research, that aims to make sense of what individuals and groups are
attempting to do when they make decisions and find out how they might do it better (Beach and Connolly, 2005). In the early attempts to construct a behavioural theory of decision-making, theories which have focused on human judgment error and biases have been extremely successful and led to a great deal of research, though over time the relevance of such studies has been questioned and this area seems to have lost its intellectual appeal. Studies which have attempted to understand the role of risk and uncertainty have also been challenged, arguing that no matter how quantified, the full effect of such factors can never fully be understood outside the context of the individual (Hammond, 1996). In terms of health decision research much of the work to date has applied to descriptive approaches, such as information processing theories, particularly in the area of nurse decision-making, in an attempt to contribute greater understanding of how clinical judgments are made. While these studies have provided greater insight into the cognitive processes involved in judgement making, particularly with respect to assessment practices, many of the studies show poor ecological validity and a significant potential for over generalisation (Shaban, 2005). The use of prescriptive approaches in medicine, which attempt to improve decision-making and help individuals to make better judgments, through the use of decision support systems has also been criticised as a single paradigm of inquiry (Thompson and Dowding, 2002).

While second generation research has been influenced by observations of professional decision makers and attempts to discover what they engage while making various types of decisions, it is clear that we are some way off agreeing a unified behavioural theory. In the absence of one over-arching model of decision-making, front-line professionals (in the area of social work, medicine and strategic management etc) have drawn on a number of models of decision-making to support reflective practice and professional knowledge. Most decision research still looks to simplify the complex issues of a decision to a judgement at a point in time and there is a need to develop the time dimension of decision research so as to improve the application of the theory to practice (Taylor, 2010). The role and responsibility of organisations to attend to the ethical mindfulness of decision-making as well as manage more
serious decisions in a way that supports front-line professionals has also been well made. The way in which different professions, teams and organisations operate together in reaching decisions about patients, clients and pupils is clearly a rich and important area for decision research but collaborative decision-making processes are still poorly understood; with current research only describing the conditions under which types of group decisions are likely to happen. It might be expected that decision-making in groups should be more effective than individual decision-making due to the sharing of knowledge, ideas and insights, but this is not necessarily the case: studies show that group decision-making often shifts towards the position held by most members prior to discussion and that individuals in groups may be affected by the pressure to conform or show compliance to authority (Hardman, 2009). Beach and Connolly (2005) assert that we will better understand what happens in groups and organisations when we know more about the individuals that belong to them and gain a better grasp of the function of values and emotions on individuals' decision-making. They highlight the role of narrative in providing meaning to a decision situation as an exciting direction for future research.

Decision-making research in education, in terms of organisation decision behaviour and specifically in the area of SEN decision-making, which is of particular interest to the present study, is not vast and seems to have assumed a lower research profile in the last decade or so. Within the educational psychology field, studies exploring the naturalistic decision-making frameworks in multiprofessional assessment of childhood disability and more recently, research into decision-making in a multiagency team have added to our understanding of group decision processes. Given the substantial number of significant decisions that are taken in respect of children and young people by professionals and groups, the importance of continuing research attention in this area cannot be overstated.
Chapter 3:

Autism: profiles, prevalence and implications for educational provision

3.1. Introduction

This study aims to understand the factors affecting decision-making in relation to out-of-authority educational placements for pupils with ASCs in one LA. While in this LA the overall number of out-of-authority placements has reduced, this is not the case for this particular SEN population and such placements sit uneasily with the authority’s commitment to meet the needs of children and young people locally. This issue is not an isolated phenomenon; educational provision for pupils with autism in general is a central concern for most LAs. This chapter provides a background to the particular needs of this population of pupils and discusses some of the issues underpinning the difficulties around educational placement.

3.2. Background of Autism and terminology

Autism has been characterised as a pervasive developmental disorder (PDD), of biological origin, which affects an individual’s ability to communicate, develop relationships with others, and respond appropriately to the environment, each in varying degrees. Following on from Kanner’s (1943) and Asperger’s (1944) original descriptions, our understanding of ‘autism’ has developed, to regard it as a spectrum of difficulties rather than a singular condition; those affected by autism ranging from individuals with more subtle problems of understanding and limited social competencies, those described as having Asperger syndrome and ‘high-functioning’ autism, to those with more severe difficulties who would previously have been
described as having ‘classic’ autism, many of whom fail to develop functional speech and often have additional learning disabilities. The terms *autism*, *autism spectrum conditions (ASCs)* and *autistic spectrum disorders (ASDs)*, where quoted, will be used in this thesis to mean the group of pervasive developmental disorders characterised by qualitative difficulties and differences in reciprocal social interactions, in reciprocal communication, and by a restricted repertoire of interests and activities (World Health Organisation, 1992; American Psychiatric Association, 1994).

### 3.3. Prevalence

Autism had been generally considered to be a rare condition with prevalence rates of 2 to 4 per 10,000 children but over the last two decades systematic, epidemiological studies have shown an increasing number of children and young people identified with an ASC ((Medical Research Council, 2001; Scott et al., 2002; Fombonne, 2001, Fombonne et al., 2006) with reported prevalence rates of autism in children at approximately 60 per 10,000 and even more for the whole autistic spectrum (Wing and Potter, 2002). Data from local authorities also suggest a significant rise in the numbers of pupils identified with ASCs from the 1990s to the present decade, with reported increases of 30 percent per year in one LA, estimated to affect 500 children in one school population of 51,400 (Webster et al., 2004). An UK whole population study by Baird et al., (2006) which was conducted in the South Thames region, reported higher prevalence rates for ASC of 116 per 10,000 and in a more recent UK school-based population child study in Cambridgeshire, which included a county-wide screening, Baron-Cohen et al., (2009) estimated the prevalence of autism-spectrum conditions to be 157 per 10,000 (or 1 in 64), including previously undiagnosed cases. These figures suggest that in an average mainstream UK primary school there is likely to be at least one child per year with an ASC whether or not this is diagnosed, and in a secondary school probably two in every Year group.
The most controversial and most widely disseminated notion for increasing prevalence is the measles–mumps–rubella/thimerosal vaccine theory, which has since been wholly discredited (Deer, 2008). Less controversial causes that have been proposed include changes in autism diagnostic criteria, growing awareness of the disorder, increasing services for autism and greater motivation of parents to seek services as a result of expanding treatment options (Wing and Potter, 2002; Waterhouse, 2008; Picciotto and Delwiche, 2009). Regardless of cause, the increasing prevalence of autism is a major public health and educational concern and has significant implications for planning education, social and health services.

3.4. Diagnosis

Although general awareness of ASC is increasing and evidence for its early manifestations in the first 2 years of life is accumulating through research using multiple methodological approaches, most children with ASCs are not identified clinically at a very early age. Retrospective studies indicate that parents recognise signs of autism far earlier than it is diagnosed. Although symptoms are typically present by the second birthday and one third of parents cite concerns before the first birthday (De Giacomo and Fombonne, 1998), diagnoses are often not made until the fourth year of life or later (Mandell, Novake and Zubritsky, 2005). Early concerns are sometimes dismissed resulting in a delay of diagnosis and can impact negatively on school placement with the possibility of children not being identified early enough for parents to start making school choices appropriate to their child’s needs.

3.5. Educational approaches for ASC pupils

There has grown a substantial literature on autism spectrum disorders and on the interventions and approaches that may be effective in supporting this
population. While it is not my intention here to examine this in detail, the comprehensive review of the effectiveness of autism approaches and the adequacy of evaluation studies, as part of a commissioned report from the National Centre for Autism Studies (Marwick, Dunlop and MacKay, 2005) provides a useful and recent summary: The report makes the following key points:

- methodological difficulties within studies means that definitive evidence of the effectiveness of any given approach, and the contrastive effectiveness of one approach compared to another is not available
- where professionals plan to make use of particular approaches they should look critically at the available evidence of effectiveness
- most approaches offer some evidence of positive and useful intervention results, and an eclectic model to supporting a person with autism has emerged
- a playful context has emerged as a widely used setting for supportive intervention
- the use of peer mediated supports and social group contexts is increasing environmental structure and socio-constructive teaching techniques tailored to the individual are an important component in support
- intervention approaches which involve the child in prolonged periods of training, or long periods of interaction with only a trained adult, may preclude involvement of the child in other effective forms of support
- the need for early intervention to meet the needs of a child when these are initially recognised is apparent
- the involvement of parents has emerged as a crucial element in intervention approaches and the need for support for parents and family is emphasised.

(p.6).
Marwick, Dunlop and MacKay, (2005) indicate that there is no evidence that any specific educational approach brings greater benefit across the spectrum, nor that any sub-group benefits from any particular intervention. Broadly speaking they suggest that the degree of autism should determine the amount of structure needed by an individual and that in a context of social inclusion, the emotional well-being of individuals with autism should be the most important focus for all interventions.

3.6. Educational provision for ASC pupils

The increase in estimated prevalence of ASCs has become an issue of concern in relation to educational provision; the implications for the planning of services, coupled with the responsibility to educate pupils has placed significant pressure on LAs to find appropriate provision. In England the number of pupils with Statement of Special Educational Needs that have a primary special need for ASC increased from 24,000 in 2004 to 35,000 in 2008, of which 70% of these pupils attended a mainstream provision (DCSF, 2008a). Numbers of children on the autism spectrum attending mainstream provision in Ireland similarly show a significant increase (2,571 in 2008-09 compared with 1,675 in 2006-07), (Parsons et al., 2009). In addition to taking account of the increasing numbers, development of ASC educational provision has also needed to recognise and meet the heterogeneity of need within this population; the considerable challenge for LAs being to ensure that this broad continuum of need is matched by an equally broad continuum of support and provision.

The international review of the evidence on best practice in educational provision for children on the autistic spectrum (Parsons et al., 2009) indicates that in the UK and Ireland a range of educational provision options now exits to meet the varying needs of children and young people across the autism spectrum: while the majority of pupils with ASC are currently educated in mainstream a significant proportion attend either special schools or autism-
specific provision in mainstream schools. Over the last decade, in both the UK and Ireland there has been a rapid expansion of autism-specific provision. In terms of the range of educational provision, typically those pupils with the more complex needs attend a specialist school for ASC (run either by the LA or an independent organisation) or attend special schools for children with moderate or severe learning difficulties (SLD), with or without autism specific classes. Pupils may attend mainstream primary or secondary schools with or without ASC specialist resourced provision attached or else receive home-based programmes. In many LAs, including the LA in which the study was conducted, for mainstream schools without specialist resourced provision, centrally managed ASC-specific support services offering training, case-focused support have become a well established response (Whitaker, 2007), often with outreach work undertaken by special school staff into Early Years settings.

Over the last decade there have been a number of developments with regard to ASC-specific provision within the LA where the study was carried out. An outreach autism team was established in 2000, principally to support the inclusion of ASC pupils in mainstream schools. In 2006 the development of 3 primary ASC resourced provisions in mainstream schools (offering a total of 21 places), from their previous designation as Speech and Language units was followed in 2007 by the development of 3 secondary ASC resourced provisions (with one remaining in the new Council with funding available for 12 pupils). In terms of autism provision developments that have taken place in the LA’s special schools: in 2003 the key stage 1 provision in two ASC special schools was extended to offer key stage 2 provision (64 places, 5-11); in 2006 key stage 3 ASC-specific provision (12 pupils per year group) was established in one ASC special school to enable secondary autistic-specific provision to be made available for pupils moving through from specialist primary provision and prevent pupils from having to be placed out-of- authority at the end of key stage 2. Satellite ASC-specific classes in 2 special schools (SLD) have been developed since.
There are clearly financial implications for Councils not having the requisite provision within the authority. The current financial cost of ASC special school placements outside the authority, in most cases independent sector schools, range between 60k and 120k per annum (38 week to 52 week day placement) to provide educational provision but can rise exceptionally up to 250k per year when transport, social care and health needs are included. In contrast, a local authority maintained ASC special school with the facilities of a satellite class costs an average of 30k per annum (38 week day placement) plus transport costs (LA SEN Report, February, 2011).

Since the law changed in April 2011, if a child is placed residentially for more than 72 nights per year, they become de facto, a ‘looked after’ child and there is a duty of care for the social care department to monitor the placement.

3.6.1 ‘Inclusive’ ASC provision

Largely in response to previous governments’ policy commitments to inclusive education for pupils with SEN, (for example, ‘Excellence for All Children, Meeting Special Educational Needs’, DfEE, 1997) defining inclusion largely as a social rights issue, there has been a significant increase in attempts to educate pupils on the autistic spectrum in inclusive settings. While the National Autistic Society (NAS) survey, ‘Inclusion and Autism: Is it working?’ (Barnard, Prior and Potter, 2000) was able to demonstrate some improvements in school support and in increasing parental satisfaction, following the initial difficulties faced by children and their families as a consequence of poor planning and coordination by LAs (Peacock, Forrest and Miles, 1996), it underlined the view that this did not apply for all age groups or for all types of provision. The Lewis et al., (2010) research study, investigating support and provision for pupils with SEN, where ASC was selected for more detailed attention, suggests that how LAs interpret the concept of inclusion has implications for the approaches taken and decisions made about service provision. Whilst there are still differing
opinions among academics and researchers about the best type of educational provision for children with ASCs (Jindal-Snape et al., 2005) there is broad agreement that such pupils are more difficult to include effectively than those with other categories of special educational need (House of Commons Education and Skills Committee, 2006) as well as a view that the learning styles and cognitive profile of ASC pupils challenge professional assumptions about teaching and learning more so than any other group (Jordan, 2005). The concept of a 'distinct needs' position for learners with an ASC in inclusive settings has been strongly articulated by others (Norwich and Lewis, 2005).

In terms of research on the teaching and learning for pupils with Asperger syndrome/high-functioning autism, much of the work on intervention has focused on approaches that were developed with children with more severe needs and our knowledge on how to provide effective education in mainstream schools for this particular group is at an early stage (Davis and Florian, 2004; Humphrey and Parkinson, 2006). Humphrey and Lewis, (2008a) have pointed to the need for further investigation into how the practices in schools facilitate or undermine pupils' learning and participation in this context. In the context of inclusive education, research on the social domain, has predominantly focused on the assessment of negative outcomes such as social isolation and loneliness. These studies point to an increasing amount of evidence to suggest that included pupils with an ASC have fewer friends, spend more time engaged in solitary behaviours and experience more rejection from their peers than other children (Symes and Humphrey, 2010; Humphrey and Symes, 2011). ‘Insider’ accounts, from pupils themselves would suggest that their ASC needs are not being fully met (Humphrey and Lewis, 2008b). Pupils themselves report that they receive significantly less social support from their school-peers and friends and are bullied more than pupils with other or no special educational needs (Humphrey and Symes, 2011). All of which must contribute to the increased risk of ASC pupils being excluded (Barnard, Prior and Potter, 2000; Batten et al., 2006) developing mental health problems (Barnhill and Myles, 2001) and/or else suffering placement breakdown.
Jones and Fredrickson’s (2010) study investigating differential profiles of behavioural characteristics predictive of successful inclusion in mainstream education for children with autism spectrum disorders and comparison pupils suggests that pupils with ASCs are less likely to be accepted by their peers if they appear more prosocial and appear to wish to make friends. These authors hypothesise that the more ‘typical’ the social behaviour of the ASC pupils, the fewer special allowances peers may consider are warranted. They conclude that:

‘The findings of this study cast doubt on whether ‘not making them different’ is the best approach in promoting the social inclusion of students with ASD’, (p.1102).

This finding, although cautious, appears to challenge much of the current thinking about how best to facilitate the mainstream inclusion of ASC pupils.

Research by Jacobs (2011) using a case study methodology to explore how ‘autistic intelligence’ can be recognised and accommodated within an inclusive education framework highlighted school systems to be failing ASC pupils in a number of ways. Specifically, the difficulties in obtaining educational help and support were perceived, by pupils and their parents, to be obstructive. Another area of concern reported was the use of teaching assistants as the main educational intervention offered. Jacobs contends that from a stakeholder viewpoint (parents and pupils) the inclusive framework appears to have little recognition of or accommodation for ‘autistic intelligence’ and that this concept might offer a useful route in considering the nature of any environmental adaptations. Other accounts (Humphrey and Lewis; 2008b) have identified school-based factors implicated in successful inclusion for children with ASCs such as: developing a predictable and ordered environment, differentiation of work, quiet working environments with ‘well-behaved’ classes and access to a well-informed member of staff for advice on ASC-specific issues.

These accounts are not inconsistent with the limited research focusing on parental perceptions and experiences of educational provision for pupils with
autism and how ASC can be accommodated educationally. The Whitaker (2007) study in the county of Northamptonshire sought the views of parents whose children had been diagnosed with an ASC. Almost half of the 599 parents and carers to whom the questionnaire was sent responded. Overall 39% of respondents reported themselves dissatisfied with the provision being made for their child, with mainstream provision performing poorly in the satisfaction ratings. Importantly, whatever the setting and provision, the understanding of school staff of the child’s difficulties, the perceived flexibility in school response to the child and the extent of reciprocal communication between home and school were seen as key in determining whether the child and parent were happy. The key statement ‘most staff understand my child’s difficulties’ was the most important in determining satisfaction with educational provision. Batten (2005) suggests that this sort of feedback reflects the scale of the need for teacher training and highlights recent NAS research which indicates that 72% of schools to be dissatisfied with the extent of their teacher training in autism. In sharp contrast to the 39% figure for parental dissatisfaction quoted in the Whitaker (2007) survey, a national telephone survey of parents which covered all categories of pupils with SEN in 2008 (Ivens, 2009) reported only 4% in total from (n=1999) parents who expressed dissatisfaction with their child’s education.

Researchers have drawn attention to the limited studies into the outcomes for pupils with ASCs in mainstream classes (Barnard, Prior and Potter, 2000; Humphrey and Lewis, 2008b). This would seem all the more urgent given the reported increase in the development of autism-specific provision in mainstream settings. Others (Guldberg et al., 2011) have signalled the need for researchers and policy makers to expand the evidence base for all different types of provision in order to be better able to make informed decisions about how particular settings deliver education and to identify the impact on individual children’s outcomes.
3.7 Exploring the ‘potential of cognitive indicators to improve placement decisions

While the imperative to ‘include’ pupils has dominated and resulted in a perceived need for altered training opportunities for developing teachers, (Feeney, Gager and Hallett, 2010) this has been accompanied by a parallel and emerging consensus that while inclusion is possible for many, some pupils with autism, due to the complexity and severity of their needs, may benefit more from specialised educational settings, such as autism resourced provision, satellite classes, and special schools (Simpson, de Boer-Ott and Smith-Myles, 2003). The need for support in specialised settings appears to be most evident where pupils have additional learning needs, which compound the social-communication difficulties that are associated with autism (Jordan, 2001b).

While there has been a focus on the environmental factors that facilitate inclusion, as discussed earlier, less research attention has been put to identifying cognitive factors that may indicate the extent to which children with autism can cope with different levels of support for their special educational needs (Jordan, 2005; White et al., 2007; cited in Aljunied and Frederickson, 2010). Aljunied and Frederickson’s (2010) own study investigated potential cognitive indicators of the level of special educational needs in 52 children with autism. Two general indicators (intelligence quotient and cognitive modifiability) and three specific indicators (theory of mind, executive functioning and central coherence) were evaluated for their ability to discriminate three groups of children requiring different levels of special education support. Only theory of mind was found to significantly discriminate children with autism in mainstream schools who did not receive additional support from those in schools for mild special needs where additional social-behavioural support was provided. Only intelligence was found to discriminate children in special schools for mild as opposed to moderate special needs, where additional support was provided for both learning and social-behavioural needs. General intelligence, cognitive
modifiability and theory of mind each contributed significantly to the discrimination of the three groups. The authors contend that the findings of this study substantiate the role of theory of mind in relation to social-behavioural difficulties in autism and as a key dimension that could be of value in making crucial ‘high-stakes decisions’ (p.374) for those autistic pupils with less severe SEN. For those pupils, who have more severe difficulties and have needs in terms of the demands of basic self-care and adaptive functions, the authors report that the indicators of general cognitive abilities, i.e. IQ, worked well and could not be improved on by any of the measures examined in this study. Aljunied and Frederickson’s (2010) propose that such cognitive indicators may be significant when making decisions about the optimal type of intervention, level of SEN support for pupils with autism; and potentially may have implications for the development of SEN decision-making protocols for SEN placements. The ability to improve placement decisions could potentially have a significant impact on pupils’ future learning outcomes. Additionally the time and cost implications of ‘getting it right’ first time cannot be overstated.

3.8. A broader perspective of provision and services

Autism itself is a condition that overlaps a number of disciplines in terms of diagnosis, education and care; and multidisciplinary assessment and support is considered key to good practice in identification and in making effective educational provision (National Autism Plan for Children, 2003; SIGN, 2007). In terms of deciding on educational intervention and provision it is acknowledged that children on the autistic spectrum are very different from one another as regards their profile of needs and strengths and that while diagnosis can provide a signpost to the needs of the child it cannot be a substitute for a thorough multiagency assessment of the child and the development of a plan for how to address identified needs, informed by parents and those services involved (Jones et al., 2008). During the last decade, the area of ASC has seen the establishment of closer partnership
working between education and health departments and the development of multiagency teams working across disciplines to provide more coherent, joined-up services to children and families. The call for multi-agency responsibilities and protocols to be formalised to ensure that services from education, social care, and health, and support from the voluntary and independent sectors, are well co-ordinated and for commissioners from these relevant agencies to continue to commit to joint financial initiatives to support the development of a ‘seamless’ service has been well made (Parsons et al., 2009; Guldberg et al., 2011). This need is echoed in the recent Green Paper proposals (DfE, 2011) which are designed to reinforce the strong strategic role of local authorities in working together with health services and with other local services to secure the right provision, whilst ensuring services are cost-effective. Importantly and on a wider front, the UK Government has recently published a strategy for adults with autism (‘Fulfilling and rewarding lives’) which builds on the Autism Act, (HMSO, 2009) for the support of adults and youth, (‘Supporting people with autism through adulthood’, National Audit Office report, 2010), recognising the need for ongoing integrated, high quality services in terms of health, education and care.
Chapter 4: Methodology

4.1. Research questions

This research study aims to seek answers to the following questions arising from the Introduction and Literature Review:

**Research Question 1:**

What factors are reported to have the greatest impact on the decision to educate pupils with ASCs outside the local authority?

**Research Question 2:**

How do key decision-makers perceive the process of decision-making for deciding placements for pupils with ASCs?

In order to address these questions it is necessary consider which theoretical approaches and methods are most appropriate to employ in the research design and methodology, in terms of ‘fitness for purpose’. For as Cohen, Manion and Morrison (2005) state:

‘The purposes of the research determine the methodology and design of the research’, (p.73).

4.2. Paradigm exploration: positivism and post positivism

Drawing on the influential work of the philosopher and historian of science Thomas Kuhn, Hammersley (2007) suggests that in the context of research methodology, the term *paradigm* has come to denote:
‘a set of philosophical assumptions about the phenomena to be studied, about how they can be understood, and even about the proper purpose and product of research’, (p.1).

The positivist paradigm of knowledge-seeking which had dominated social and educational research for the first half of the twentieth century, assumes the ‘standard view’ of science that:

‘Objective knowledge (facts) can be gained from direct experience or observation and is the only knowledge available to science’, (Robson, 2002, p.20).’

The central tenet being supposed here is that only events which have been observed have a claim to the truth. From the positivist perspective the aim is to conceptualise and measure human behaviour in terms of key variables, and to discover causal relationships among these. Positivistic approaches employ models derived from scientific method with an emphasis on quantitative measures, ‘systematic’ observation, and statistical analysis to test hypotheses concerning the relationships between variables. Internal validity is determined by the scientific rigour employed by the researcher to control variables and external validity is established through generalisability, which for positivist researchers is a sine qua non (Cohen, Manion and Morrison, 2005, p.109).

Opponents of positivism within social science contend that the findings of this domain of research are of little consequence to those for whom it is intended—social workers, teachers, managers etc, arguing vehemently that such experimentation of manipulating and controlling variables is only likely to produce:

‘a pruned synthetic version of the whole, a constructed play of puppets in a restricted environment’, (Cohen, Manion and Morrison, 2005, p.19).
Post-positivism arose out of dissatisfaction with some aspects of the positivist stance and attempts to come to terms with the force of criticism. Whereas positivists hold an objective, apprehendable reality, post-positivists acknowledge an objective reality that is only imperfectly apprehendable (Lincoln and Guba, 2000). While positivists hold that the researcher and ‘research participants’ are independent of each other, there is acceptance by post-positivists that the hypotheses, values and knowledge of the researcher can influence what is observed (Robson, 2002). Despite some important differences between the positivist and post-positivist paradigms, the two perspectives share much in common and are considered to be the primary base and anchor for quantitative research (Lincoln and Guba, 2000; Ponterotto, 2005).

In investigating the research questions in this study it could perhaps be considered possible to make use of questionnaires, within a positivist paradigm using quantitative methods to collect numerical data around the opinion of respondents. However, the primary task here is to understand how people see, think, and feel about their “professional world”, specifically in terms of SEN decision-making. I am seeking to gain insights around the LA decision-making, unique to them, and so I am less concerned in it as a generalisable study and more concerned about investigating shared meanings around decision-making in this context. The current study is predominately exploratory in nature and looks to tap into understandings and beliefs, seeking to gain access to diverse perspectives in their own terms and how these might link to behaviour. Hammersley (2007) conveys the position well:

‘Very often, the links between perspectives and actions, and between behaviour and its effects, are seen as complex and uncertain, rather than reducible to any kind of universal statement about fixed relationships’, (p.1).
4.3. Paradigm exploration: Interpretivism

The questions in this study point to a research paradigm which allows for an in-depth investigation of a phenomenon in context (Robson, 2002) and which can offer access to the subjective world of human experience in which participants, through dialogue, can explore their own beliefs and understandings and share their insights, in this case about LA decision-making. This would indicate the appropriateness of using an interpretive paradigm. The interpretivist (or constructivist) paradigm can be perceived as an alternative to the positivist paradigm. One implicit assumption of this paradigm is that knowledge itself is socially constructed. Fundamentally, interpretivists maintain that reality is constructed in the mind of the individual, rather than it being an externally singular entity (Hansen, 2004, cited in Ponterotto, 2005). The interpretivist position espouses a hermeneutical approach, which holds that meaning is hidden and must be brought to the surface.

‘To retain the integrity of the phenomenon being investigated, efforts are made to get inside the person and to understand from within’ (Cohen, Manion and Morrison, 2005, p.25).

The interpretivist-constructivist paradigm provides the main basis for qualitative research methods. Studies from this perspective are characterised by singularity of context and exploration of the meaning for participants of their experiences. A key feature of interpretivism is the centrality of the interaction between the researcher and the object of investigation: only through this interaction can deeper meaning be uncovered. The researcher and research participant(s) co-construct findings from their interactive dialogue and interpretation. Within this dyad the subjectivity of the researcher is recognised fully, acknowledging that the researcher also brings self knowledge and beliefs to the context, which is a socially-constructed process in itself and so part of the phenomenon being explored. The researcher actively examines the issue, explicitly seeking out
meanings, understandings and patterns but not undermining the research by directing or determining them.

According to Cohen, Manion and Morrison (2005) researchers working from an interpretive standpoint begin with participants and embark on understanding their interpretations of their world. As they say:

‘Theory is emergent and must arise from particular situations; it should be “grounded” on data generated by the research act (Glaser and Strauss, 1967). Theory should not precede research but follow it. Investigators work directly with experience and understanding to build their theory on them’, (p.23).

In a similar vein, Creswell (2007) says of qualitative researchers:

‘Authors do not discuss the literature extensively at the beginning of a study. This allows the views of the participants to emerge without being constrained by the views of others from the literature’, (p.79).

Creswell’s view might suggest that completing a thorough literature review process as I did is incompatible to an interpretive approach and in this sense does not match the notion of ‘fitness for purpose’. In response to this apparent failing I would contend that given my knowledge of decision-making research outside the SEN context was limited and the theory largely unfamiliar, I needed to scope the subject in depth, via a review of literature, in order to gain a broader access to the context. The literature review allowed me a greater appreciation and understanding of the subject as well as clarifying some previous assumptions and the research questions were informed and developed as a result of this process.

4.4. Choice of method

Having determined that an interpretive paradigm was appropriate, a suitable method was then considered. Two influential design traditions which are of particular relevance for real world studies (Robson, 2005): grounded theory and case study were initially examined as possible options in order to
operationalise the aims of the inquiry, taking into account the priorities and constraints of the study as follows:

- The study seeks to examine the processes for deciding placements for pupils on the autistic spectrum and about which there is little empirical evidence.
- The type of design selected must permit an in depth investigation of a phenomenon within its real life context to try an illuminate the decision process.
- The inquiry method chosen must not reject the benefits of prior knowledge to guide data collection and analysis.
- The inquiry will be carried out by an ‘insider researcher’
- Data collection is restricted to a 3 month period with access to archival records and interviews

Grounded theory:

*Grounded theory* shares an epistemological commitment with some schools of ethnography through their common origins in symbolic interactionism and their focus on human social processes (Zimmer, 2004). Grounded theory has as its primary emphasis inductive theory generation (Glaser and Strauss, 1967). The guiding methodological principle of the theory is that the researcher enters the research process, with no set of ‘pre established concepts’ (Straus and Corbin, 1998. p.38), starting from scratch with an ‘open mind’, developing the theory grounded in the data from the field. The aim of grounded theory is to ‘hover’ over the data, iteratively interrogating as an ongoing process and remain closely connected to the particularistic nature of the context from which it arises (Glaser and Strauss, 1967; Schwandt, 1994). This approach to theory building is one of ‘emergence’, employing theoretical sampling to refine and further test any developing theory. As an approach it is particularly useful in new, applied areas where there is a lack of theory and concepts to describe what is going on.
A consideration of the principles and techniques underpinning grounded theory as outlined above has determined that this methodology is not well suited to the needs of this particular study, in terms of time commitment and most significantly the fact that the inquiry is supported and directed by prior knowledge of the research subject.

Case-study:

Yin (2009) describes the scope of a case study as a research strategy, which is an empirical inquiry about the particular, investigating a contemporary phenomenon within its real-life context; undertaken using multiple methods of evidence and benefiting from the prior development of theoretical propositions to guide data gathering and analysis. Yin’s assertion for case study to be viewed as a strategy as opposed to a method or style would not appear to have gained universal agreement. While Robson (2002) makes the point that case study is a methodological approach, offering a ‘fundamentally different research strategy with its own designs’, (p.180), others, for example, Hitchcock and Hughes (1995), cited in Cohen, Manion and Morrison (2005) maintain that:

‘Case studies are distinguished less by the methodologies they employ than by the subjects/objects of their enquiry’, (p.181).

The central defining characteristic of case study is its concentration on a particular case, or small set of cases and ‘the study of an instance in action’ (Adelman et al., 1980, cited in Cohen, Manion and Morrison, 2005, p.181). The ‘case’ itself may be loosely defined concept, for example, a child, a class, school, organisation, community or more (Bryman, 2001) or as postulated here, the bounded phenomenon is a study of the decision-making around 24 pupils with ASCs who have been placed in out-of authority educational placements.

The key features of this research model are illustrated in Table 4.5 below.
Table 4.4. Key Features of Case Study Model (*reproduced from Cohen, Manion and Morrison, 2005, p.79*)

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<th>Purposes</th>
<th>Foci</th>
<th>Key terms</th>
<th>Characteristics</th>
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<tbody>
<tr>
<td>Analyse and interpret the uniqueness of real individuals and situations</td>
<td>Individuals and local situations</td>
<td>Individuality, Uniqueness</td>
<td>In-depth detailed data from wide source</td>
</tr>
<tr>
<td>To capture the complexity and situatedness of behaviour</td>
<td>Unique instances</td>
<td>In-depth analysis and portrayal</td>
<td>Participant and non-participant observation</td>
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<tr>
<td>To contribute to action and intervention</td>
<td>A single case</td>
<td>Interpretive and inferential analysis</td>
<td>Non-interventionist</td>
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<tr>
<td>To present and represent reality-to give a sense of ‘being there’</td>
<td>Bounded phenomenon and systems</td>
<td>Subjective Descriptive Analytical Understanding</td>
<td>Empathetic</td>
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<td>- What can be learned from the particular case</td>
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Yin (2009) contends that there are 5 components of a research design:

- a study’s questions in terms of *who* *what* *where* and *why*, with *how* and *why* questions being indicative of an exploratory study
- Its propositions, if any- directing attention to what you should be studying (the Literature Review)
- Its unit of analysis- defining what the case is
- the logical linking the data to the propositions and
- the criteria for interpreting the findings

(p.21).

Yin suggests that the fourth and fifth components have been less well developed in case studies.

Defining the unit of analysis in terms of what the ‘case’ is an important consideration. In this study the 24 pupil cases are described as *partial* as they have data from restricted sources, namely, semi-structured interviews with LA professionals and case records. The collection of data from parents/carers would have been an important and additional data source but was not sought on ethical grounds (and is discussed later in this section). Hence a consideration of a case-study approach as the research method for this study has highlighted a weakness, in terms of the limited data sources. In view of this it is more accurate therefore to establish the design of the study as a *survey across 24 cases* rather than a series of case studies.

Conceptualising the study as a survey reflects the fact that I have detailed data across 24 cases but data from each case is not sufficiently robust to present on an individual case-by-case basis. Taken together the survey of the 24 cases will hopefully provide a rich and vivid description of events relevant to the local phenomenon of ‘ASC decision-making’. However, as a survey it is in marked contrast with more traditional definitions of a survey approach. Acknowledging the difficulties in providing a concise definition, Robson (2002) suggests the key features of *survey research* are:
• the use of a fixed quantitative design
• the collection of a small amount of data in standardised form from a relatively large number of individuals
• the selection of representative samples of individuals from known populations

Robson noting exceptions, goes on to say that although most surveys are carried out for descriptive purposes, typically to gather data at a particular point in time with the intention of describing the nature of the existing conditions, points of view, processes going on etc., they can be used to go beyond the descriptive to the interpretive to provide explanations of the phenomenon studied and the pattern of results obtained.

4.5. Data-gathering methods

In the present study the main forms of evidence utilised were interviews and archival records, that is the 24 out-of-authority pupil case files. Specifically content analysis was used to establish the key decision points in each case record over time. Content analysis is a common approach to documentary analysis and an appropriate method for use with data sources such as case records and reports. The rationale for using content analysis and the interviews that followed is discussed below.

4.5.1 The rationale for the use of content analysis

Content analysis is the quantitative analysis of what is in a document. It provides an indirect and unobtrusive measure which is non-reactive in that the inquirer does not need to be in direct contact with the person who produced the record. Krippendorff (1980), cited in Robson (2002), defines content analysis as:

’a research technique for making replicable and valid references from data to their context’, (p.21).
Robson (2002) suggests that content analysis is analogous to structured observation. As with structured observation systems it is important that when constructing categories for analysis the categories are exhaustive and mutually exclusive. One disadvantage to this approach which needs acknowledgement is the fact that the documents have been written for some other purpose other than for the research inquiry and it is extremely difficult to make allowances for the biases or distortions that this introduces.

4.5.2 The rationale for the use of Interviews

This present study is interested in investigating the perceptions of those with insight into the decision-making around the 24 out-of-authority ASC placements. It seeks to gain access to participants’ accounts and constructions around this decision-making and therefore requires an approach which allows for open exploration. Denscombe (2003) points to the application of interviews as a method of data collection when the data is ‘based on privileged information’ and for tapping into the ‘insight they have as people in a special position “to know”’ (p. 165) such as is the case here. A commonly used typology, this approach makes a distinction between structured, semi-structured and unstructured interviews. Semi-structured interviews are employed in the current study. These are among the most widely used data collection methods in educational and psychological research (Hopf, 2004) either as the sole method or in combination with others. A semi-structured protocol has the advantage of asking all case-informants the same core questions with the freedom to change question wordings, use probes and prompts and ask follow-up questions that build on the responses received. Hence allowing for a more fluid exploration of the perspectives of case study informants and to examine their experiences in the context in which they occurred. Working within this format, however, it is essential that the interviewer maintains strict neutrality. Creswell (1996) cautions that where interviewers do not adhere to this rule and share experiences, this reduces information shared by case-informants. An audiotape recording as used in this study permits an interviewer to focus on
the conversation with an informant and carries a more complete record of the informant's actual words.

As the interview is an interactional relationship, both informant and interviewer are engaged in an ongoing process of making meaning (Kvale, 1996). The role adopted by the interviewer in this interaction is best conceptualised as a facilitator for valid data generation, a process which demands a great deal more than the ‘ordinary’ conversation and where the skill of the interviewer cannot be underestimated. As Kvale (2007) says:

‘Substantial familiarity with the theme and context of an inquiry is a precondition for the expert interviewing. Good interview research goes beyond knowledge of formal rules and encompasses more than just mastering the technical skills of a craft, to also include personal judgement about which technical rules to invoke or not to invoke’, (p.49).

Karnieli-Miller, Strier and Pessach (2009) contend that the quantity and quality of the data shared with the researcher depend in part on the relationship that develops between the researcher and informant; the researcher’s task being to elicit the informants’ stories and experiences and knowledge of the research to provide an authentic “thick description” of the context (Brinkmann and Kvale, 2005). In doing so the researcher is required to use skills, experience and ethical commitment in a way that best serves the research goals. As a psychologist I have had substantial experience of conducting interviews and working as a consultant. EPs use consultation routinely as part of their work and need to be practiced and proficient in the use effective listening and interviewing skills in terms of attending, clarifying and reflecting in order to ‘listen’ effectively to the consultee. Busse and Beaver (2000) highlight the importance of these skills in facilitating the ‘hearing’ of the story and listening for ‘making meaning’.

The ethical issues (discussed later) that might arise in an interview situation are influenced by the role of the interviewer vis-à-vis informants as well as a consideration of the potential power relations. Karnieli-Miller, Strier and
Pessach (2009) point to the need for researchers to have an awareness of these potentially distorting effects. They say:

‘Relationships are affected by the content of the inquiry, and equally by the institutional context in which the study is carried out and by researcher and participants. These motivations can be complementary or contradictory, overt or covert’, (p.281).

Power can reside with the interviewer and interviewee alike, though it is argued that most of the power lies in the hands of the interviewer who initiates the interview, determines the interview protocol, and decides when to terminate the conversation (Brinkmann and Kvale, 2005). Other commentators argue that power is less unevenly balanced in this respect, in that informants who own the knowledge can choose what is important, how to use it is and how long the interview will last (Limerick, Burgess-Limerick and Grace, 1996, cited in Cohen, Manion and Morrison 2005). Rather they suggest that power is ‘discursively constructed through the interview rather than being the province of either party’, (p.123).

Brenner (2006) suggests that important aspects of the process include choosing questions that are meaningful to an informant as well as decreasing the power differential between the informant and interviewer. In this context, as an ‘insider’ in the organisation in which the research is being carried out I was acutely aware of some of the implications and possibilities that can arise in regard to this role. The advantages and disadvantages of insider research are explored in terms of access, familiarity, and rapport later in this Chapter, in the section considering the limitations of the research design.

4.6. Methods

The methods employed in this study will now be discussed.
4.6.1 Sampling and participant recruitment

All the LA case records of the ASC pupils in out-of-authority placements in May 2010 were identified; there were no exclusion criteria. The data set comprised 24 pupil cases (22 male and 2 female). Potential participants were drawn from the professional groups contributing to each of the 24 out-of-authority placement decisions and to managers and officers responsible for overseeing the statutory assessment process, and involved in placement decisions. A total of 72 potential participant interviews were identified but 54 interviews were conducted due to potential participants having left the LA or being on sick leave. The make-up of the final group of 54 participants with details of case involvement is described in Table 4.7.1.

Table 4.6.1 Description of participants, no. of cases and participant codes

<table>
<thead>
<tr>
<th>Job title</th>
<th>No of pupil cases</th>
<th>Participant codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational Psychologist 1</td>
<td>1</td>
<td>EP1, EP2, EP3</td>
</tr>
<tr>
<td>Educational Psychologist 2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Educational Psychologist 3</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Specialist Teacher Autism</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Specialist Educational Psychologist (ASC)</td>
<td>9</td>
<td>SP1, SP2, SP3, SP4</td>
</tr>
<tr>
<td>Specialist Teacher (Children in Care)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Specialist Speech and Language Therapist</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Principal Manager</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Social Worker Manager</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Statutory Assessment Manager</td>
<td>17</td>
<td>MA1, MA2, MA3, MA4</td>
</tr>
<tr>
<td>Statutory Assessment and Monitoring Officer</td>
<td>9</td>
<td></td>
</tr>
</tbody>
</table>
4.6.2 Ethical considerations

Vallance (2005) suggests that traditional research ethics has focused attention on the data collection phase of the research inquiry and argues that research ethics should pertain to the full range of activities that comprise research. Kvale (2007) has advanced a similar argument:

‘Ethical issues go through the entire process of an interview investigation and potential ethical concerns should be taken into consideration from the very start of an investigation and up to the final report’, (p.24.)

Accordingly, it is the researcher herself who must take responsibility for ethical behaviour.

Approval for the study was obtained from the university research ethics committee and the research has been completed in accordance with the British Psychological Society Code of Ethics and Conduct (2006) and the DECP Professional Practice Guidelines (2002). All stages of the research process have been conducted respectfully and responsibly. The ethical issues pertaining to this study will now be examined.

- Informed Consent

It is important that participants involved in any potential research are able to give informed consent to partake in this study; this necessitates them being fully informed of the nature and aims of the study and have had the opportunity to seek clarification. Potential participants were informed of the nature, aims and purpose of the research at the outset. Details of the focus of the study and time demands on participants were provided in a letter, asking them to participate in a semi-structured interview (Appendix 1). No information was withheld. Following this communication, I met with those who wished to ask for further clarification; and those participants who wished to give informed consent were asked to sign a document agreeing to take
part in the research. All standard ethical considerations in research in terms of right to withdraw were followed.

- **Confidentiality**

Participants were informed prior to recruitment that the information collected was for research purposes only and that their views would not be shared without their permission. Participants were made aware that they would not be identifiable in the research report and names would be removed to ensure anonymity of participants. All interviews were recorded and transcribed in a confidential way so participants’ names were omitted. Data was stored securely in accordance with the Data Protection Act. All identifiers were removed as a means of breaking the link between data and identifiable individuals.

An important consideration of an ethical process is to establish and gain professional trust with the participants (Rallis, Rossman and Gajda, 2007). To this end, participant interviews were arranged to fit in with participants’ requirements. Interviews were conducted in a quiet, comfortable venue, where participants could speak openly and confidentially and be assured that there was no opportunity for them to be overheard.

**4.6.3 Data Collection**

The first stage of data collection began with the pupil case records; this was conducted over a four week period. The 24 case files were read and for each case, data was collected using a content analysis approach. The content analysis schedule was devised to ascertain key decision points for the pupil over time with reference to pupil placement, involvement from relevant professionals and views of stakeholders (parents, pupils and schools) at those key points. The content analysis schedule contained initially 11 main categories (Appendix 2). The schedule was revised in the
light of an analysis of the first 5 case files which were seen as a ‘pilot’ analysis. Revisions were implemented where a particular category failed adequately to account for a significant proportion of the data and was felt to be redundant. The category relating to ‘pupil views’ was found to be disused, suggesting that this information is not routinely recorded in LA case files.

The second stage of data collection was conducted with the case-informants, which took place over a 4 month period. The semi-structured interviews were carried out using a prescribed format (Appendix 3). The interview format was generated from the research questions and structured in the light of a decision theory perspective. The schedule was revised following an initial analysis of the first interview which was used as a ‘pilot’ interview (discussed in detail in the next section). For all subsequent interviews the researcher adopted the same delivery of format to establish conformity and reliability. Participants were notified of the case to be discussed prior to interview to allow for sufficient preparation time to be able to consult their own agency case records. An audiotape recording of the interview was made, participants having given their consent to this in advance of their interviews. Notes were also taken during the recorded interview. All transcription was verbatim with pauses and changes in voice pitch to emphasise a point being noted. Pauses were recorded by the transcriber as... and emphasis or an increase in voice pitch as an underlined text and confirmed by me listening to the tape recording several times again.

4.6.4 Pilot Interview

The pilot interview was conducted to review the interview format generated from the research questions which had been developed from the literature review. This procedure was intended to be more than a pre-test and more formative in seeking to provide information about the relevance of the lines of
questioning and to refine the format if needed. The pilot interview transcript can be found in Appendix 4.

An analysis of informant responses to three of the questions suggested some modification to the schedule, as discussed more fully below:

<table>
<thead>
<tr>
<th>Q.3</th>
<th>What do you think were the key criteria in making that decision?</th>
</tr>
</thead>
</table>

This question generated a large amount of data about criteria and also elicited the following informant comment:

‘This was decision-making over time- things being tried out and explored. Really about process- need to relook at the actual process’

This suggested that the line of questioning was not focused on what the informant perceived was the real issue.

<table>
<thead>
<tr>
<th>Q.7</th>
<th>Were there any significant constraints to decision-making?</th>
</tr>
</thead>
</table>

Similarly in response to Q.7 the discourse is repeated, indicating the informant’s belief that the processes of decision-making - the routes being taken are an issue and suggest the need for more in-depth exploration.

‘Decisions making seemed not to be clear….the routes were not clear. The process needs reviewing –what we do is…is it the best model?’

Additionally the issue of ethical values in relation to decision-making models is raised.

‘Seemed to be contradictory expectations….assumptions…in my opinion not always seeming to be in the best interest of the child…although the people making the decisions would not have perceived in that way. Not sure we are agreed …or rather that our principles about the process of making decisions are about the child. Maybe implicit…yes but not clear that is everyone’s model’
Thinking to the future now.... In terms of the most creative decision for this pupil what do you think it would it look like?

The informant’s response to Q 8 indicates the importance of taking a view of past decision-making as well as considering future aspirations. This is an obvious omission from the initial questioning route.

“We should be asking ourselves if the same decision would have been reached if we had started having conversations in Year 4 and ... in terms of our own evaluations of our own system ... that is an important test to see how we have developed in our decision-making in terms of what’s changed”

The pilot interview analysis indicated that the question format was generally ‘fit for purpose’ in eliciting the views of informants about LA decision-making. Some refinements were made, specifically the inclusion of the following supplementary questions.

Q.8 Thinking to the future now . In terms of the most creative decision for this pupil what do you think it would it look like?

FOR OLD CASES ONLY
Do you think the same decision would have been reached now?

Q.9 How did you feel about the decision-making process itself for this case?

What would you say were the aims or beliefs that guided the process for you and others?

In addition to refining the interview schedule (see Appendix 5) the pilot interview provided useful feedback in terms of time settings and the requirements around audio taping.
4.6.5 Data analysis methods

The data generated from the interviews were analysed thematically; this was completed through textual analysis. Payne (2007) is of the opinion that novice researchers embarking on such a task ‘should consider the use of qualitative data analysis software’ (p.77). The use of a data management tool like NVivo was considered but on the basis of a desire to preserve the transcripts holistically and seek to hold on to the uniqueness of each informant’s contribution as well as the unfamiliarity of the software itself, I made the decision to analyse the data manually. While such software can make qualitative analysis ‘more accurate, more reliable and more transparent’ (Gibbs 2002, p.11), the researcher still has to apply her interpretation and feelings on the data. I chose to stay immersed in the full data all the way through the analysis process.

Thematic analysis, a widely used qualitative analytic method within psychology, is a method for identifying, analysing and reporting patterns (themes) within the data and can be useful for producing qualitative analyses suited to informing policy development. One of the key benefits of thematic analysis is its flexibility as a research tool, which can potentially yield ‘a rich and detailed, yet complex account of data ’, (Braun and Clarke, 2006, p.78).

Thematic analysis entails searching across a data set, as in this study a number of interviews, to find recurring patterns of meaning. Some of the phases of thematic analysis are common to other qualitative research techniques. The process was conducted in line with that proposed by Braun and Clarke (2006) in terms of the six phases of analysis to be followed.
Table 4.6.5 Thematic analysis (reproduced from Braun and Clarke, 2006, p.87)

<table>
<thead>
<tr>
<th>Phase</th>
<th>Description of the process</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Familiarizing yourself with your data</td>
<td>Transcribing data, reading and re-reading the data, noting down initial ideas</td>
</tr>
<tr>
<td>2 Generating initial codes</td>
<td>Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.</td>
</tr>
<tr>
<td>3 Searching for themes</td>
<td>Collating codes into potential themes, gathering all data relevant to each potential theme.</td>
</tr>
<tr>
<td>4 Reviewing themes</td>
<td>Checking if the themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2), generating a thematic ‘map’ of the analysis.</td>
</tr>
<tr>
<td>5 Defining and naming themes</td>
<td>Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme.</td>
</tr>
<tr>
<td>6 Producing the report</td>
<td>The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a report of the analysis.</td>
</tr>
</tbody>
</table>

The highlighting facility of Microsoft Word was used to colour-code sections of each interview transcript, with different colours linked to each of the interview questions, relating to research question 1 (interview questions 1, 3, 4 and 8) and research question 2 (interview questions 2, 5, 7, 9 and 10), so allowing a coloured ‘map’ to emerge. The Comments facility of the Reviewing tool was used to capture and record emergent codes linked to the particular text and where relevant, when coding I included higher level codes.
that I felt began to explain a collection of lower level ones. As codes emerged through these records, previously worked transcripts were re-examined to ‘understand the patterns, the recurrences, the ‘whys’ in the search for “repeatable regularities” (Miles and Huberman, 1994, p.67) and evidence of potential themes. Identified themes were further refined on the basis of reviewing themes and patterns across the group. An example of a worked transcript can be found in Appendix 6. Key themes pertaining to each interview question were then collated and counted. The key themes are illustrated in the thematic maps in Figures 5.1, 5.3, and 5.4 relating to research question 1 and Figures 6.2 to 6.7 relating to research question 2. The number in brackets refers to the frequency of case-informant responses relating to each theme.

4.7. Limitations of study

The limitations of the research will be discussed in the following section.

4.7.1 Insider Research

As an ‘insider researcher’ in the organisation in which the study was carried out I was acutely aware of some of the possibilities that can arise. As a manager in the role of researcher, I fully acknowledge that this research might have been misconstrued as taking a “management” perspective to previous decision-making or appear to be being critical of decisions that have been made. To counter this, I made it clear to participants that this was not the case and that the aim of the research was to help the LA better understand out-of-authority decision-making processes in order to strengthen and improve placement practices. However, I am mindful that despite such reassurances there may have been colleagues who perceived this value-free enquiry as critical. That said I found participants to be extremely open and responsive to the goals of the study and generous with their time. The insider researcher role will be explored next.
Discussions around the merits and shortcomings of the insider/outsider distinction are longstanding with the debate having shifted focus over time. Many researchers have now moved away from arguing for or against one particular perspective, acknowledging that inside and outside statuses both have advantages and disadvantages (Mercer, 2007). Mercer's (2007) comprehensive review of this area indicates that opinion is divided over the extent to which an insider alters or impacts on the research process; some commentators suggesting that an insider will have more effect on the research than an outsider consultant (citing Hawkins, 1990), whereas others advance the view that insiders are able to merge into situations, making them less likely to alter the research context (citing Hockey, 1993). There are clear practical advantages to insider research; it being generally assumed that travel is less problematic, access is more easily granted and that data collection is less time consuming. While I found this to be the case I did experience some difficulty managing the ‘switch’ between “work” time and “research” time; on occasions, having to remind myself that I was in researcher role.

With regard to the issue of familiarity, insiders know the organisational culture, the routines and the scripts of the workplaces, they understand the social setting. As they have an intimate knowledge of the context of the study, both as it is at present and in a historical or developmental sense, this allows them to assess the implications of following particular avenues of enquiry which is seen as an advantage (Griffiths, 1985, cited in Mercer, 2007). Additionally it is argued that in terms of the researcher position, having the knowledge of structures, the familiarity with language with respect to transcription and interpretation (Stebbins, 1987), and the lack of a need to have every irrelevant detail explained can be a privileged benefit. Conversely and less positively, Mercer (2007) identifies that greater familiarity can make insiders more likely to assume their own perspective is far more widespread than is in fact the case (citing Brekhus, 1998); that shared prior experiences might not be explained (citing Kanuha, 2000); assumptions might not be challenged (Hockey, 1993) and that the data generated may be less rich as a result.
Mercer contends that insider researchers usually have considerable standing and rapport with the participants in their studies, which can result in a greater level of access and openness than would otherwise be the case. This argument is supported by Hockey (1993) when he writes:

‘In effect, because the wider social structure classifies the researcher and informants in a similar or identical fashion, this creates greater confidence between the parties. One of the results of this trust and exposure to the most intimate of details is that the insider researcher is able to appreciate the full complexity of the social world at hand. The result is a potentially accurate portrayal, rather than a simplistic caricature (Romano, 1968)’, (p. 204 & 205).

Likewise, Shah (2004) argues that:

‘a social insider is better positioned as a researcher because of his/her knowledge of the relevant patterns of social interaction required for gaining access and making meaning’, (p. 556).

Though clearly it is possible to advance an alternative view; hypothesising that some informants will tell you what they think you want to hear, others not feeling that they can be honest in their views, or else not wanting to share certain information with an insider for fear of being judged. This of course may be the converse for a detached outsider. What the insider researcher gains in terms of the wider and closer knowledge of the context has to be balanced by the fact that the informants have known the researcher over time and sufficiently so for them to have formed a view about the person as an individual as well as their research (Hockey, 1993). Citing Drever (1995), Mercer suggests that informants' willingness to talk to you, and what people say to you, is influenced by who they think you are, though what appears to be less clear is whether the insider or the outsider is more prone to this kind of informant bias.

Mercer (2007) summarises the pros and cons of insiderness as a “double edged sword”, concluding that:

‘insiders, on the one hand, often enjoy freer access, stronger rapport, and a deeper, more readily-available frame of shared reference with
which to interpret the data they collect, but, on the other, have to contend with their own pre-conceptions, and those their informants have formed about them as a result of their shared history.’, (p. 25).

In an effort to minimise some of these influences discussed above and maintain the integrity of the research stance, I have been careful not to discuss my own opinions about LA decision-making in any context; to avoid the possibility of any informants being aware of my own standpoint on this issue.

4.7.2 Parent Interviews

The inclusion of parent accounts of the decision-making process via parent/carer interviews as an additional data source would certainly have improved the research design of this study. Though undoubtedly a limitation in this respect, ethically, I did not believe this inclusion was justified. My research interest could have been perceived as insensitive in asking parents or carers to reopen a period in their lives that they had found difficult, had moved on from, maybe were no longer interested in or worse, might have precipitated concerns around their child’s placement and undermined relationships with the LA. The study does draw on the parent perspective indirectly in that parent written submissions are included in the case files and as such provide a source of parent information; though clearly this is no substitute for capturing the beliefs and insights of individuals about situations and expressed in their own words, first hand.
Chapter 5: Results and Discussion

Factors reported to have the greatest impact on the decision to place children out of the local authority

5.1 Introduction

This chapter discusses the findings in relation to Research Question 1: What factors are reported to have the greatest impact on the decision to educate pupils with ASCs outside the local authority?

An examination of the potential factors contributing to the decisions to educate pupils with an ASC outside the local authority was made first by conducting a content analysis of the pupil case files. Table 5.1a below provides an analysis of data from the files of the 24 out-of-authority placements for ASC pupils, according to type of school, duration of placement, funding, residential status and reasons for the out-of-authority (OOA) decision. Data on multiple placements is included where pupils have experienced more than one out-of-authority placement as a result of school closure, inappropriateness of the placement or concerns about the school itself.

Information given in the end column headed, ‘Would this be an OOA (out-of-authority) placement now?’ reviews the placement in the context of current provision and also includes data obtained from case-informant interviews (interview question 8) and is discussed more fully later in this Chapter in section 5.3.

In addition informants’ perceptions of potential alternatives to out-of-authority provision (interview question 6) are examined in section 5.4.
<table>
<thead>
<tr>
<th>No</th>
<th>Type of school.</th>
<th>Start date</th>
<th>Proj. end date</th>
<th>Fundingsplit</th>
<th>Residency?</th>
<th>Reason for OOA placement</th>
<th>Would this be an OOA placement now? *</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Non-maintained day special school</td>
<td>9.10</td>
<td>6.14</td>
<td>Education. LA special school felt needs too extreme (additional funding for 2:1 staff for challenging behaviour)</td>
<td>No</td>
<td>Placement breakdown. No appropriate provision in LA.</td>
<td>YES PROBABLY. ASC maintained special school. Not SLD. Visiting officer reported that in view of behaviour LA autism-specific special school could not provide an appropriate environment</td>
</tr>
<tr>
<td>2</td>
<td>Independent day</td>
<td>4.10</td>
<td>6.13</td>
<td>Education. Moved from special school at primary. Targeted for return at next Key Stage. Social Care support.</td>
<td>No</td>
<td>Placement concerns-threat of exclusion No appropriate provision in LA</td>
<td>YES \ Able boy- profile of challenging behaviour consistent with PDA preventing access to mainstream high school. Resourced Provision not appropriate. Special School with academic curriculum.</td>
</tr>
<tr>
<td>3</td>
<td>Non-maintained day special</td>
<td>9.08</td>
<td>6.17</td>
<td>Education. Social care pay for overnight stays</td>
<td>No</td>
<td>Complex emotional needs. Placement difficulties No appropriate provision in LA</td>
<td>YES \ Able boy -challenging behaviours / complex emotional needs which prevent access to mainstream high school. Resourced Provision not appropriate.</td>
</tr>
<tr>
<td>No</td>
<td>Type of school.</td>
<td>Start date</td>
<td>Proj. end date</td>
<td>Funding split</td>
<td>Residency?</td>
<td>Reason for OOA placement</td>
<td>Would this be an OOA placement now? *</td>
</tr>
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<td>-------------------------------------</td>
</tr>
<tr>
<td>4</td>
<td>Independent day followed by non maintained day special</td>
<td>3.06</td>
<td>6.12</td>
<td>Education (social care pay for some overnight stays and care in holidays). 38 week education and 14 week social care.</td>
<td>No</td>
<td>Social care issues Placement concerns. No appropriate provision in LA. LA decision to remove pupil and move to alternative placement. Parents disagree with LA provision.</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10.7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Independent day</td>
<td>9.07</td>
<td>6.10</td>
<td>Education-38 week. Parent request to maintain placement post 16 supported by visiting officer but not agreed.</td>
<td>No</td>
<td>Breakdown of 3 LA placements Excluded. Long term non – attendance No appropriate provision in LA.</td>
<td>YES</td>
</tr>
<tr>
<td></td>
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<tr>
<td>No</td>
<td>Type of school.</td>
<td>Start date</td>
<td>Proj. end date</td>
<td>Funding split</td>
<td>Residency?</td>
<td>Reason for OOA placement</td>
<td>Would this be an OOA placement now? *</td>
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<td>-------------------------------------</td>
</tr>
<tr>
<td>6</td>
<td>Private independent day school</td>
<td>4.07</td>
<td>6.10</td>
<td>Equivalent of funding of 15 hrs (8.460k)</td>
<td>No</td>
<td>Parental preference. Case OOA designation as attending local private school outside LA.</td>
<td>NO Transferred to LA school as a result of independent school closure. Now attending LA high school with additional 15hrs delegated funding.</td>
</tr>
<tr>
<td>7</td>
<td>Independent day school</td>
<td>12.5</td>
<td>6.10</td>
<td>Education-38 week</td>
<td>No</td>
<td>Concerns about appropriateness of placement and rate of progress. No suitable alternative provision in LA.</td>
<td>YES Visiting officer reported continuing need for life/social skills delivered alongside an individually differentiated curriculum which offers capacity to develop independent alternative means of recording skills. Not MLD- verbally mediated functions somewhat below average. Rec for a residential college placement. Resourced Provision not appropriate.</td>
</tr>
</tbody>
</table>
| No | Type of school. | Start date | Proj. end date | Funding split | Residency? | Reason for OOA placement | Would this be an OOA placement now? *
|----|----------------|------------|----------------|--------------|------------|--------------------------|--------------------------------|
| 8  | Non maintained day special | 5.09 | 6.13 | Education. Social care pay for some overnight stays plus funding for additional Teaching Assistant support | No | No suitable provision in LA. | YES
|    |                |            |                |              |            | Able boy. Mental health needs significant. Resourced Provision not appropriate. Special School with academic curriculum. Tripartite funding for education, health and social needs. |
| 9  | Independent day | 6.98 | 6.10 | Education Post-16 education continued at OOA school. | No | No suitable provision in LA. | NO
|    |                | 6.09 |                |              |            | Autism-specific special school provision now available within LA. |
| 10 | Independent residential special (38 week) | 4.10 | 6.13 | Residential for distance. Education and social care share overnight costs. | No | Breakdown of placement despite LA supporting school with additional 2:1 support. No appropriate provision in LA | YES PROBABLY
<p>|    |                |            |                |              |            | Special School-autism-specific. Educationally needs a sensory-based curriculum and highly structured autistic-specific provision for pupils with SLD. A very favourable staffing and individualised timetable for complex needs. Challenging behaviour. Disabled Children’s Service has supported family over |</p>
<table>
<thead>
<tr>
<th>No</th>
<th>Type of school</th>
<th>Start date</th>
<th>Proj. end date</th>
<th>Funding split</th>
<th>Residency?</th>
<th>Reason for OOA placement</th>
<th>Would this be an OOA placement now?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Independent day</td>
<td>01.7 9.10</td>
<td>6.11 OR 6.13</td>
<td>Education</td>
<td>No</td>
<td>SENDIST</td>
<td>NO- SHOULD MEET NEEDS IN LA ASC Resourced Provision. Local High school with ASC resource indicated for 6th form.</td>
</tr>
<tr>
<td>2</td>
<td>Non maintained day special</td>
<td>9.04 6.12</td>
<td>Education (some residential funded not on educational grounds)</td>
<td>No</td>
<td>Breakdown of placement. Out of school for a period of time. No appropriate provision in LA.</td>
<td>YES</td>
<td>Able boy with challenging behaviours which prevent access to mainstream high school. Resourced Provision not appropriate. Special School with academic curriculum.</td>
</tr>
<tr>
<td>3</td>
<td>Independent residential Special (38 week)</td>
<td>9.08 6.11</td>
<td>Education</td>
<td>No</td>
<td>No suitable provision in LA.</td>
<td>YES</td>
<td>Able boy ASC &amp; complex speech and language difficulties and stress vulnerability. Resourced Provision not appropriate. Special School with academic curriculum. Will not be able to access services in</td>
</tr>
<tr>
<td>No</td>
<td>Type of school.</td>
<td>Start date</td>
<td>Proj. end date</td>
<td>Funding split</td>
<td>Residency?</td>
<td>Reason for OOA placement</td>
<td>Would this be an OOA placement now?</td>
</tr>
<tr>
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</tr>
</tbody>
</table>
| 14 | Independent residential Special (52 week) | 7.05 | 6.12 | 50% social care, 50% education | No | Excluded from LA maintained special school. No alternative LA provision. | YES  
Special school autism-specific.  
Life long needs (Profound level of Autism and associated behaviours, requiring a high level of care needs). |
| 15 | Non maintained day special Independent residential Special (52 week) | 10.6 | 12.10 | 3 way split between health, education and social care. | No | Placement breakdown. Mental Health issues affecting access to education. Continue funding placement to allow transition to Adult services. | YES  
Able boy. Mental health needs significant. Resourced Provision not appropriate. Special School with academic curriculum. Tripartite funding for education, health and social needs. |
<table>
<thead>
<tr>
<th>No</th>
<th>Type of school.</th>
<th>Start date</th>
<th>Proj. end date</th>
<th>Funding split</th>
<th>Residence?</th>
<th>Reason for OOA placement</th>
<th>Would this be an OOA placement now?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 6</td>
<td>Independent residential. Special (52 week)</td>
<td>3.07</td>
<td>6.10</td>
<td>50% social care, 50% education</td>
<td>No</td>
<td>SENDIST ruled LA provision too fragmented to provide consistency and regularity of approach.</td>
<td>YES Special school-autism-specific. Life long needs (Profound level of autism &amp; associated behaviours, requiring a high level of care needs. A Waking Day curriculum.</td>
</tr>
<tr>
<td>1 7</td>
<td>Private independent day school</td>
<td>9.08</td>
<td>6/13</td>
<td>Funding equivalent of L 2c (7,710K)</td>
<td>No</td>
<td>Parental preference. Case OOA designation - attending local private school outside LA.</td>
<td>NO Would receive equivalent funding for provision if attending LA high school.</td>
</tr>
<tr>
<td>1 8</td>
<td>Independent Residential special (52 wk)</td>
<td>4.09</td>
<td>6.13</td>
<td>60% social care, 40% education Additional health input.</td>
<td>No</td>
<td>Local placement breaking down. Severe mental health issues-unable to access education. Out of school for a period of time.</td>
<td>YES Able boy ASC plus social vulnerability and significant mental health issues. Social Care needs. Resourced Provision not appropriate. Special School with academic curriculum. Tripartite funding for education, health and social needs.</td>
</tr>
<tr>
<td>No</td>
<td>Type of school.</td>
<td>Start date</td>
<td>Proj. end date</td>
<td>Funding split</td>
<td>Residency?</td>
<td>Reason for OOA placement</td>
<td>Would this be an OOA placement now?</td>
</tr>
<tr>
<td>----</td>
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<td>--------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>1</td>
<td>Independent day school</td>
<td>9.06</td>
<td>6.12</td>
<td>Education (social care pay for some overnight stays and care in holidays). Increase short break provision to enable parents sustain parenting.</td>
<td>No</td>
<td>Social care needs. Lack of provision within LA.</td>
<td>YES</td>
</tr>
<tr>
<td>2</td>
<td>Non maintained day special</td>
<td>9.06</td>
<td>6.11</td>
<td>Education</td>
<td>No</td>
<td>No appropriate provision in LA. OOA school questioning appropriateness of placement. Medical needs affecting access to education.</td>
<td>YES BECAUSE OF GEOGRAPHY? LA Special School could meet needs</td>
</tr>
<tr>
<td>2</td>
<td>Independent day school</td>
<td>1.08</td>
<td>4.09</td>
<td>Education Residential because of distance. Wants to return - LA to explore possible options.</td>
<td>Yes</td>
<td>No appropriate provision in LA. School closure. Out of school.</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>Independent residential. Special (38 week)</td>
<td>1.08</td>
<td>6.14</td>
<td>Education Residential because of distance. Wants to return - LA to explore possible options.</td>
<td>No</td>
<td>No appropriate provision in LA. School closure. Out of school.</td>
<td>YES</td>
</tr>
</tbody>
</table>

Social care needs. Lack of provision within LA.

Special School autism-specific. Health needs significant- psychiatric issues and has had several medical investigations.

Able boy-challenging behaviours which prevent access to mainstream high school. Resourced Provision not appropriate. Special School with academic curriculum.
<table>
<thead>
<tr>
<th>No</th>
<th>Type of school.</th>
<th>Start date</th>
<th>Proj. end date</th>
<th>Funding split</th>
<th>Residency?</th>
<th>Reason for OOA placement</th>
<th>Would this be an OOA placement now? *</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Independent residential. Special (52 week)</td>
<td>9.11</td>
<td>6.14</td>
<td>Education Social care</td>
<td>Yes</td>
<td>Relocated from another LA -3 failed placements Placement breakdown in this LA. Out of school-interim care package. No school appropriate in LA</td>
<td>YES ASC plus learning MLD) and sensory impairments and challenging behaviours which prevent access to special school. Social Care needs. Tripartite funding for education, health and social needs.</td>
</tr>
<tr>
<td>2</td>
<td>Independent day</td>
<td>4.10</td>
<td>6.13</td>
<td>Education Moved from special school at primary to LA special school. Targeted for return at next Key Stage.</td>
<td>No</td>
<td>Breakdown of local placement. No alternative provision in LA.</td>
<td>YES Able boy with profile of behaviours consistent with PDA which prevent access to mainstream high school. Resourced Provision not appropriate. Special School with academic curriculum.</td>
</tr>
<tr>
<td>2</td>
<td>Independent day</td>
<td>4.01</td>
<td>6.13</td>
<td>Education</td>
<td>No</td>
<td>No suitable provision in LA. School closure. SENDIST.</td>
<td>NO- SHOULD MEET NEEDS IN LA Resourced Provision or Special school with ASC-specific could possibly meet needs?</td>
</tr>
</tbody>
</table>

* Based on what schools can provide including some additional reasonable adjustments
Table 5.1b below illustrates the range and frequency of factors contributing to the out-of-authority (OAA) placement decisions for ASC pupils. Categories are not mutually exclusive and relate to the following factors: lack of provision; placement breakdown/exclusion; complex emotional/mental health needs; SENDIST direction; attendance at local private school outside LA; social care needs and distance.

Table 5.1b Factors contributing to OOA placement decisions for ASC pupils according to pupil numbers

<table>
<thead>
<tr>
<th>Factor</th>
<th>No. placed</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. placed OOA because of lack of appropriate educational provision before 2006 and pre developments of ASC specific provisions in LA</td>
<td>5</td>
</tr>
<tr>
<td>No. placed OOA because of lack of appropriate educational provision after 2006 and post developments of ASC specific provisions in LA</td>
<td>16</td>
</tr>
<tr>
<td>No. in OOA because of placement breakdown and/or exclusion</td>
<td>12</td>
</tr>
<tr>
<td>No. placed OOA because of complex emotional/mental health needs</td>
<td>8</td>
</tr>
<tr>
<td>No. in OOA because direction from SENDIST</td>
<td>3</td>
</tr>
<tr>
<td>No in OOA because attending local private school outside LA (so OOA designation)</td>
<td>2</td>
</tr>
<tr>
<td>No. placed OOA only because of social care needs</td>
<td>1</td>
</tr>
<tr>
<td>No. in OOA because of distance</td>
<td>1</td>
</tr>
<tr>
<td>No. in residence only because of distance</td>
<td>1</td>
</tr>
<tr>
<td>No. who would continue to be placed in OOA in the future because their educational needs cannot be met in LA Unsure?</td>
<td>17</td>
</tr>
<tr>
<td>No. who would continue to be placed in the future because their care needs cannot be met within LA</td>
<td>2</td>
</tr>
</tbody>
</table>
Data from case analysis indicates that there are a number of factors; some interrelated, which have impacted on and informed the decision to educate these pupils out-of-authority. These factors are discussed next and in combination with data from case-informant interviews, relating to interview question (IQ) 1, 3, and 4.

The key themes relating to informants’ perceptions of the decision to place a pupil in an out-of-authority provision are presented in Fig 5.1. The number in brackets refers to the frequency of case-informant responses for each factor.

![Thematic map](image)

**Fig 5.1 Thematic map IQ.4** Which factor do you think had the greatest influence on decision-making?
Lack of LA provision to meet the presenting needs

The content analysis data suggests that a significant factor in agreeing an out-of-authority placement is a lack of provision within the authority to meet the ASC needs described. Of the 20 placements where this is the case, 10 relate to the failure to make provision for a group of able autistic youngsters whose behaviours arising from their autism are perceived as challenging, preventing their access to mainstream high school and as academically ‘too able’ for placement at local special school ASC-specific provision. In the case of youngsters at the other end of the spectrum, 4 of the placements relate to pupils with a profound level of autism and associated behaviours and requiring a high level of care; a combination of needs which had not been able to be effectively accommodated within LA specialist ASC-specific provision.

The lack of provision was also a dominant and repeated theme in case-informant accounts:

‘We need to have somewhere designated for bright pupils on the spectrum, who have got these complex needs, but who are able to access, under the right circumstances, more or less a full curriculum, we don’t have that type of provision.

Case informant SP2 (IQ 1)

‘The fact that we had not got an environment within the local authority or our neighbouring local authorities that could meet his special educational needs. High functioning Asperger’s, challenging behaviour and some mental health issues, depression, high levels of anxiety. We hadn’t got the expertise that could meet that child.’

Case informant MA2 (IQ 3)

The lack of LA resources was not an unexpected finding. As outlined previously, the developments to plan for expansion of specialist ASC provision within the LA, where the study is being carried out, had moved forward considerably in the first half of this decade, reflecting well the government policy at that time and the Report of the Task Force on Autism (DES 2001), which recommended:
‘appropriate opportunities for meaningful integration/inclusion’ (p. 358), and a flexible continuum of educational options for pupils with ASD’, (p. 360).

However since then policy developments in the LA have slowed; the pace of change has undoubtedly been interrupted by the division of the then Council into two separate authorities in 2009 and the subsequent disaggregation of the autism team as a Shared Service in August 2011. More recently, the current review of specialist educational provision, (the Special School Review), in the new Council has brought a wider understanding and urgency to addressing the provision gaps that exist for the various SEN groups. From a different standpoint, the number of ASC out-of-authority placements has been brought into sharper focus against the background of competing and reducing LA budgets which has further increased the obligation to seek appropriate provision alternatives within the LA.

Complexity and range of need

Analysis of pupil records identified complexity and range of pupil need as a contributory factor in deciding out-of-authority placements in 17 of the 24 pupil cases. Complexity and extent of pupil need as well as the attendant impact on child and family resources were similarly reflected in individual discourses and underline the belief of informants that the majority of pupils in this study have significant and wide-ranging needs.

‘The profound level of his autism combined with the consistency of care needed’

Case informant MA1 (IQ 4)

‘As before that the combination of her educational and social needs required a holistic and integrated approach and the view that this could only be done in one provision’

Case informant MA2 (IQ 4)

‘He had CAMHS involvement and the general medical team involved. All were with the view that his level of distress and anxiety which manifested itself in the aggression was unprecedented. He was on the highest dose for his age of Ritalin; this has absolutely no impact at all’

Case informant MA2 (IQ 3)
Accounts were dominated by descriptions of the extremity and challenge of behaviours displayed by pupils and this was consistently strong in relation to both the high-functioning and low-functioning groups.

‘His profile of needs, high functioning but challenging behaviour and high anxiety...really bad at the time. Very intelligent child and mum would acknowledge that they could not cope with him either at the time’

Case informant MA3 (IQ 1)

‘I mean with X it was somebody who could manage his behaviour; his sexualised behaviour... was willing to take the risk’

Case informant SP4 (IQ 3)

‘He remains non verbal; he has some very troublesome self stimulatory behaviours. He’s also has sensory issues, all of which means his education within a classroom environment is very problematic. He lasted at XXX for a term I believe...and there was then a breakdown of relationships between parents and the school’

Case informant SP1 (IQ 1)

Degree of Difference

An awareness of pupil ‘difference’ was a related theme articulated in informant accounts. The notion of degree of difference was usually expressed in terms of staff responses to pupil social functioning and behaviour. A central element of this was the perception that a number of pupils in this study did not present in the same way as other pupils and some behaviours were ‘outside the norm’ to what staff were used to/or prepared to deal with.

‘His capacity for empathy and his social communication skills in terms with his interaction with his peers and with adults. So adults got spoken to much as to a dog or a younger child... has no sense of hierarchy in terms of appropriateness in the ways that he spoke to people, and his peers were quite frankly afraid of him. We tried to be as with all children, his ambassadors and highlight need and promote understanding of his need. The language unit initially were very positive about having him and thought that they could manage him. I think regular incidents meant that quite quickly, that it became “he is not our sort of child”

Case informant SP2 (IQ 2)

‘I think his extremity of behaviour that it so out of line with expectations in a mainstream high school’

Case informant SP1 (IQ 4)
'X transferred to high school which was a considerable challenge to him and the school who consulted with a variety of professionals to help manage his needs- autism team, EP, CAMHS, medics and social care all became involved. Able boy but... I think the staff wanted to help but were totally daunted by his social needs and the degree of difference to what they usually encountered'

Case informant MA2 (IQ 1)

The informants' discourses about difference and the accommodation of this difference by schools would appear to be a significant barrier to pupil inclusion and mainstream placement. This view has been highlighted by others. Jacobs (2011) reports that ASC pupils in her study had a very clear view of their 'difference' and that this was perceived by them as being the factor which alienated them from others and alienated others from them. Jacobs suggests that this belief, in part, is socially-constructed within and sometimes by a school environment, and has queried whether there is currently the necessary education infra-structure to alter this. As she says:

‘There is also a question raised through these findings and discussion as to whether current educational practices have the sophisticated interactive and cohesive strategies, at every level of intervention, and throughout all agency policies, to implement successful change for these students. This possible change is conceptualised as resulting from their acceptance by all others in the educational social arena of school, leading to achievement in that perhaps challenging environment. Whether these students are presenting challenges to the system, or whether the system itself is creating challenges, is a question that should be asked', (p.359).

Certainly within the literature there is a strong imperative to move away from the deficit model of disability and promote the successes and potential of learners with ASC. This is particularly highlighted by authors and researchers with ASC (Parsons, Lewis and Ellins, 2009).

Barriers to learning

For pupils with ASC, navigating the social aspects of mainstream schooling is cited as a particular challenge and in social and emotional terms, this group have been highlighted as being especially at risk of poor outcomes (Batten, 2005; Warnock, 2005). The potential barriers to learning in this
context appear to be an important consideration for decision-makers at the decision point around transition, as ASC pupils move from primary to secondary school. In 7 cases, pupil behaviours identified as ‘challenging’ and ‘preventing access to mainstream high school’ had been recorded as a significant factor in agreeing an out-of-authority placement.

In their retrospective accounts informants drew attention to those barriers to learning as contributory factors to placement difficulties; highlighting a range of problems that the mainstream environment can ‘throw up’ for this group, especially at secondary level and in some cases, with failures in understanding or lack of staff knowledge appearing to stand in the way of recognising educational need.

‘His anxiety was a real barrier to his learning and staff found it difficult to understand his need to rehearse routines over and over again…assuming that if he had done it a few times that should be it…and if he could do it in History why not in Science?’

Case informant EP3 (IQ 1)

‘They were differentiating more and more and providing him with space and time to work on differentiated curriculum and dropping some subjects. They were narrowing his access to the curriculum down appropriately, but as things hit year 10 it really all just became inaccessible to him and he could see that.

Case informant SP2 (IQ 3)

Some informants made reference again to the extremity of behaviours as barriers to inclusion.

‘There were tremendous levels of rigidity. It would have been led by what was perceived as and what presented as behaviour and just how violent probably isn’t too strong a word, I mean his meltdowns and tempers and absolutely no boundaries in his mind in terms what he could throw or who he could hurt, he would just go for it’

Case informant SP2 (IQ 3)

There is also evidence from informant reports that sensory difficulties and deficits, a common feature in ASCs can be a barrier to learning in the classroom environment.
"His sensory sensitivities were significantly affected by his autism which meant his education within a classroom environment was very problematic."

Case informant SP4 (IQ 3)

This observation concurs with other studies involving parent and pupil reports that indicate that sensory elements can impact negatively upon the engagement and learning of pupils on the autistic spectrum and give rise to some social difficulties, which in turn, are thought to impact upon emotional wellbeing (Jacobs, 2011).

Debate is divided on the extent to which educational provision for pupils with ASCs should be ‘autism specific’ or whether, instead, there are common needs relevant to all SEN learners which should underpin provision. Norwich and Lewis (2007) have argued that curriculum and pedagogy should be determined by general needs and informed by the unique learning needs of individual learners. This may be helpful in terms of ensuring a better understanding of difference although other commentators have suggested that this may be somewhat premature and that further research is needed (Jacobs, 2011).

Placement breakdown/exclusion

In 12 of these cases pupils had experienced placement breakdown and/or exclusion prior to out-of-authority placement. In a number of cases, records reveal pupil difficulties had become more pronounced in the school setting over time and in 2 cases pupils had experienced repeated placement failure. Studies in this area indicate that 21% of pupils with an ASC are excluded from school at least once (National Autistic Society, 2003) which is a significantly higher rate than pupils with other SEN, and 20 times that experienced by pupils without SEN (Batten et al., 2006).

The risks around school placements and the consequent exclusion and/or non-attendance and placement breakdown for many of these pupils is a repeated theme in informant accounts. A number of informants perceived this as a reaction to the presenting significant pupil need, lack of
understanding of need, sometimes negative responses to pupil need or else
the failure of alternative support arrangements to be put in place swiftly
enough by the LA. Case-informant accounts below give some insight into
how educational provision for some children with autism can operate in the
context of “real world” classrooms, and how those involved view and respond
to the challenges faced.

‘They weren’t tolerant of his needs; they were quite resistant to any idea
about training. We were meant to go in to talk to X’s teachers before the
summer holidays and you know give them a low down on ways to
accommodate him and…and it never happened. We turned up after it had
been postponed several times, we turned up for the training and there was
the SENCo and a head of year; there were no teachers there, no staff and it
was pretty poor actually. The poor lad initially didn’t stand a chance, and in
the end, the background is quite important really… because in the end I had
to commit myself to visiting him an hour a week for the best part of a term
really just to kind of… counselling him and monitoring how he went on… and
basically the placement broke down before that was completed’

Case informant SP3 (IQ 1)

‘School were clearly saying could not cope with Xs behaviour. Had a
meeting with the special school to look at barriers which was primarily his
challenging behaviour. Reporting that X having significant difficulty to
access group work and needed a more sensory curriculum…he was working
with 1 to 1 support and often needing more’

Case informant MA3 (IQ 1)

‘Consensus was that the placement was at risk not because the school did
not want to help but felt they had supported as well as they could…but
essentially they were saying… “We are not the place for him”

Case informant MA2 (IQ 1)

In terms of those pupils at the lower-functioning end of the ASC spectrum
with additional learning difficulties, 6 out-of-authority placements resulted
from placement breakdown and social care issues or a combination of both;
with additional educational support into the setting or additional care support
at home not being sufficient to maintain the special school placement in the
local community; as noted by one case-informant:

‘Education agreed then they would pay for overnight, but what we found then
was even when he came back at the weekend…the change from school was
so great for his autism, he couldn’t cope with it. And we tried a tailor made
package which didn’t succeed with the domiciliary support, trying to get
consistency.’

Case informant MA1 (IQ 4)
Current school’s responses to pupil need

As previously reported, the difficulties around the school’s response to meeting pupil need was a factor frequently used by informants to account for the need for out-of-authority placements, though this view was less easy to discern from pupil files. The lack of school response was not confirmed as a reason for educating the pupil out-of-authority in any pupil record, although in some cases this might have been implied from email exchanges recorded on the file. The interview accounts below reflect informants’ perceptions of some schools struggling to meet needs in difficult circumstances or else the lack of flexibility in some the LAs own schools to meet and accommodate for ASC needs.

‘His anxiety as it ran on into his emotional wellbeing and efforts on his life. It wasn’t an enormously effective effort but nevertheless it was a determined effort. It was really serious and people perceived it as such. The staff were as concerned as I’ve ever seen them’

Case informant SP2 (IQ 4)

‘There were issues about the ability of the school to cope and there should have been more appropriate interventions for X…and definitely more challenge from us’

Case informant MA3 (IQ 3)

‘The school were simply not prepared to accommodate for his needs’

Case informant EP3 (IQ 3)

‘I always think that creating that culture of acceptance, you can have all the kind of rooms to hide in and all the visuals you want, but whenever they step out of the classroom someone’s laughing in their face or teachers aren’t accepting that they’re different, you’re on the hiding to nothing, there’s got to be that culture of wanting to make it work and unfortunately in that school they did not’

Case informant SP3 (IQ 3)

‘the lack of flexibility in our own environments to meet his needs. ‘They did not engage in the process in a way that made me feel confident that they were motivated to include him successfully. I reported my views to my senior manager’

Case informant MA2 (IQ 4)

These accounts raise the crucial importance of teacher knowledge and skill in recognising, understanding and accommodating for what Jacobs (2011) calls ‘autistic intelligence’. To achieve inclusive educational environments,
she asserts that there is a need for schools to adjust their practices in step with a pupil’s needs rather than ‘expecting adaptations from those who may have significant difficulty in making them’, (p. 376). The necessity for having trained and knowledgeable staff in school is featured within all the recommendations of the various policy documents relating to support for pupils with an autistic spectrum condition, with the majority underlining the lack of consistency that currently exists across all sectors (Parsons et al., 2009). The perceptions articulated by the majority of informants suggest that to support more complex pupils in LA provision would require more specialist training for schools and/or providing appropriate challenge when necessary.

**Complex emotional /mental health needs**

In the case of 8 of the 24 pupils complex emotional /mental health needs had been recorded as a significant factor in agreeing an out-of-authority placement. This is illustrated in one response from a case-informant as follows:

‘The greatest influence on decision-making was his emotional needs...in terms of his behaviour and how challenging that was. I think the risk or perceived risk to the safety of other pupils and to staff... but in a mainstream high school, however well resourced and staffed additionally for autism, you did understand the risk elements of that because obviously they have to prioritise the safety of the other pupils and the staff. They couldn't accommodate him safely enough.’

*Case informant SP2 (IQ 4)*

The factors relating to pupil mental health needs are echoed particularly in those accounts relating to high-functioning ASC pupils in mainstream secondary school placements.

‘He was suicidal. He did attempt to xxxx...He wanted to start key stage 4 again, he was on new medication...but it became more and more apparent through review meetings and case meetings that his mental health issues were the predominant feature of his needs and that needed tackling before we could actually teach him’

*Case informant MA2 (IQ 1)*
'however, very quickly this placement fell apart because of his anxieties about being within a large environment and it resulted in him either refusing to attend school or either be educated within a small classroom on an individual basis. As a result of his placements within a mainstream high school, within the local authority, breaking down completely...and the child refusing to attend school and refusing to leave the house'

Case informant SP1 (IQ 1)

'Something and it's very difficult to put your finger on and know what, something started to go wrong... His self esteem, confidence plummeted, he began to be extremely challenging at home...Gradually that did appear in school and he made a determined but not very effective attempt on his life in school'

Case informant SP3 (IQ 1)

Stewart et al (2006) note the increased incidence of depression among young people with ASC and the difficulties in recognising this. Studies suggest that severe anxiety and depression are common even in very young children on the autism spectrum (MacNeil, Lopes and Minnes, 2009; Lapota et al., 2010). Recent research conducted in the UK suggests that ASC pupils themselves generally find school to be a stressful and anxiety-provoking place, particularly at secondary level and practices within mainstream schools may be actually contributing to pupils dissatisfaction and social exclusion (Humphrey, 2008; Humphrey and Lewis, 2008a). As previously highlighted such children also tend to experience a high degree of bullying and social isolation and are at an increased risk of developing mental health problems as a consequence (Barnhill and Myles, 2001). One case-informant describes the negative experience of a pupil with Tourette’s syndrome as follows:

'In a very very big high school, with very long corridors, shouting certain things up the corridor immediately attracted the attention of the other pupils. So although the staff did try to accommodate his difficulties and his needs...the other pupils by now thought this was hilarious and he became the target of quite a lot of bullying. He didn't manage to integrate socially well at all, at which point things started to unravel and the placement broke down quite quickly.'

Case informant SP2 (IQ 1)

Rosbrook and Whittingham (2010) report that taking action to minimise bullying experiences for children on the autism spectrum at school is an important factor in reducing anxiety and depressive symptoms later in life.
Schools and parents report to finding it difficult to access additional support from external health professionals such as child and adolescent mental health services when needed (DfE Call for Views, 2010 cited in the Green Paper, DfE 2011); a point of discussion and concern for one informant as illustrated below:

‘and I recall my frustration was also linked to the fact that CAMHS did not have the facility to see him immediately, so I think he still had to wait 3 or 4 days to actually have a visit to CAMHS, and for parents that was like torture …absolute torture for them because they wanted advice…that was what they were worried about that he was going to do it (attempt suicide) again at home’

Case informant SP1 (IQ 1)

Impact on the child

The emotional themes around the difficulties in achieving a match between needs and provision are articulated strongly in informant accounts and give a sense of pupil distress as well as a sense of the impact on others and the long term result on child and family mental health. In many ways these accounts offer the ‘back story’ to the decision to educate pupils outside the local authority, which is not always captured fully in pupil file notes. Informants’ accounts offered a strong impression that the impact of an unsuccessful placement on the child was an important driver in seeking a change of provision.

‘the lack of impact of medication, all that compounded with his severe learning difficulties, his lack of verbalisation, his complex ASC, his poor mobility in his joints, all compounded to make a very distressed young person’

Case informant MA2 (IQ 3)

‘his needs for any child regardless of his disability…we didn’t think that it was correct that a young child should be transported daily, over a 100 miles a day to be spending that much time in a car’

Case informant MA1 (IQ 3)

The impact on parents was a secondary theme in terms of placement decision-making and mentioned by a few informants as illustrated in the transcript extract below:
‘Parents were reporting similar difficulties at home and him needing to be supervised on a 2 to 1 basis. Feeling their son needed a residential school with 24 hour care and indicated that they did not feel listened to and felt the LA was looking for the cheapest option. The family placement was under a great deal of stress’

Case informant MA3 (IQ 1)

One informant perceived the need for ensuring that support is done in the context of the whole family and needs-led i.e. that decision-making is informed by an appropriate family needs analysis.

‘because we have worked with the family for a long time we realised that he was...could be quite isolated in many ways of what local community things he could access, bearing in mind he comes from a family where there are other youngsters within it who have learning disabilities... to some degree or another, as well as his parents struggling with their own fragile mental health needs and learning disabilities...and all that needed to be taken into account in deciding what was best’

Case informant MA1 (IQ 1)

SENDIST direction

A tribunal direction from SENDIST was a factor in 3 cases. In one case the SENDIST direction to place a pupil in an out-of-authority placement resulted from the judgement that there was insufficient evidence from the LA that their education and care provision arrangements for the child were sufficiently consistent and robust. This reflects the earlier point made by informant MA1 in the transcript above, that decision-making should be informed by an appropriate analysis of the holistic needs of the child and family. The need for education and social care departments in Children’s Services to work more effectively together in this regard is highlighted by another case-informant as follows:

‘Not had a lot of success in tribunals with cases where education and social care have provided a holistic package of care versus families wish for 52 week placements...and as departments we haven’t worked together well enough to develop innovative and appropriate in-house provision”

Case informant MD3 (IQ 8)
The views of professionals

The views of professionals was noted in some reports as a factor contributing to the decision to educate pupils outside the local authority. This was a strong theme in manager accounts only, expressing the belief that advice from medical professionals, social workers and other specialist colleagues were influential in the decision-making around this group of pupils.

‘The professional view was that it wasn't the right place because he was brighter but at the same time he couldn’t access it because of his behaviour’
Case informant MA2 (IQ 4)

‘His aggression and the EP’s and medical view of his ability to make intrinsic changes…you know…enabling him to access the strategies that those professionals were endeavouring to put in place’
Case informant MA2 (IQ 3)

‘Needed a school that could offer a mainstream curriculum with full range of GCSEs etc but also provide an ASC-specific environment…small and be able to confidently manage his behaviours. We had secondary ASC specific provision at the time but were advised by colleagues that X would not manage the social context of a mainstream school’
Case informant MA3 (IQ 3)

For those professionals whose opinions were sought by managers, the individual’s own views on how ASC pupils should be supported educationally will clearly be a significant mediating factor in influencing and shaping decisions about LA provision. It could be speculated that by anticipating social issues and actively directing pupil placements away from mainstream schools as in the account above (that the pupil ‘would not manage social context of a mainstream school’) some professionals may in turn be undermining attempts to support mainstream high schools to accommodate difference.

The views of parents

Parent views are routinely sought as part of the statutory process and pupil records indicated that views had been received in all 24 cases. In addition, file notes recorded several meetings with parents in the majority of cases.
That said it is difficult to determine from case files what impact those views had in terms of out-of-authority provision decisions. Informants’ accounts relating to parent views tended to encapsulate themes of parent pressure, parental preference and parent loss of confidence in relation to the LA’s own provision which in some cases may well have contributed to the decision to agree an out-of-authority placement.

‘The power of the vocal parent…I mean they were asking for residential education, they were threatening action if needed’

*Case informant SP4 (1Q 4)*

‘I think X’s parents were influential, possibly his father was a lawyer, so county may have been even more wary’

*Case Informant EP1 (1Q 4)*

‘The issues that led to SENDIST on both occasions. It was basically the resource provision was not available or there were concerns about funding and the XXXX made that and shattered parents confidence, which is a good way to put it’

*Case Informant SP3 (1Q 4)*

**LA decision-resolution**

Lesser factors perceived as having some impact on the decision to educate pupils outside the local authority included what some manager informants articulated as LA decision-resolution. This related to the LA seeking urgent resolution in response to previous failures or overly prolonged decision-making.

‘Previous failures that he had had as we got more information on him… Interagency relationship that did not exist. Solicitors and MP letters by the wagon full’

*Case informant MA2 (1Q 4)*

‘it had gone so wrong for this youngster for a number of years and through a number of placements and we didn’t want to get it wrong again so probably wanted to take a less risky option’

*Case Informant MA4 (1Q 4)*

‘Parent’s criticism of the school and the length of time it was taking the LA to find an alternative’

*Case informant MA3 (1Q 4)*
In such cases decision-making was perceived by informants to be taken over by or redirected to the higher management levels in the organisation and in some cases to the Director of Children’s Services where activity appeared to be focused on achieving resolution at any cost, including agreeing an out-of-authority placement. Accounts suggest that this action had been triggered by an MP or legal challenges or by parents themselves.

The study of organisational crisis and crisis management is in the early stages of development and much of the emphasis in this field has focused on understanding the causes of crisis and designing methods of managing crisis events in a successful manner (Christensen and Kohls, 2003). The literature that has focused on decision-making under uncertainty, or threat, is more or less unanimous in finding that under such conditions, there is a propensity for decision-making to move to the top of the organisation hierarchy and a belief that decisions must be made swiftly. In sum, crisis decision theory suggests that individuals use information about possible consequences to assess the severity of negative events and are likely to give strong deliberation to the impression a particular response will make on others (Sweeney, 2008). Managers will give attention to those stakeholders who are perceived as highly salient to the organisation. Certainly, exertion of power and internal politics all very much influence how decisions are made and implemented. The impression made on elected members of the Council is clearly an important consideration for this organisation.

5.2. Overview of findings relating to Research Question 1

As we have seen, several common and interrelated factors/ themes emerged recurrently from the content analysis of pupil files and accounts of what informants perceived to be the key issues in making the decision to agree out-of-authority provision. There is consensus from case analysis and interview data that the two factors, complexity and range of pupil need and lack of LA provision to match the needs identified had the greatest influence
on the decision to educate pupils outside the local authority. The response of the LAs own schools, professionals and parents to those presenting needs as well as the consequent impact on the child/young person and others were recognised secondary factors/themes. Other factors perceived as having some impact on the decision to educate pupils outside the local authority included tribunal direction and the LA seeking urgent resolution in response to previous failures or overly prolonged decision-making. Case informants offered a strong impression that for the majority of these pupils successful inclusion in their own LA would require increased and more integrated services (for example integrated care and education) in order to meet their identified needs. Aside from lack of appropriate ASC provision, other strategic concerns noted in accounts related to the skill level and /or confidence of some school staff as well as timely access to specialist mental health services.

These findings are not surprising given the current LA gaps in provision for pupils on the autistic continuum for two main pupil groups, that is, able autistic young people with associated anxiety and mental health needs and those with profound autism and attendant high level care needs. However when I began this study I had not fully appreciated the range and complexity of need of this particular cohort.

5.3 Would this be an out-of-authority placement now?’

In considering those pupils who would be likely to continue to be placed in out-of-authority in the future, the case analysis data indicates that for at least 17 (and possibly 19) of the 24 cases a review of the placement in the context of current provision would result in no change owing to lack of provision within the LA. For some placements this would not actually be the case as placements have or shortly will have ended when pupils reach their nineteenth birthday and transfer to adult services. However, what can be predicted is that new pupils with similar profiles of need, being assessed
now, would be likely to receive a similar provision decision for exactly the same reason, that is, lack of appropriate resources within the LA.

From this perspective, for ‘old cases’ case informants were asked if they felt that the same provision decision would have been reached now (interview question 8). This question was presented with a view to examining what informants perceived to be the key changes in practices over time. Responses are shown in Fig 5.3. The number in brackets refers to the frequency of case-informant responses for each factor.

Fig 5.3. Thematic map IQ.8 Do you think the same decision would have been reached now?

Likely to be the same

A belief that the same decision would have been reached now was strongly expressed by the majority of informants. This response tended to be
qualified or explained with reference to the absence of appropriate educational provision within the local authority.

‘Yes I do…we would come to the same decision. We have not developed our current in-house provision to accommodate the way he was presenting…to provide a bespoke alternative within the existing schools…we have not really moved on’

Case informant MA2

‘Yes, I think it probably would because provision hasn’t changed’.

Case informant SP1

‘SENDIST is likely to say the same if the same doubts had been expressed by school staff’

Case informant SP3

**Likely to be different**

In those accounts where there was agreement that the decision was likely to be different, informants referred to the ASC provision options that were now available within the local authority: namely the resourced primary and secondary schools and special school ASC provisions.

‘No because I would have hoped he would have either been accommodated within the specialist school at XXXX or in an ASC provision within a high school’

Case informant SP2

‘No. With that particular profile it is likely that he would have gone to a resourced primary school for ASC and depending on progress would have transferred to a resourced secondary or an ASC-specific special school’

Case informant MA2

**Not sure**

Some informants were unsure if the decision would be different or not and these tended to be those professionals who perceived themselves to be less involved in the decision-making.
5.3.1 Summary

Accounts in the main indicate the belief that the same provision would still have been reached now i.e. an out of authority placement. In those accounts where there was agreement that the decision was likely to be different, informants identified the ASC provision options that were now available within the local authority; namely the resourced primary and secondary schools and special school ASC provisions.

5.4 Potential alternatives to out of authority placements

Additionally informants were asked about their perceptions of potential alternatives to agreeing an out of authority provision (interview question 6). The key themes are shown in Fig 5.4. The number in brackets refers to the frequency of case-informant responses for each factor.

**Fig 5.4 Thematic map IQ. 6** What alternatives did you feel were available at that time?
No alternative to O-O-A placement

What is evident from most of the retrospective accounts is that generally informants perceived there to be no alternative provision to out-of-authority placements.

‘None…Due to gap in provision or unwillingness of schools…Evidence is also others that failed’  
Case informant MA3

‘I don't know of any other’  
Case informant SP4

‘We assessed that he would be quite difficult for family based care to manage him, and there weren't any’  
Case informant MA1

Alternative LA provision options considered as a possibility

Alternative LA options were perceived as limited but had been considered. Some informants described how it may have worked if some other agency or school could have provided a resource or else if a provision could have been adapted in a way that had not yet been tried. Others identified the potential of highly supported mainstream provision but noted the disadvantages integral to that type of support.

‘We tested alternatives of specialist colleges locally and failed’  
Case informant MA3

‘The only alternative at the time that was available was the specialist school for children with autism. There was a tentative plan to use this school as a respite…but whilst it might have been a good idea…I did advise AMT that asking the school to pilot something new…and with this case was a further risk’  
Case informant SP1

‘The only other alternative would have been for him to have been highly supported within his local mainstream high school, and from what I recall that was discussed and was dismissed because his parents felt he would have been educated in isolation and I think in essence that would have been the situation’  
Case informant SP1

Generally however, these perceived options tend to suggest what might be described as ‘wishful thinking’ rather than tangible provision alternatives or
perhaps reflect the common tendency of people to focus more on the shortcomings of others than on their own agency.

5.4.1 Summary

Generally informants perceived there to be no alternative provision to out-of-authority placements. Alternative LA options were identified in some accounts but in all cases were reliant on the engagement and potential resources of other agencies or adaptations to current provision not yet been tried. Within this pupil group, alternative LA provision options in a few cases had been subsequently rejected by the Tribunal as not being able to meet needs appropriately.
Chapter 6: Perceptions of the decision making process

6.1. Introduction

This chapter discusses the findings in relation to Research Question 2: How do key decision-makers perceive the process of decision-making for deciding placements for pupils with ASCs?

In addressing this research question those questions in the interview schedule relating particularly to the processes of decision-making were taken in turn, seeking to identify themes emerging from the data (see Footnote¹).

6.2. What part did you play in the decision-making about appropriate provision?

This question explores the informants’ perceptions of their involvement in SEN decision-making from their perspective. Key themes and constituent factors relating to decision-making around provision are presented in Figure 6.2. The number in brackets refers to the frequency of case-informant responses for each factor.

¹The interview questions are not shown in the order that they occur in the interview schedule with the aim of presenting the findings relating to research question 2 in a more coherent way.
What part did you play in the decision-making about appropriate provision?

**Theme 1: Providing assessment or provision advice/opinion sought by LA**

Some informants suggested that their influence in terms of decision-making was limited to providing formal written advice to the authority in respect of a pupil’s special educational needs, which was then ‘interpreted’ by others via the statutory assessment process. Generally they considered their part in decision-making to be minimal or non-existent.

‘I provided the Appendix D, for statutory assessment, and that was it. Part 3 of the statement also reflected my recommendations so they must have taken those into account considerably when deciding on his needs. I’m not sure how much my advice influenced the decision making...I think it did quite a bit in this case because the school was not known to the authority and there weren’t loads of agencies involved ’

*Case-Informant EP1*
'We provided support for the setting, support for home, endless dialogue and meetings, and I'm not sure where the decision was made'

Case Informant SP2

'So I wrote a report just saying that really, that I worked with him, I found him... he's got reasonable skills in many areas, he wasn't suited to being at a school that was for children with very pronounced difficulties, cognitively as well as the autistic spectrum problems, and I advised the authority of that really'

Case Informant EP2

'Huh (laughs) Very little I would say'

Case Informant SP4

In contrast to those informants who perceived their contribution as confined to providing their written advices, accounts of those professionals with a specialism or lead role, described a more direct involvement in the decision-making with their opinions regarding provision, being routinely sought.

'I supported the local authority in helping them to understand needs of the child and the suitability of the next placement'

Case informant SP1

'I was involved in the initial discussions about the appropriateness of XXXX. I voiced my anxieties that engagement with XXXX around autistic pupils has not always been positive and felt that it was important that on transfer his ABA therapist remained involved to ensure the autism-specific nature of the placement...and they took it on board'

Case informant SP1

Informants appeared to be describing a system where the opinions of more 'significant' individuals are considered to be more influential in the process of decision-making, such that their views are solicited outside the collective SEN Panel decision-making forum.

One important research study looking at the conditions for group participation in decision-making is particularly pertinent here. The Vroom and Yetton (1973) model of managerial decision-making, cited in Beach and Connolly (2005), holds that an organisation’s members can participate to varying degrees in managerial decision-making; with the decision-leader having the task of selecting the appropriate level of member involvement depending on the characteristic of the decision task. The model contends these 5 levels, from the lowest to the highest level, as follows:
• members excluded and leader makes the decision
• leader merely invites them to contribute information: the leader makes the decision which may or may not reflect their input
• the leader provides members with particular information about the problem and solicits each individual’s ideas and suggestions: the leader makes the decision which may or may not reflect their input
• the leader provides members with particular information about the problem and solicits their collective ideas and suggestions: the leader makes the decision which may or may not reflect their input
• the leader provides members with particular information about the problem and convenes them as a group to arrive at a consensus that becomes the organisation’s final decision

The model identifies the problem characteristics which determine which level of participation is appropriate as the extent to which:

• the quality of the decision is important
• the leader has the expertise and information to make the decision alone
• the problem is clearly structured
• member acceptance is critical to successful implementation of the decision
• an autocratic decision by the leader will be accepted by members
• members are motivated by the organisation’s goals rather than their own agendas
• members are likely to reach a consensus
• members had sufficient information to make a quality decision
• constraints preclude involvement of members in decisions
• it is prohibitive to bring geographically dispersed members together
• the decision must be made quickly and
• it is important to foster member development through participation.

(Beach and Connolly, 2005, p. 130&131).
Presumably from this perspective, senior managers and managers overseeing the statutory assessment process look to specialist leads as having the specialist knowledge and expertise necessary to contribute to a good quality decision as well as ensuring the support needed for its approval. However it raises important questions about the meaning and limits of specialist or expert knowledge and cautions the uncertainties inherent in decision-making processes if the expertise of any one professional is either over or undervalued.

While the model offers a helpful guide in highlighting the situational factors that influence the effectiveness of member participation in managerial decision-making, it does not contribute significantly to our understanding of what happens when decisions are made in organisations or groups (Beach and Connolly, 2005).

**Theme 2: Applying statutory processes and overseeing evidence**

The informant managers’ accounts give some insight into the nature of the complexities of the processes around statutory assessment. Repeated process sub-themes included: facilitating meetings, liaising with parents and other agencies; actioning advice-givers recommendations; presenting cases to Panels; discussions with senior managers and tribunal work. Activities were dominated by processes of negotiation and mediation between various stakeholders and the collating of evidence to make a judgement.

‘Chairing and facilitating aspects of the process and liaising with parents, agencies and schools and internally with managers’

‘I chaired all the meetings and ensured that the decision-making framework we were applying was fair and robust’

‘The evidence would not bear to support it either in the progress of the child and the way the school have managed him and the child’s voice wanting to go to college’

*Case Informant MA2*
What is interesting here are the accounts of some partner agencies who spoke overtly about influencing and challenging this process. This seemed to be particularly the case for placement decisions for Children in Care where educational and care needs appeared to be being decided on separately and with no established links between service decision protocols.

‘The education decided on the appropriate provision to meet his educational needs. The social worker for the case challenged education in respect of the overnight provision, on that if you place him that far, then surely you’ve got to fund an overnight. You can’t expect him to travel’

Case Informant MA1

‘You know we’ve got a child here out of school and we need appropriate provision to meet his needs, and I suppose to lobby the SAM to get that process done as quickly as possible and identify the correct provision to meet this young person’s needs

Case Informant SP4

From later accounts it would appear that some of this challenge relates to beliefs about communication shortcomings and what some informants perceive as a failure to involve them in decisions, or make decisions in what they believe are in the child’s best interests.

Theme 3: Senior manager/manager decision making: re funding approvals

There is a strong sense of the role of principal and senior managers as arbitrator or mediator in the final decision-making and the accounts below give some insight into the way this process is managed.

‘I discussed this with my line manager at the time and had permission to approach the school’

Case informant MA2

‘During that summer I was directed to negotiate a place for him in XXXX on a 52 week residential placement at the request of principal managers’

Case informant MA3

In the transcript excerpts below one manager informant describes the manager role responsibilities in the organisation decision structure as
identifying and reconciling stakeholder needs (the child) with the corporate vision, beliefs and future aims.

‘In my role the criteria were...what professional advice we had...where his needs could be best be met...that was the absolutely fundamental point and balancing that against my own views in terms of the Authority’s vision and views around inclusion, future expectations, balancing the cost of different placements’

Case informant MA4

In business ethics literature, Bowen and Power (1993), cited in Christensen and Kohls (2003), suggest that when the situation does not allow an actual dialogue to take place between the manager and relevant ‘stakeholders’ the moral manager will undertake an imaginary discourse to ensure that all perspectives are considered.

6.2.1 Summary

In examining what informants perceived to be their key function to decision-making this very much related to how their role is linked to the statutory process and what their contribution is believed and communicated by managers to be. There was a feeling that the influence on decision-making around provision was greater for those professionals holding lead or specialist roles with more generic professional having little direct involvement. In the organisational decision structure, SEN managers were seen to perform a number of process functions in the gathering of evidence to make a judgement, with more senior managers in the hierarchy giving attention to the potential impact of options on stakeholders –the child, family and LA in the process of sanctioning decisions.

When I embarked on this research I had assumed that the SEN Panel or other Panel meetings would be the ‘seat’ of decision-making but have found in this study that this is not necessarily the case. SEN decision-making appears to be a much less ordered process which continues outside the formal Panel forum with those individuals “in charge” seeking the opinions of
various stakeholders and taking advantage of particular professional expertise in reaching decisions. This observation recognises the interpersonal and group nature of the majority of decision-making (Beach and Connolly, 2005). Interestingly those professionals who it could be argued know the child ‘best’ in terms of needs and perhaps would be expected to have significant influence in the case, do not appear to do so.

6.3 Were you happy with it? What would you see as the benefits and/or risks of the placement?

This question explored how satisfied informants were with the decision that was made and their reported constructions of the potential advantages or disadvantages of the decision outcome. Essentially informants were being asked to make a judgement on the quality of the decision-making process.

In the area of doctor-patient decision-making Sepucha et al., (2007) cited in Elwyn and Miron-Shatz (2009) define clinical decision quality as:

‘the extent to which the implemented decision reflects the considered preferences of a well-informed decision’, (p.262).

While knowledge (that the individual is informed) and personal preferences are fundamentals in most definitions of a ‘good’ decision, Elwyn and Miron-Shatz (2009) caution that there are real difficulties with the measurement of both.

Accounts broadly acknowledged informants’ satisfaction with the placement decisions. Those 3 case-informants who expressed a view of being ‘not happy’ in response to this question were generally those who held a strong belief that the respective pupil’s needs could be met within LA provision. These related specifically to tribunal outcomes which the LA had lost or cases involving Social Care.
The informant below perceived that the potential of reaching a ‘good’
decision in the tribunal (that is agreeing local provision) had been
undermined by a definite misrepresentation of relevant knowledge by the LA
witness.

‘No because I felt I had not been supported by XX and his comments at
tribunal had lost us the case’

Case Informant MA2

Inherent in the informant response below is the belief or opinion that the
decision had not be in the child’s best interests.

‘Fundamentally no …I felt that the combination of Xs needs could have been
met through SLD school and social care support. The key issue was around
the social care support that was been offered or rather not offered…my
personal stance is that we should be able to provide the care element to
support a child in their local community’

Case Informant SP1

Clearly for this individual the fact that their stated preferred decision solution
had not /could not be supported is still a matter of some angst.

In terms of the benefits and or risks of the placement as communicated by
case-informants the key themes are shown in Fig 6.3. The number in
brackets refers to the frequency of case-informant responses for each factor.
Fig 6.3 Thematic map IQ.5 What would you see as the benefits and/or risks of the placement?

Theme 1: School's ability to meet ASC needs well

This was identified as the major theme in case-informants’ responses in terms of what they perceived to be the benefits of the out-of-authority placement. In terms of the consensus of opinion, informants judged the out-of-authority school's ability to accommodate for ASC needs as being of crucial importance in agreeing the placement.
‘I felt it was a reasonable and good decision to place the child there because the school had the expertise and the environment to make it work

Case informant MA2

‘Benefits of the out-of-authority school was that it was catering specifically for ASC adolescents with mental health issues and they were able to provide the appropriate environment, stability, staff levels and medical and therapeutic support’

Case informant SP3

‘It’s a specialist provision, and it has a good reputation. The whole environment, the staffing, the ethos, the approaches are all geared to the child with autistic spectrum problems’

Case informant EP2

Theme 2: Benefits to the child/young person

This was a factor mentioned by a number of informants, expressing their belief that the move was a positive outcome for the child or young person and emphasising this as a new opportunity to achieve and make progress as noted below. In some accounts, informant responses report the progress being made by particular pupils in their new placements.

‘child more settled…social worker could actually verbally get his views of where he felt more settled, and where he saw himself’

Case informant MA1

‘Benefits… he was in an environment where all staff had an understanding and expertise of managing high functioning autism. The benefits of the placement for the child are that he’s actually achieving there, and he has a structured…organised life there. What we couldn’t offer was the link between a school placement and any sort of social care support’

Case informant MA2

‘not got a highly anxious, self destructive boy… it has enabled him to meet his academic potential’

Case informant MA3

Theme 3: Securing a placement

Securing a placement was a theme strongly expressed by informant managers who in some cases had pursued an exhaustive search to find appropriate provision or else had been required to find alternative specialist provision swiftly. Accounts recognised that in a few cases placement
decisions had necessitated securing ‘best fit’ solutions and suggested that parental preference can act as a strong indicator in agreeing a placement in the absence of other alternatives.

‘Yes…relieved to find a placement. Yes in that they felt confident in meeting his needs and we had exhausted everything else. Recent review is positive. Ofsted and Safeguarding reports very good’  
Case informant MA2

‘Not necessarily happy with XXXX school but it was parental preference and we were struggling at that time to place him’  
Case informant MA2

As regards concerns about the risks of individual placement decisions the main theme articulated in accounts related to informants’ perceptions of the particular school’s ability and expertise in ASC needs.

Theme 1: School’s ability and expertise to meet ASC needs.

Case-informants appeared to be particularly concerned about the lack of specificity in terms of ASC management.

‘However, that particular placement has always caused me some anxiety around its capacity to manage autism so risks would have been the lack of autism specific knowledge that the school, at the time, had. In essence my concerns were justified’  
Case informant SP1

‘Risks: yes…that it’s not the best in terms of not ASC-specific’  
Case informant MA2

‘In terms of risk they weren’t always as understanding about autism, they didn’t get it at first; we had a couple of children whose placements failed there’  
Case informant SP3

Theme 2: Impact on the young person

Risks relating to the impact on the young person were generally perceived as the pupil not settling in the new placement or not attending. One case-informant still closely involved in a particular case describes the ongoing concern of potential placement breakdown.
‘I think when you look into it I think it hangs on a thread because the risks involved with X’s behaviour, in it breaking down, quite frightened me last time that I went, because it’s only got to have an incident that’s not managed and notoriety. I mean it isn’t like there’s another school out there… And that would have a knock on effect on the care placement as well’

Case informant SP4

Theme 3: Costs and the commitment to long-term placement until 19

This theme was confined to informant managers’ accounts and related to concerns about the projected costs of placements where parents had gone or may go to tribunal and the implied belief that provision within the LA could have met the needs.

In the Council in which the study is being conducted, there is a significant focus on developing ownership at all levels in the organisation for financial spend. Applying sound financial judgement in decision-making in terms of financial impact and efficiencies is a key organisational objective and Delivering Value for Money is a core employee competency which is now rated as part of the appraisal process. The cost of out-of-authority placements is a considerable budgetary concern in most LAs and not surprisingly therefore an area for careful monitoring and scrutiny as noted in the accounts below.

‘Risks are that parents will want this continued for 6th form and will appeal again to SENDIST’

‘The biggest risk is we are not happy as a LA in this provision so have ended up placing X there at very very high cost- some 200k and in a school that we are not that pleased with. But the agreement from the director was that he could stay there for 2 years of 6th form’

Case informant MA2

6.3.1 Summary

Accounts revealed that the majority of informants were satisfied with the placement decision. Informant perceptions of the main benefits of the out-of-authority placement emphasised the out-of-authority school’s ability to accommodate well for ASC needs. The importance of the match between
ASC needs and provision was emphasised time and time again, highlighting the potential offered by this kind of educational environment to support pupil progress. Conversely where informants perceived risks this related to their concerns about the particular out-of-authority school’s experience to accommodate appropriately for ASC needs, specifically expressed in terms of the lack of expertise in ASC management. Risks relating to the impact on the child/young person were generally perceived as the pupil not settling in the new placement or the potential for non-attendance. Risks relating to projected costs of the placement were identified by manager informants only.

6.4 **Were there any significant constraints to decision-making?**

This question explores any perceived restrictions or checks to the process of decision-making as identified by informants. The key themes are presented in Fig 6.4. The number in brackets refers to the frequency of case-informant responses for each factor.
Were there any significant constraints to decision-making?

**Theme 1: No constraints**

Most of the case-informants spoke explicitly about the lack of constraints.

‘From an ethical point of view people were motivated to find the right place. There was no issue in terms of this, he has got a very high level of needs, he needs the right place, and we are going to find the right place’

*Case informant SP2*
‘None, the fact that he needed somewhere very highly specialist and the LAC status and everything else, had massive financial implications. From an ethical perspective it was recognised that that was needed’
   *Case informant MA4*

‘None, all recognised that this case was unusual and exceptional...his paranoia was significant and at that time had not been recognised or treated’
   *Case informant MA2*

There was a sense in many of the accounts that it was not about finance but securing the right provision.

‘Not in that case. I suppose if there was a constraint it was availability of placements, not an unwillingness to agree it’
   *Case informant MA2*

Although accounts did not identify explicitly what decision-making models had been employed, case-informants’ beliefs related an ethical motivation, articulated as ‘getting it right’ for the child.

‘No… it was never about funding but right match for a very complex boy. All about need and ethical principles’
   *Case informant MA3*

Less common themes perceived by informants as in some way limiting decision-making included the following:

Lack of provision,

The *lack of provision* was again noted with informants highlighting the provision gap for ASC pupils at either end of the spectrum.

‘The lack of provision was a significant constraint. I think there was quickly recognition on the authority’s behalf that he needed something else, but it was what was available’
   *Case informant SP1*

‘The only constraint was the lack of suitable provision for able children who are on the autistic spectrum’
   *Case informant EP3*

‘Also lack of provision in terms of joining the education with social care ’
   *Case informant SP1*
Parents

There was some awareness of parents being a limiting factor in terms of their engagement in the decision-making process, sometimes perceived to be as a result of their own anxiety or lack of cooperation.

'We had very stressed parents who were threatening to go to judicial review, because all they saw was that school was sorted and they couldn’t get the other part of the package sorted out or a decision made. So that had a raft of emails back and forth'

Case informant MA1

'Intransigence of parent in terms of considering other options'

Case informant MA2

'I think sometimes the parent engagement with the LA was sometimes a barrier'

Case informant SP1

SENĐIST

The tribunal direction was noted as a decision constraint in the sense that in these circumstances decision-making is effectively removed from the LA.

'Again taken out of our hands by SENĐIST ruling'

Case informant MA2

Costs

Costs were noted by some case-informants to be a limiting factor in decision-making. These generally related to costs between agencies, primarily social care and education or other LAs and not to the education budget per se. There was recognition from some informants of the difficulties that such funding ‘disagreements’ have on children and families.

'Yes there was quite a struggle with social care support for the family and laterally for shared funding. They didn’t see there was any need. He fell between two stools as far as their criteria was concerned, so he wasn’t disabilities team and he wasn’t mainstream at that point… social care teams'

Case informant MA2
‘Yes that we didn’t know that he was looked after to another LA...the fact that we didn’t know that they were not accepting responsibility for him initially...which has changed now’

Case informant MA3

Professional advice

The issue of professional advice as a constraint to decision making is noted only by senior manager case-informants. Manager accounts perceive some difficulties where professional opinions on provision are explicitly made so that it becomes problematic to move away from that ‘decision option’ and offer or explore alternatives.

‘We had a very strong professional advice that certain schools could not meet his needs, there was no vision or suggestions about how we could remove barriers, it was a fait accompli from at least one of our key professionals. There wasn’t the possibility to put support around the school quickly without battling...without battling our own teams really’

Case informant MA4

The manager account below provides a sense of the tensions that operate in the exchange of advice or opinions between senior managers and other professionals and suggests the difficulties that are inherent in maintaining the role of child advocate and LA officer.

‘Some colleagues can become advocates. So it leaves managers in a difficult position because if you have confidence in the professional making the decision and they were to say “and I think this about placement”... that’s absolutely fine but on the other hand, you get really annoyed if you don’t have confidence in the professional making the decision so you go “its not your job to make those decisions”. So it’s a very difficult balance’

Case informant MA4

Studies on the use of advice in decision-making may be relevant here. Research on advice use have typically involved participants being assigned to the role of judge or advisor and being given a scenario and asked to make a decision. Findings show that advice does improve a judge’s accuracy in decision-making but that those judging place too much emphasis on their own views. This is further moderated by the adviser’s perceived expertise, life experience and wisdom (Hardman, 2009).
**Time**

Time was not identified as general theme in the accounts but was emphasised by a small number of informants as a constraint to decision-making in those cases where a child or young person experiences a sudden placement breakdown, for example as a result of a safeguarding concern or school closure.

**6.4.1 Summary**

Examination of accounts indicated that there were no perceived major restrictions or constraints on decision-making as identified by informants. There was a sense in much of the discourses that it was not about finance, but rather securing the right provision to match need. Less common factors perceived by informants as in some way limiting decision-making included the *lack of provision, parent engagement, professional advice, SENDIST, costs* and *time*.

**6.5 What did you feel about the decision-making process itself?**

This question explores the informants’ views on the manner, approaches or observed process of LA decision-making. The question was particularly productive of data and generated a variety of responses from informants. Accounts highlighted the many factors that are perceived to influence decision processes and provided a number of opposing views in terms of their perceptions of the decision-making process itself. These key themes are presented in Fig 6.5. Opposing themes are discussed together where appropriate.

The number in brackets refers to the frequency of case-informant responses for each factor.
Theme 1: Evidence-based v not evidence-based

What is theorised in second generation decision theory, as discussed in the Literature Review, is the underlying assumption that decision makers use their store of knowledge to set standards that guide decisions directed toward the achievement of a set of goals in a properly ordered course of events. The decision maker’s repertoire of choice strategies is considered to range from the aided analytic to unaided analytic (such as weighing up pros and cons) to unanalytical strategies. The Image theory view is that adoption decisions are accomplished by screening options in the light of relevant principles and making progress decisions as to whether a plan is progressing to achieve its goal. Progress decisions depend on the forecast aspects of a plan which is deemed to have met the standard if that future includes the goal (Beach and Connolly, 2005). From this perspective, the decision maker manager in the transcript extract below is clearly satisfied with her selection.
of choice strategy and in her assessment of the effectiveness of her actions (progress decisions).

‘I thought it was smooth, well evaluated and because of the evidence base that was taken at each point, decisions were clear and rationalised, in the sense that we do when you feel without investigating it further, there were lots of meetings, parent was on board with everything we were doing, professionals stopped what they were doing to come, they felt it was a priority for them to be there to make those things’

Case informant MA2

The decision maker is mindful of the opinion of other significant individuals and the importance of keeping parents on board.

Staying with Image theory, organisations are not themselves seen to make decisions but rather individuals are seen acting as agents of the organisation or as participants whose individual decisions are in some way combined with other participant decisions to produce a collective decision. The degree to which an agent’s decision-making seems ‘right’ to other members of the organisation and the degree of ease by which a collective decision can be achieved depends on the degree of congruence of the respective members’ values, beliefs and goals (Beach and Connolly, 2005). This positive collective decision-making is reflected in the account below.

‘All decision-makers were alert to the urgency and complexity of this case and were willing to support staff and work together to resolve it. The two education and social care teams worked well together. Felt we used a needs-led framework’

Case informant MA2

In contrast, other accounts describe a less analytical and planned strategy. Informants’ responses below point to the perceived lack of effective deliberation over potential options prior to constructing preferences. These perceptions suggest that relevant options had not been understood or considered clearly or carefully enough and that information about the attributes of the options had not been presented to parents in an accessible form.
'Not sure process evidence driven. Going over it in hindsight... did not do a thorough environmental audit so not an ASC-specific school. At no point did we present the pros and cons to parents or be explicit in saying this would not be a placement until the end of school'

Case informant MA3

"it was glaring mess up. It wasn't a good model of decision-making from the child's point of view. [And then afterwards?] Yes, I think eventually the right thing was done. I mean it's incredibly difficult isn't it... the whole weighing up the pros and cons and the finances and everything but not sure what model, if any, was being followed...particularly in terms of its evidence base...but that needs to be done in a staged planned way which it wasn't...And put...raised questions in terms of the basis of the LA decision-making"

Case informant EP2

Elwyn and Miron-Shatz (2009) make the distinction between the deliberation phase and decision determination phase of the process of decision-making in evaluating what constitutes a good decision. Working from a medical perspective and specifically focusing on the debate of doctor-patient shared decision-making, they propose that a good decision process would provide opportunities to explore and ‘experience counterfactual scenarios’, (p.145), that is, ‘what if scenarios’, as a key step prior to a decision-making task. As they put it:

'A decision maker cannot form a view about the attractiveness of alternatives unless he or she has data about their attributes and probabilities; similarly, cognitively processed information alone does not enable a decision maker to form a view and how he or she feels about the imagined possibilities are relevant and important inputs into the determination of a decision', (p.145).

It is suggested that the informants in this study perceived that in some cases this step prior to decision-making had been omitted or ignored.

Theme 2: Appropriate/straightforward/timely v frustrating/ tortuous

Informant perceptions of the course of action for cases varied considerably. Some viewed many of the old cases as ‘appropriate’ for the time. They appeared to indicate that actions had been timely and straightforward in reaching a decision:
‘Necessary to do it as swiftly as possible; needed to find somewhere and that was achieved’

Case informant SP3

‘For this youngster fairly straightforward-responded quickly to safeguarding concerns. If there was any lag it was around the initial report from the VO and the LA officer doing the inspection at the school and feeding that back...have since developed a protocol of response’

Case informant MA2

‘I felt the right decisions were made at the right time in terms of his key stage 2 placement. Initially in terms of his key stage 3 placement that all went through quite smoothly’

Case informant SP2

Other informants perceived the process as extremely frustrating, especially for parents. This seemed to be less about the determination of the decision, that is, whether the final decision is considered good but the time taken.

‘Three words: long-winded, frustrating and misunderstandings. That’s how I would sum it up. I suppose communications as well. I think what I said before...about after all the advice is gathered an immediate placement should have been made and received after 6 weeks; I thought it went on too long. Umm...It felt like pulling teeth to get that and people got very frustrated’

Case informant SP4

‘What I know of it, and I wasn't directly involved, was that it must from a parents perspective have felt like a long, difficult process where they have to keep pushing and meetings being called, and it must have felt like repetitive for them. But from the pupil's and parent's perspective, that must have felt very torturous’.

Case informant SP2

‘There were periods of time which appeared to me as incredibly slowly when decisions which to the ‘outside world' could have made quickly were not...and that caused frustration to professionals and the parent working around the child...but the majority of the time yet again the dialogue with the parent was positive, and therefore when decisions were made it was always with their agreement. [So when you say there were periods of time when it was going really slowly what were the barriers in those cases?] Well I don't know because they weren't my decisions, they were decisions being made by senior management or within the Assessment and Monitoring team about how much money they were prepared to allocate’

Case informant SP1

While some of these frustrations appear to specifically relate to the perceived delay in securing appropriate placement following the actual decision being made, a source of dissatisfaction may also stem from the convoluted process nature of organisational decision-making. Beach and Connolly (2005)
acknowledge that the process can be ‘decidedly disorderly’ (p.124) and perceived as chaotic to an outsider. Undoubtedly some of the frustrations experienced will relate to the complexities of the statutory process itself, which has been publicly acknowledged as no longer fit for purpose and in need of reform (Green Paper, DfE, 2011).

The manager account below offers some insight into the perceived difficulties posed by the current statutory decision process:

‘the process is very disjointed- you write off and get peoples views... that ...they come in which builds in delay and when they’re views that have been created in isolation without a decision early on, you are then left with either unpicking that decision or challenging that decision or going with the decision because by the time all the processes have taken place you are usually at the end of a time scale and then you’re bounced into a position that you can’t be joined up or solution-focussed about...you end up either having to take the advice or risk placing against one or other professionals’

Case informant MA4

Parents have likewise reported that there are serious problems with the current statutory assessment process; reporting that it can be overly slow and feel like a battle to obtain the right support (Boddy, Potts and Statham, 2006; Lamb, 2009; Ofsted, 2010). Some parents also believe that local authorities holding the responsibility to arrange the special educational provision for a child with a statement alongside their duties in relation to assessment can appear to present a conflict of interests and lead to a lack of confidence in the process and in the decisions reached about the support for their child (DfE, 2011).

The recent Green Paper consultation reinforces the case for change as follows:

- the statutory frameworks – including the SEN statementing process/system for supporting children, young people and families is overly complex, bureaucratic and adversarial;
- parents want better information on the services available and the choice of schools;
education, health and social care services need to work better together to identify and deliver on children’s needs.

(DfE, 2011, p.26).

The proposals set out a commitment to long-term change to better support parents. To work towards this, government plans include:

- testing how to reform radically the statutory SEN assessment and statement
- local assessment and plan pathfinders will explore the best replacement, including whether the voluntary and community sector could coordinate assessment and bring greater independence to the process; and
- before introducing the new single assessment process and ‘Education, Health and Care Plan’, the intention is to reduce the time the current statutory assessment process takes and explore how to tackle delays in the provision of advice for the statutory assessment.

(DfE, 2011, p.29).

The new proposals in the Green Paper are intended to extend parents’ influence and control, increase their confidence in the system and minimise its adversarial nature. The approach marks a shift towards a more shared model of decision-making, towards an ethical imperative of ensuring that parents and children are given a central role in decisions concerning them. One can perhaps draw an analogy with the field of medicine where ‘shared decision-making’ (Charles, Gafni and Whelan, 1997) signified a definite move away from paternalism to a process where patients are offered support to become actively engaged in decision-making (Elwyn and Miron-Shatz, 2009). This area may provide useful learning for future educational practice.

Theme 3: Working effectively with parents v no effective work with parents
Working effectively with parents was a theme in some accounts and relates to some of the observations and discussions made in the preceding sections. Some informants’ accounts documented the positive impact of regular parent/LA consultation on the decision-making process as illustrated below:

“We had several meetings with parents prior to the placement decision and they indicated that they had felt reassured and informed it felt very much like a partnership’

Case informant MA2

‘Yes and we managed to retain parent’s confidence and they continued to talk to us and had some faith in what we were trying to do from beginning to end, which was very touching really’

Case informant SP2

In contrast, other manager accounts acknowledged the implications of communication shortcomings in working with parents, as a result of them being left out of discussions or being involved at too late a stage in the educational decision-making process.

‘It was left too late and therefore we were always on the back foot and having to defend decisions rather than show it for what it actually was...which was quite a good joined up case of finding a really good solution... which was our aim...but it looked like…and I can see why parents might think it looked like that we were just desperate to stop the placement they wanted ‘

Case informant MA4

‘we were responding very much to a parent on the end of a letter or the phone and the odd meeting not really in partnership and not very early on in terms of what would be best for the family need and this youngster’s sustainable placement’

Case informant MA4

When thinking about what might be learnt from decision-making in cases where LA alternatives end up in tribunal the extract below emphasises the importance of discussions with parents early on in the decision process. What might be viewed by the LA as a concern about pupil progress and a need to relook at educational provision can in turn be perceived by parents as an ulterior and insincere motive; and an opportunity for the LA to effect a change already envisaged i.e. reducing the number of out-of-authority placements in a desire to save money.
‘When we looked at his poor progress with the decision was made that we should start negotiations with the parent to say we felt we had better provision in-house. We didn’t engage them early enough. Parents were furious… absolutely furious. Parents ended up taking us to tribunal and we did not demonstrate that his needs would be better met in our school’

*Case informant MA3 (IQ 6)*

The need to increase parental confidence in LA SEN decision-making and the importance of effective communication between parents and the local authority *in all stages* of the decision process of determining educational provision for children has been soundly reinforced (DCSF, 2010a; Tissot, 2011). Reports from a neighbouring LA serve to highlight the impact that positive parent and LA engagement can bring about, reporting a reduction in their tribunal appeals to zero following the introduction of the practice of meetings with parents at the beginning, draft and final stages of agreeing the Statement of SEN and provision (Verbal report SEN and Disability Leads Meeting, December 2011).

**Theme 4: In the interest of the child but time issues**

The perception that there were problems with the process being able to recognise and respond sufficiently quickly to pupils with significant need was expressed by one informant. Though clearly an important issue this was not theme noted in other accounts.

‘I think the local authority was left in a position where they had very few options and they were fundamentally supportive of the position that the parents and child were in…at the end of the process there were issues around the beginning of the process…of recognising he even had special needs and the fact that statements were refused when he was in year 6. By the end of the process people recognised the severity of need’

*Case informant SP1*

**Theme 5: Reactive/ unclear/not involved/not following due process**

In their accounting of the process, some informants identified factors which they perceived as a lack of coherence in terms of the route of decision-making.
‘I suppose it’s a bit nebulous really in a sense because I wasn’t quite sure who was in control of it…which is quite interesting. You know…we didn’t have any multi agency meetings as such to my memory. I’m looking to see…There wasn’t a point at which us and Assessment and Monitoring and school doctors, CAMHS and the school all sat around the table, basically we were trying to keep him going in the school, and the placement failed and that was it then, where’s he going to go, it all happened relatively quickly in one way, but I would say…it was kind of taken off our hands almost…you know’

Case informant SP3

‘There wasn’t one… Reactionary based on best intentions to facilitate an outcome. A lot of aah factor and not enough process thinking. No decision model …being asked to do things outside the process and started being outside the process in the school’

Case informant MA 2

As previously discussed, decision-making is not a linear process with the decision maker subscribing to a particular course of action and sitting back to await the results. As Beach and Connolly (2005) suggest:

‘Most decisions “feel there way along” and in the course of doing so change the narrative that drives them. As things change, both as a result of what the decision maker does and for external reasons, strategies change and goals change’, (p.196).

The accounts below highlight the importance of decision makers having a process plan, communicating the plan to significant others and providing process updates, so that relevant others are in touch with the ‘ongoing story’ of the decision-making process. Certainly a number of informants recalled how they felt uninvolved or some distance away from the decision-making and having provided their initial advice were not kept ‘in the loop’, though some were patently still supporting the child in school and/or parents. This may have contributed to the belief expressed that their views were discounted, not sufficiently appreciated or that the process itself was unclear.

‘Oh and then it just happened and he was there. In a sense, even if someone had emailed me and said this decisions been made, then I mightn’t have woke up one night sweating about him, but that’s the kind of communication thing really I suppose. It does tell you something about decision-making… (laughs)’

Case informant SP3
‘I would have appreciated liaising with the AMO more before and after my statutory assessment…our assessments and reports always take so long to write and you rarely get to know what people think of them or how they have influenced decision-making. We don’t even know if they are read properly. So it would be good to get feedback from the statutory team around what they thought’

Case informant EP1

‘Don’t know not consulted’

Case informant SP2

‘if we had had that sooner that might have helped and a clear plan of what we were doing, and sticking to that plan, because I read one of the emails from the parent…what he felt he had been promised…can’t remember the terminology used…promised something that was not on offer, you know things like that. People start to lose confidence’

Case informant SP4

A theme which arose from manager informant accounts was described as not following due process, where managers overseeing the statutory process perceived the normal statutory decision-making process being circumvented, with their role in decision-making effectively being removed from them to more senior managers in the organisation.

‘Usual process diverted and overtaken by Director. Partly to do with wanting to help and facilitate good outcomes for children and families. Laudable aims. No doubt… but for all of us sitting underneath all that not always clear’

Case informant MA 2

‘So…outside the meeting senior managers took the decision to look for an out-of-authority placement. In other words it was a default position’

Case informant MA 2

‘It was taken out of our hands and went to the top’

Case informant MA 3

The propensity for decision-making to move to the top of the organisation hierarchy when there is a perceived potential risk to the organisation, such as financial or reputational and a belief that decisions must be made swiftly has been noted previously. However, this kind of response is not without risk and can impact adversely on making good quality decisions. Greening and Johnson (1997) cited in Christensen and Kohls (2003) suggest that restricting decision-making to a small number of staff at the top levels of the organisation tends to lead to a situation where the homogeneous group at the top have access to fewer perspectives than when a more heterogeneous
group is present. This can mean managers having to make decisions on matters outside their professional area of expertise.

Stressors like threat or interference can disrupt decision performance and represent important conditions in decision-making, which often determine the nature of the decision, consequent behaviours and their outcomes. There are multiple possible stressors, for example: multiple information sources; incomplete, conflicting information; requirements for team coordination; time pressure (Cannon-Bowers and Salas, 1998). The difficulties of maintaining a clear decision process in stressful conditions is well illustrated by one manager informant response:

‘People were putting forward their own views, I want this, I want that, I want the other, and that wasn’t a process… that was emotive, and that was quite hard to work your way through that’

Case informant MA2

Theme 6: Not joined-up v joined-up /joint decision-making

What is evident from informants’ accounts is their belief that joined-up thinking and working can improve the practices and outcomes of decision-making. Conversely, actual and potential conflicts between professionals can and do undermine the facilitation of knowledge exchange and decision-making as illustrated in the extracts below:

‘it seems to me there’s a greater level of cooperation between officers from different disciplines, when discussing the needs of one child, and you don’t feel as though you’ve actually got a conflict between teams before you even get to the needs of the child. So it does feel more coherent and more as though those changes in some of the structures around individual cases are engendering a wider understanding of how we move together on things. That’s just in education… that needs now to translate into other services’

Case informant MA2

‘While I believe the aims to meet children’s needs as sensitively and as best as we can are shared implicitly by most colleagues this case demonstrates that these aims can fall short when decision-making across agencies in an organisation are not joined-up’

Case informant MA3
The concept of collaboration and partnership working in UK Children’s Services is rooted in the policy directives of the previous New Labour UK government. Of particular significance here is the Children Act (2004) which served to provide the legislative driver for the agenda set out in the National Framework document, ‘Every Child Matters: Change for Children’ (DfES, 2004), placing children and their families at the centre of care planning with a commitment across agencies to work together to deliver services more efficiently and effectively. The strategy strongly endorsed the belief that, by working together, professionals and services could be more responsive to children, young people and their families. Although many professionals broadly welcomed the multi-agency agenda, appreciating the prospect of taking a more holistic approach to the needs of children (Siraj-Blatchford, Clark and Needham, 2007), the conception of a strategic framework for multi-disciplinary practice has not been without its problems and some have questioned the actual evidence-base for the rhetoric that supports this position (Hughes, 2006; Atkinson, Jones and Lamont, 2007). While at a policy level ‘joined-up’ working is promoted as a ‘self-evident good’, others suggest that strategy and operational delivery both remains problematic (Allen, 2003). Fitzgerald and Kay (2008) make the assertion that despite the fact there are significant barriers (professional, structural and procedural) to successful partnership, ‘few conceptual frameworks or theoretical structures’, (p. 3) exist for exploring effective integrated working and note that agencies and professionals have been urged to instigate multi-agency practice with not very much training or guidance. Moreover, the current research neither offers a common language to describe collaboration nor provides a consistent discourse as to how to address these matters (Roaf, 2002).

Establishing a shared learning culture between professionals is fundamental to making sure practitioners understand each other enough to work collaboratively (Chivers, 2008) and without it uncertainties and misunderstandings will undoubtedly interrupt interprofessional dialogue and decision-making. Recent research on multi-agency working has tended to focus on process issues (Anning et al., 2006; Edwards et al., 2009), rather than exploring outcomes for service users. Themes emerging from research
on the implementation of multi-agency working have highlighted dilemmas associated with: reconciling different professional beliefs and ideologies (Easen, Atkins and Dyson, 2000); the difficulties inherent in sharing different forms of professional knowledge and cultural practices (Anning, 2005) and highlighted the need to establish the organisational climate as well as a sustainable infrastructure for integrating services (Brown and White, 2006).

In the transcript extracts below, the views expressed by professionals with regard to each others’ service are not without criticism and may well reflect more deep-seated concerns relating to intra-agency communication and process issues as discussed above.

‘I think… I would hope that education might put up a bit more of a fight and say actually this is the placement that is indicated on social care grounds rather than education therefore you should be footing more of the bill, and that it all comes out of the same pot’

*Case informant SP1*

‘I think from education’s point at the time he was placed it was just a lack of foresight on theirs, or common sense to say …let’s send a little one up the motorway. I think it just lacked common sense that whole decision-making. In a way it was a bit like, we’ve sorted our bit out, you can sort the other bit out’

*Case informant MA1*

Moreover, as the accounts illustrate separate agency budgets (in this case education and social care) can become barriers to effective and ethical decision-making, with professionals losing sight of the child at the centre and the need to meet the holistic needs of the child and family.

The transcript below gives some insight into the kind of agency discussions that are progressed between professionals as part of the statutory decision processes.

‘Well actually when we all sat down, when challenged and sat down and said look think of this if he was your child… oh well we suppose… and it’s that bit of the reflection and the empathic approach looking at things from a different angle. I suppose that ethical thing of what was right for the child’

*Case informant MA1*

These discussions are not formal meetings or Panels but the kinds of conversations that operate informally between agencies to deliberate on
options, possibilities etc. and often are the ‘places’ where the most significant decisions are taken. The interprofessional exchange is interesting from an ethical standpoint and very much describes the perspective offered by Cottone (2000) that:

‘Ethical decisions are not compelled internally; but rather they are ‘socially compelled’ occurring through the interactive processes of negotiating conceptualising and arbitrating’, (p.277).

Ethical decision-making will be discussed more fully in the next section.

6.5.1 Summary

A consideration of informants’ accounts revealed a number of factors that are perceived to influence decision processes and provided a number of opposing views in terms of perceptions of the decision-making process itself. These related to whether the processes had been experienced as planned, were evidenced-based, child-focused and involved effective working with parents and other agencies. Some of the frustrations experienced by informants were discussed in relation to the complexities of the statutory process itself, which has been publicly acknowledged as no longer fit for purpose and in need of reform. This theme is not merely a local issue either and has been identified elsewhere (Green Paper, DfE, 2011). What is evident from some informants’ accounts is their belief that joined-up working can improve the practices and outcomes of decision-making and conversely that practices can be hampered by other agencies’ procedures or operational restrictions. These accounts offer illumination on the ways that informants think and feel about practising together for children and families and the impact of competing discourses and alternative commissioning arrangements. The concept of effective collaboration and partnership work is discussed in this context.
6.6 What would you say were the aims or beliefs that guided the process for you or others?

The second part of the question examines what the informants revealed about their perceptions of the decision-making models being employed. Fig 6.6. presents the main themes generated from their responses. The number in brackets refers to the frequency of case-informant responses for each factor.

**Fig 6.6 Thematic map IQ.9b** What would you say were the aims or beliefs that guided the process for you or others?

**Theme 1: Ethical decision-making framework**

A number of informants in this study perceived there to be an ethical framework underpinning and guiding the decision-making processes around
statutory assessment. The drive to find a successful outcome for the pupil was an aim mentioned in several of the accounts:

‘An alternative as close to need and local community so ethically sound. An implicit aim or principle of the decision-making’  
Case informant MA3

‘Our decision framework was an ethical one we genuinely believed our option was in the best interest of the young man’  
Case informant MA4

‘There was no issue in terms of this boy has got a very high level of needs, he needs the right place, we are going to find the right place’  
Case informant SP2

‘The LA motivations were ethical in my view’  
Case informant SP3

There were some exceptions as illustrated below:

‘Not sufficiently acknowledging parents and pupils part in decision-making and so not adhering to basic principles that we would expect to guide process’  
Case informant MA3

‘Therefore fighting for him to remain within the Local Authority, I was not comfortable with…and did not sit well from a moral stance’  
Case informant SP1

‘Not sure we are agreed …or rather that our principles about the process of making decision is about the child…Maybe implicit…yes’  
Case informant MA2

Some informants raised the issue of ethical principles being implicit rather than explicit and not universally held across the organisation. Some expressed the belief the organisation should set the tone for principled decision-making in the same way that it sets a climate for service excellence and responsiveness to customers and highlighted the influence of the organisational context in which professional decisions are made.

‘All about need and ethical principles. My view is that what most colleagues believe is…it is about finding the best match for the child, but it is not a principle that explicitly guides the process or is challenged when people believe this is not the case’  
Case informant MA3
From the field of business management, the model of ethical organisation posited by Verbos et al., (2007) asserts that ethical organisational identity emerges from a combination of authentic leadership, aligned organisational processes and ethical organisational culture. These authors identify two key attributes of organisational culture of a positive ethical organisation as a heightened level of ethical awareness and a positive climate regarding ethics. Within a positive ethical organisation, they argue, ethical practices are modelled and endorsed by authentic leadership; inculcated through structures processes and systems; and reinforced through an ethical organisational culture (why things are) contributing to a strong positive ethical climate, a perceptual view of ‘how things are’ (Grojean, 2004, cited in Verbos et al., 2007). A positive climate regarding ethics results from the interactions of the individual in the organisation as well as perceptions surrounding decisions made at all levels of the organisation. Encouraging ethical consciousness from the top down is a way for increasing the level of ethical practices within an organisation. Similarly and again from a business organisation perspective, Trevino’s (1986) “person-situation” model, exploring the ethical decision-making process in business organisations, suggests a relationship between individuals’ own levels of moral development, the values held by the organisations in which they work, and the ethical quality of the outcomes of their decision-making.

Organisations will vary in their ethical climate: the proclivity to unethical or ethical behaviour being deeply embedded within the organisational culture. According to one typology of organisational moral development (Reidenbach and Robin 1991, cited in Franey, 2002) an ethically proactive organisation is characterised by quality, value and client-driven motives. At the other end of the spectrum, organisations may be amoral while other organisations serving mostly self-interest operate within legal restraints or only act in response to ethical issues when challenged. Bracher and Hingley (2002) argue that organisations can be encouraged to be more ethical and develop to a more
proactive stage of ethical maturity and that a feature of such change involves a parallel between learning at an individual level and learning at the organisation level. It is not for me to determine what level of ethical maturity the organisation in which the study is being carried out has reached, but what is clear is that the increasing move towards the integration of services in health and education will place an additional emphasis on learning and focus in terms of how effective organisations are at responding jointly and ethically to the needs of children and families.

Theme 2: Ethical concerns

Some informants raised concerns about the ethics of some of the decision-making. The ethical dilemmas around provision reported below touch on the professional struggles of individuals to act in the best interests of children within a finite resource policy.

‘He would need to be residential on distance grounds… there were no care or family issues and so we actually took the child away from his family…ethically very difficult…In terms of ethical decision making… very difficult as it meant that the child lived away from family so a compromise from the child’s perspective. Developments of ASC provision in-house have arisen from this dilemma so children needs can be met within their local area’

‘Not sure such long term placements are as acceptable or should be seen as acceptable today’

Case informant MA3

‘In terms of the decision here I think it raises ethical issues… children who don’t have parents that are as vocal or knowledgeable as X’s would not have received this level of finding or a statement. I find this frustrating since it means that the system is inequitable. And I’m not convinced that the county should be providing IPF for a private school when it might not have been needed in a state school just because they might not ’do SEN well’.

Case informant EP1

There can be threats to ethical decision-making resulting from the stress within the organisation which can influence or affect decision-making in ways that reduce consideration of stakeholder interests (Christensen and Kohls, 2003). The stress inherent in financial crises is one example of organisational threat and addressing budget overspend is an ongoing
preoccupation for most LAs currently. Ethical concerns relating to decision-making around pupils in out-of-authority schools is alluded to by one informant below:

‘There is an element of pressure from some managers XXX that have an expectation that children, that funding, the financial pressures on the authority can be sorted by bringing children back from out-of-authority…without there appearing to be a consideration of the reasons why the child was there in the first place and whether or not we can actually meet their needs… and I am concerned that there is an element of rushed decision-making to bring a child back from an OOC placement and I’m not clear that the reasons are in the child’s best interest and how ethical that is’

So sometimes, I do feel, that we are sacrificing the needs of the child against the political demands and that concerns me, and I’m not quite sure how…..What I try to do is to ensure that the processes I manage, that I have every piece of evidence that I could possibly acquire in order to make a decision, so that the decision is as robust as it can be and if then challenged is evidential. I’m not quite sure what else I can do in that context’

Case informant MA2

Theme 3: Barriers to ethical decision-making.

Some informants’ accounts highlighted what they perceived as organisational, policy or procedural barriers running counter to achieving ethical decision outcomes, for example, in one case where the eligibility criteria and protocols being operated in a particular team appeared to work against the child or young person’s interests:

‘because of his mental difficulties they were able to persuade disability team that they should reconsider and that happened, but they were reluctant take him on because he was very bright and didn’t fit their profile, so things seemed to drag on and on’

Case informant MA2

Robinson and Cottrell’s (2005) research project reflecting on the perspectives and experiences of health professionals and their colleagues in multi-agency teams found similar concerns relating to inter-agency boundaries and referrals. These authors reported that where teams or agencies set referral or inclusion criteria to gate-keep their own boundaries,
because of resource limits or else in response to core aims, this can result in
clients with major needs ‘falling between the tracks’ of different services.

**Theme 4: Taking an ethical stance**

Mattison (2000), writing from a social worker perspective suggests that how
practitioners respond to ethical dilemmas depends, in part, on how
individuals have learned to think about the ethical issues. In some accounts
informants described their reasons for having to actively reject/challenge an
unacceptable decision option on what they perceived to be ethical grounds.
Actions taken by individuals in this way (or conversely not taken) represent
an ethical stance and impact beyond the individual client and on the integrity
and culture of the various professional groups and organisation. However,
the accounts below suggest that such challenges are not always easy to make:

‘At the time, with this case, it was very difficult, because what it meant as
XXXX you had to put your neck on the line and send quite assertive emails
through to the seniors to say he may be one of many to you because we
have got hundreds of children in county, but I have to advocate for him,
otherwise he would have got lost, and the family could well have ended up
saying …as they did at one stage…we are going to hand over into care then
and that would have had dire effects because then we would have been
looking around for a placement’

_Case informant MA1_

‘Ethically I felt the need to challenge the parents on this… with it not being in
the interests of the child… and they made a formal complaint about me
because I challenged them…’

_Case informant MA2_

**6.6.1. Summary**

Informants’ perceptions of the aims or beliefs guiding the process of
decision-making reveal there to be an ethical framework underpinning it.
The recognition that an ethical decision-model was being employed was
mentioned both explicitly and discussed implicitly in many of the responses;
though the picture is not a clear one. Some informants emphasised the
importance of developing an awareness of *ethical mindedness* within the organisation for decision-making or the need to set principles more overtly, highlighting the influence of the organisational context in which professional decisions are made. Other accounts highlighted what they perceived as organisational, policy or procedural barriers running counter to achieving ethical decision outcomes for children and perceived difficulty ethically with some of the decisions reached. Some informants raised perceptions about the threats to ethical decision-making within the organisation that can influence or affect decision-making in ways that reduce consideration of children's interests.

6.7 How do you think our current LA decision-making process could be improved?

This question seeks informants' perceptions and beliefs about what would need to change to effect better SEN decision processes. A number of recurring themes around improvements were identified in the responses and are presented in Fig.6.7. The number in brackets refers to the frequency of case-informant responses for each factor.
Fig 6.7 Thematic map IQ.10 How do you think our current LA decision-making process could be improved?

Theme 1: Learning from decision-making to inform provision developments

The concerns about lack of ASC provision within the authority for specific groups of pupils has been cited as a common and repeated theme in this study and particularly in terms of its impact on decision-making. As one informant suggests:

‘It’s not the decision-making per se… but the lack of options that makes the decision-making really difficult’

Case informant SP2
Overwhelmingly informants perceived the provision issues for ASC pupils in the LA as a pressing development need. This is borne out by feedback in the preceding sections and the emotionality underlying some responses.

‘If you look there are 2 ASC groups which go out-of-authority, the high functioning ASC pupils who we ought to be able to provide for in a mainstream context… which is safe secure and small and this second group of ASC youngsters with learning needs, challenging behaviour autistic and causing problems stress with the home that need holistic provision’

*Case informant MD3*

‘That group of high functioning ASC pupils who are significantly challenged by the mainstream environment and have mental health issues and can have highly developed sensory issues but need access to an appropriate mainstream curriculum and we haven’t got that yet. Not aware that we are moving forward on this… at least its not be shared with me…Talking about 10 maybe 15, the numbers are fairly static but a continuing issue and will be continuing to spend out on placements out-of-authority when we have the skills and capacity to develop provision in-house. In fact if we did develop provision we would have other LAs seeking places’

*Case informant MA2*

The learning gained from the experiences and processes of decision-making is perceived by a number of informants to be an important factor in determining and planning for future provision development. This implies a need to adopt a wider view of the decision-making framework to include individual case, system and strategic development decisions with clear links between decision-making at all levels.

‘We need to build future development needs into our decision framework. Knowing why children have to go out informs us in terms of what we need to do to change things…and should stop us falling to the default position in our decision-making’

‘Not sure if possible for our model to learn from this but future developments does mean learning from our own cases and considering other models of decision-making’

*Case informant MA3*

‘What is happening at case level should inform strategy and vice versa’

*Case informant SP1*

Some informants perceived that an improvement in decision-making protocols would be to focus on deciding the *most appropriate* provision
option for the child, without being deviated by what provision is available or what the LA doesn’t have.

‘The temptation to take the route of what we always have done for that kind of child is high and decision-making seldom focuses in on the best placement for the child’

Case informant EP3

‘If we looked to provide the optimum option instead of agreeing the best out of those available…we would realise what we need to change to be able to meet children’s needs within county’

Case informant SP4

This view chimes with the Waddington and Reed (2006) study exploring the views of both professionals, and parents of children with ASC, regarding the inclusion of children with ASC into mainstream schools. In response to discussing what factors need to be improved in order for inclusion to be more successful, local authority personnel suggested the need to create ‘a measure of best placement’, whereby professionals are ‘working towards some guidance’ and a ‘measurement that panels use’, to make ‘an appropriate judgement immediately’ and so avoiding pupils being put ‘in a position of failing in order to provide an alternative environment’, (p.158).

This suggests the need for developing practice through improved openness and awareness of potential decision options by focusing on relevant and optimal criteria as a precursor to the process of decision-making.

Aside from the improvements needed to address provision issues, accounts highlighted the need for improvements in terms of the decision-making model itself and its processes and procedures in a more general sense.

Theme 2: Need for an explicit model of decision-making

A theme which occurred in some informants’ accounts was a perceived lack of transparency in the model of decision-making and a need to revisit or make explicit the beliefs and purposes of the decision-making framework underpinning the statutory process.
'Having a more explicit model of decision-making would help'

Case informant EP3

Some informants believed that this would be best achieved by ensuring its moral grounding as a model of practice. There was sense from others that the ethical tone for decision-making would benefit from being re-said or reset.

‘Do need to review our decision-making again with a view to principles or values. What we believe is in the best interest of the young person’

Case informant MA3

There was also some acceptance of the failure of the current model to put children and families at the heart of the process.

‘It has become bureaucratic with the tail wagging the dog….admin is driving it…not child and family needs’

Case informant SP4

Similar views are echoed in the Green Paper (DfE, 2011), asserting that the current SEN statutory framework, including the SEN Statementing process is effectively acting against the system’s fundamental aim to improve outcomes for children, young people and families. Redefining the principles underpinning SEN support systems is a major driver for the proposed reforms.

The apparent disconnect between espoused and actual practices within an organisation such that the ethical code is not reflected in its behaviour attitudes and processes is not unusual. According to Sims and Brinkmann (2003) the culture of an organisation matters more than written codes. In the organisation in which the study is being conducted, “Customer First” is the short-hand written code to say ‘everything we do, we do in the interest of our customers, stakeholders or clients’, but clearly in respect of this organisation’s activity around SEN decision-making, some informants would perceive that this is not always the case. That said, the Green Paper confirms that similar perceptions and concerns about SEN decision processes is far more widespread, and that the organisational culture change
necessary to establish ‘how things need to be’ requires a national re-orientation plan to significantly shift existing attitudes and beliefs.

**Theme 3: Better joint-working between services**

The emphasis on improved outcomes for children and young people and the need to make decisions based on the holistic needs of the child is a repeated theme. Informants’ accounts revealed the importance of better shared communication and effective collaboration between services to achieve this. While some informants acknowledged that there had been some progress towards this, others expressed a belief that this would require more improvements in terms of joint-agency working and joint decision-making; and particularly in respect of the social care and education departments.

‘Before the decision making you need to be working together to look at the ‘whole’ child because then the decision is informed from a number of perspectives and so easier to make. There is no criteria in terms of expectations of education and social care, how you pull this together need to facilitate more effective decision-making. I think this is a risk and challenges the robustness of the judgements we are making…particularly those complex cases that need a multiagency perspective… Deciding things separately you stop seeing the holistic view and become silo’d’

‘We are trying to move towards a more view of the whole child. I think to a certain extent that is effective with the social care disabilities team because we’re dealing with the same level of needs the children are, and we are working much more closely together and we have a wider shared understanding of the constraints within each discipline. So that’s been much better… I’m not sure that it is a case with the wider social care teams, but maybe that will come… I think it’s because the people don’t work together.

*Case informant MA2*

When thinking about what might be necessary to improve joint decision-making practices between education and social care, informants perceived that shared-working protocols may be required to further develop the links.

‘In terms of decision-making protocols we need to be more joined-up with social care with regard to assessment and provision planning, to look at the needs of pupils holistically’

*Case informant MA3*
Again, this is reflective of the proposed changes in the Green Paper (DfE, 2011) which, while acknowledging that in many cases local professionals and services work well together, also recognise that there are areas where better joint working between services would lead to more timely identification of SEN or disability and earlier and more coherent intervention and provision.

The decision-making processes between education and social care were widely perceived as being an important area for development and improvement as a result of what some informants perceived to be failures in the current organisation’s structures and systems to accommodate for the need for shared decision-making. Where there are barriers, such as agencies having agendas and procedures that do not match each others’ this was perceived by some to have an impact on professional decision-making such that effective collaboration around the same child can be blocked or reduced.

‘I think there could be more transparency between social care and education around the decision-making processes… A lot of those decisions almost happened in isolation from education… I don’t think there was enough liaison happening there… the liaison there needs to be improved, and there needs to be joint decision-making on a much greater basis’

Case informant SP1

‘The Panels don’t speak to each other well enough in some cases and can offer very disconnected agency views of a child’s needs’

Case informant SP3

(Laughs). I think the current system with the LAC Panel or whatever it’s called now, where the social workers go to present the case is good, but I think it should be joint decision-making if it’s been joint work around the same child’

Case informant SP4

Some informants pointed to this being further frustrated by having separate agency budgets and perceived the aligning or pooling budgets across sectors as one way of dismantling some of those organisational barriers that can exist, in order to better facilitate integrated service delivery and joint decision-making.
‘there definitely should be joint budgets, that have just come from Children’s Services so we don’t argue about education are paying this, social care are paying that, transport something else, it should just be those high cost placements that should be from a joint pot’

Case informant MA2

‘I think if you had more of a joint funding arrangement. If you had just one pot of money then you would get away from this business of how much is education paying and how much are social care funding. So if you just had one pot that would be easier. And to have, if the decision-making is going to be the senior managers, then the senior managers need to sit on a Panel together and be available when the cases are discussed. Instead of it being people who sit on a Panel who don’t have much financial authority and then have to feed it up independently’

Case informant MA1

The difficulties associated with separate agency budgets as opposed to a common budget have been previously implicated as a stumbling block in terms of the practicalities of delivering a multi-agency service to children and families (Roaf, 2002) and one major intervention that could alter this dynamic is to ensure that proposals for a single plan in the Green Paper (DfE, 2011) comes with a joint budget. Giving parents the option of personalised funding by 2014 is also intended to cut through discontinuity of service provision and will undoubtedly have a significant impact on future budgetary processes.

In some accounts there was a belief that further improvement and refinement towards more explicit decision-making protocols between services was necessary. The benefits of this approach for Children’s Services broadly were believed to be a more effective service for children and families.

‘An improvement would be a forum for joint decision-making to ensure a holistic view of the needs of child and family’

Case informant MA2

One informant recalled a previous joint forum that had functioned effectively:

‘The Complex Needs Panel ensured a forum for joint problem solving between education, social care and health and I thought that that worked very well’

Case informant MA1

Another perceived the attendance of education staff at the social care Resource Panel as an important improvement:
‘In this particular case education and social care worked very closely together not always the case in all cases...we don’t always communicate as well as perhaps we could. There are changes that have been initiated which have had a positive impact...so for instance we have an education representation at the social care LAC Children’s Panel...has made a big difference so we get feedback about what is happening and we can feed into the decision-making process’

Case informant MA2

There was a view that organisational and management structures would also be needed to support these developments.

‘I think they need to be a bit more solution-focused, because with the child in the middle, how can we solve this on this lower level, and when it gets a bit more contentious and complicated, it should go up a level. When it goes up a level, they need to be sitting together in one room and have a bit more honesty about it. Instead of the email, the culture back and forward it’s not mine, it’s theirs, and children get lost in it’

Case informant MA1

Horwath and Morrison (2007) describe a range of working together arrangements in organisations and the different levels of multiagency collaboration within that: in terms of communication, co-operation, co-ordination, coalition, and integration as illustrated below:

1. Communication: individuals from different disciplines talking together.
2. Co-operation: low key joint working on a case-by-case basis.
3. Co-ordination: more formalised joint working, but no sanctions for non-compliance.
4. Coalition: joint structures sacrificing some autonomy.
5. Integration: organisations merge to create new joint identity.

(p.56).

In this context, at its lowest level the focus is on the individual case with decision-making the responsibility of the single agency. In moving from agency focused decision-making to jointly focused decision-making a more formal and whole agency collaboration is described. The accounts in this study would suggest that in terms of SEN decision-making, at least, the
collaborative partnerships between education and social care in this organisation currently operate at the lower levels of this continuum. While the literature advocates the potential gains from higher levels of collaboration in developing responsive services these authors believe that:

‘it remains the case that “partnership” is still seen more as a means to promote interprofessional working rather than a way of placing service users at the centre of agencies’ attention, as the primary stakeholder for collaboration’, (p.62).

In negotiating and facilitating interagency development and change they suggest that such a shift will only occur if agencies themselves see the need for and share collective responsibility for achieving shared outcomes. Importantly they caution not to over-focus on structural and procedural solutions at the expense of attitudinal change.

**Theme 4: Better planning and reviewing processes and statutory protocols**

In terms of internal statutory protocols, some informants identified the lack of planning as contributing to the sense of inaction in the system and in some cases perceived this to lead to potentially less positive placement decisions. The need to consider long term needs in a more planned way, particularly for those pupils with more complex profiles was acknowledged and underlined in several manager responses.

*Much earlier and better multiagency planning around the child and family, this youngster’s needs didn’t suddenly arise when he was 10 or 11 …from birth we should have known and been planning for this young man and so we could have moved him to more creative, more sustainable more appropriate provision just as part of a longer term health, care and education plan for him and also being able to work more closely and in partnership with parents’*

*Case informant MA4*

*“We need to have a process of identifying children who are likely to be high risk to the LA in terms of placement and costs before year 5. There aren’t huge numbers of children like this but such a process needs to have support across the board not just one person saying it. Needs a strategic driver to support this development”*

*Case informant MA2*
'We need to be planning forward from the initial assessment...thinking about long term needs in a planned way’

Case informant MA3

As well as better planning, the need to review decision-making was cited in a number of accounts as being crucially important. Evidence on the recent improvements in this area was expressed by one manager informant.

‘The decision-making process is dearer now about what we do...the weekly monitoring and reviewing of complex cases, the proforma for the rationale for out-of-authority cases and recommendations. More systematic and evidenced based’

Case informant MA2

‘I don’t believe that would happen now and the structures for reviewing and discussing and being flexible are much more robust now than they were then in 2003’

Case informant MA2

Similarly recent improvements in statutory protocols were mentioned by other informants: in terms of the environmental audits now completed for every out-of-authority school, so that clear comparisons can be made between schools to aid the decision-making re provision options; the new protocols for out-of-authority visits ensuring that Visiting Officers (VOs) are clear about their role in decision-making about placements; and the new working groups around tribunal processes to develop and improve practice.

‘Improving VOs remit like the work we are doing on VOs and what they understand as their responsibility. Need to go and inspect the schools we use...do an environmental audit as a matter of course’

Case informant MA3

Theme 5: Better communications with parents and pupils

A number of informants’ accounts highlighted the need to improve the engagement of parents and young people in the process of decision-making. For these areas to develop, it was felt that communication needed to be perceived as reciprocal and effective.

‘We need to routinely ask parents for views. They are customers. Listen to child/s voice really listen. And feed this into decision-making’
Themes around the need for better communication between the LA and parents have been rehearsed previously (SEN Green Paper, DfE, 2011; Jacobs, 2011; Tissot, 2011). The autism literature recognises that family members are often key advocates for their child, as well as themselves being vulnerable, anxious and needing help (Parsons et al., 2009) and it can be the case that that the relationship between parents and the school and LA can founder at these very difficult and stressful times.

The new proposed reforms will obligate parent and child engagement in the SEN decision-making process and services will be expected to work together with the family and child/young person to agree a straightforward plan that reflects the family’s ambitions for their child, reflects their changing needs over time and makes clear about who is responsible for provision (Green Paper, DfE, 2011). The challenge for most LAs is to move towards this position. In the LA in which I am employed, a small scale project is planned to test out the single assessment process with referrals through the Child Development Service for children with complex and additional needs (refer to LA Action Plan, Appendix 7).

6.7 1 Summary

The lack of ASC provision options has been recognised as a significant source of difficulty in terms of decision-making for this pupil group, a point underlined throughout this study. That said the learning gained from the experiences and processes of decision-making was perceived by to be an important factor in future developments both in terms of provision and process advances. The accounts offered a strong impression that successful progress would require better connections being made between
case, system and strategic level decision-making. The need to rethink decision procedures by focusing on relevant best options rather than being deviated by what provision is or isn't available was highlighted. Some informants in this research perceived that a more explicit model of decision-making was required and offered a belief that this would be best achieved by ensuring its moral grounding as a model of practice. In terms of internal statutory protocols informants perceived the need to build on further the recent improvements in planning and reviewing processes. The emphasis on the need to make decisions based on the holistic needs of the child was a repeated theme and there was an opinion held by a number of informants that this would be better facilitated by having improved joint-working between services. The need for interagency development work towards increased levels of collaboration and decision-making between education and social care in relation to pupil SEN needs and placement; both at an operational and strategic levels was widely perceived as being an important area for improvement. There was a view that management structures would be required to support and foster these developments. The need to improve partnership engagement to ensure reciprocal and effective communications between the LA and parents and pupils was also strongly made.
Chapter 7: Conclusions and Recommendations

7.1 Key findings

At this point it is necessary to revisit the aims of the study and the research questions underpinning it. This study set out to explore what factors have the greatest impact on the decision to educate pupils on the autistic spectrum outside the local authority and how key decision makers perceived the LA process for deciding pupil placements. Specifically, it explored informants' experiences of their involvement in SEN decision-making from their perspective and their satisfaction with the decisions made; their insights on the approaches to decision-making, potential constraints and the decision-making models being used; as well as their observations on the improvements needed to effect better SEN decision processes. The findings are summarised below:

- There is evidence from this study that that the two significant factors in agreeing an out-of-authority placement are complexity and range of pupil need and a lack of LA provision to match the needs identified. This finding is supported by both case analysis and interview data.

- The response of the LAs own schools, professionals and parents to those presenting needs as well as the consequent impact on the child/young person and others were consistently recognised in the study as secondary factors.

These findings have informed the Special School Review currently being conducted within the LA where the study took place and the ASC provision gaps identified, relating to the needs of able autistic youngsters with emotional and mental health needs and those pupils with profound autism and attendant care needs have been prioritised for action.
Data from the qualitative interviews gives a sense of the range of experiences relating to decision processes and the factors determining those perceptions. A consideration of informants’ descriptions of decision-making begins to uncover some of the similarities and differences in how the process is perceived by different professional groups, in terms of generic professionals, specialist leads and managers.

- the level of participation and influence on decision-making around provision was perceived to be greater for those professionals holding lead or specialist roles with generic professionals having little direct involvement

- the majority of informants were satisfied with the placement decisions and perceived the main benefits as the out-of-authority school's ability to accommodate well for ASC needs

- There was a consistent perception among all research informants that there were no major constraints on decision-making

- Informants cited a number of factors perceived to influence decision processes and provided a number of opposing views. These related to whether the process was experienced as planned, coherent, evidence-based, child-focused, involved effective working with parents and other agencies or was judged to be the reverse. Those informants who perceived themselves to be more distant from the decision-making (identified as generic professionals as opposed to specialists or managers) tended to perceive the process as less coherent

- The data collected from all informants echoed the sense of joined-up working being a facilitator to the practices and outcomes of decision-making and conversely noted different agencies’ organisational structures and practices as potential barriers
There was recognition across all groups that an ethical decision-model was generally being employed, though some informants identified threats to ethical decision-making within the organisation affecting decision processes in ways that can lessen consideration of children’s interests.

Informants described a range of recommendations for promoting improvements in decision processes including a need for: a more explicit model of decision-making with better connections between case, system and strategic levels; an ethical grounding to decision-making with a holistic view of the child and family at its centre; and further improvements in planning and reviewing processes, particularly for complex cases. In addition to pointing out the need for improved partnerships with stakeholders and increased levels of collaboration, decision-making between education and social care in relation to pupil SEN needs and placement was widely perceived as being a key area for improvement.

7.2 Implications of the research for decision-making practice within the research site.

Clearly it is not straightforward to devise a process of SEN decision-making that will both deliver the best possible outcomes to complex placement questions, quickly and to do so in away that meets stakeholder desires within a finite budget. It would be premature to suggest detailed changes on the basis of the limited and partial observations presented here. However, drawing on some of the decision frameworks discussed in the Literature Review the findings suggest that there are a number of factors in the current SEN statutory process and the decision processes carried out locally that may benefit from further consideration and reflection.

At a strategic level there are 2 important aspects of decision-making practice at the research site that warrant particular attention. The first of these is the
perceived lack of coherence between Education and Social Care departments in decision-making processes and the reported difficulties that practitioners can face when management structures do not enable them to work in a flexible joined-up way. Some informants identified these difficulties as potential barriers to meeting the needs of children and families. Senior managers too have recognised the dislocation of decision-making protocols as a threat to effective service delivery and have acknowledged the advantages of increasing collaborative partnerships between education and social care towards joint structures and protocols for joint decision-making around provision. The motivation to move towards the establishment of joint Education and Social Care Panels as a vehicle for this is a recent strategic development and an important response to this study and other feedback received by Heads of Service.

The second aspect of decision-making practice relates to ethicality within decision-making processes at the research site. At a local level informants identified the need for a more explicit model of decision-making, ethically grounded with an emphasis for decision-making to be based on the holistic needs of the child. Ethical awareness is an important concept that is arguably less often and less explicitly addressed in professional work relating to decision-making. As previously discussed ethics is a basis for deciding how to act and *professional codes of ethics and codes of practice*, provide a reference point for practitioners, for example the British Association of Social Workers identify the 5 ‘basic values’ of social work as human dignity and worth, social justice, service to humanity, integrity and competence (British Association of Social Workers, 2002). Within the UK, the British Psychological Society produced a completely revised *Code of Ethics and Conduct* in 2006 (BPS, 2006) recognising the importance of a recognition of ‘ethical gradualism’ and of ethical decision-making. However, as valuable as these broad principles are for providing a general sense of moral orientation and purpose, they may not explicitly help to resolve a particular ethical conflict or provide a set of rules on how practitioners act in all circumstances in professional practice. Recognising the complexity of ethical decision-making, a number of authors across a range of disciplines have
recommended decision-making models or frameworks which commonly comprise a number of clearly defined steps to follow from identifying the problem, to deciding the best course of action, to evaluating the outcomes (McAuliffe and Chenoweth, 2008, cited in Clark, 2011). From the medical perspective, Manson’s CORE-Values framework to ethical decision-making, illustrated below, has been shown to support the systematic identification and consideration of ethical aspects to clinical cases.

Table 7.2 The Core Values Grid taken from Manson (2012), p.263.

| CORE VALUE DOMAINS | Check: Do you have all the relevant information including  
|                    |  
|                    | - Stakeholder values  
|                    | - Clinical facts  
|                    | - Social issues  
|                    | State your gut reaction  
|                    | Helps clarify your own position. Be open-minded about changing your mind during the course of the analysis  
| CORE VALUE DOMAINS | Codes of Professional Conduct  
|                    | Regulations  
|                    | How does the law apply to the case?  
|                    | Other important local or institutional regulations  
|                    | Ethical Principles  
|                    | - Beneficence *the act of doing good*  
|                    | - Non–maleficence… *the requirement to do no harm*  
|                    | - Justice  
|                    | - Autonomy… *enabling a person to be self determined*  
|                    | - Utility… *the needs of an individual balanced with the needs of many*  
| CORE VALUE DOMAINS | Values  
|                    | Consider values of:  
|                    | - The patient  
|                    | - Health professionals  
| CORE VALUE DOMAINS | Other stakeholders e.g. patient’s family, institution, clinician’s employer  
| CORE VALUE DOMAINS | Plan of action  
|                    | Based on these perspectives  
|                    | - What needs to be done next?  
|                    | - How should you proceed?  
| CORE VALUE DOMAINS | Anticipate criticism and costs.  
|                    | - What will critics say about your position?  
|                    | - How will you justify the decision?
Manson (2012) suggests that developing an ethical awareness of the dimensions of clinical care is an essential prerequisite to being able to manage complex ethical issues in practice. She defines this as acting in the unique context of the individual patient and their family, which is dependent on the involved health practitioners, the limitations of the health service, the constraints of the law and the expectations of society as a whole. She acknowledges that while it cannot provide a definitive procedure for decision-making in any given case, it can help bring relevant issues to scrutiny and provide a process for explaining and justifying decisions. Managers or Heads of Service at the research site might similarly be persuaded by the argument that the application of an ethical framework to decision-making could build up expertise and deliver greater efficiency to an organisation’s action on behalf of its customers (the public, children, families etc). Moreover, Bracher and Hingley (2002) assert that the use of ethical practice is an indicator of professionalism, both at individual and the organisational level. They suggest that use of ethicality could not only become the way that practitioners conduct themselves, but could become intrinsic to the process of being a critically reflective practitioner.

In terms of SEN decision-making the local SEN Panel is the official forum for decision-making. The Panel provides a forum in which to consider different options and make recommendations and shift, to some extent, the responsibilities for decisions away from practitioners working the ‘case’ to Panel members. In my opinion the inclusion of an ethical framework to these proceedings would be a vital but currently non-explicit element of decision-making in the organisation involved in the study. Such a framework would provide guidance to Panel members as well as applying a rigour of scrutiny to professional decisions that some informants at the research site reported might not always operate. Some informants reported a system of decision-making where the opinions of more ‘significant’ individuals were considered to be more influential, such that their views were solicited outside the collective SEN Panel decision-making forum. Such practice can challenge the ethical integrity of decision-making. While professional judgement and opinion is clearly important as a source of knowledge as Fox (2002)
suggests it cannot be allowed to be the main driver of policy and rather as he argues:

'It should be the client’s values, not ours, that make evidence meaningful and it should ultimately be the client’s choice within such a constructed model of reality', (pg.50).

Ensuring that decision processes are ethically grounded challenges practitioners to consider the values and wishes of the client, pupil, stakeholders etc as ultimately these must drive the process of decision-making. This has implications for the ways that professional opinions are sought and employed in practice. Gracia (2003) within the context of making ethical decisions in clinical medicine asserts that a process of deliberate practice in ethical problem-solving with someone else in a consultative role is necessary to make the best decision. Reflecting on informants’ reported use of ‘key professionals’ to aid decision-making outside the Panel, I would advise that the SEN Panel at the research site consider the alternative practice of local ‘experts’ providing a ‘consultant role’ to the Panel. This would allow the resolution of the case to be sought in an open, dialectical decision-process and would improve the transparency and robustness of decision-making. The arguments and alternative viewpoints that can arise between individuals in such a forum can contribute to learning and moral self-reflection. In addition Panel decisions accumulate as a body of formally authoritative precedent and recognised good practice that can inform future cases.

In reality, decision-making takes place in a range of social contexts. Outside the Panel it is likely to be the case that a great many professional decisions would still not receive the kind of scrutiny that such an ethical framework might offer. As previously discussed, many decisions are ‘agreed’ outside formal arenas and follow the informal rules and routine practices of the service or organisation context that informs professionals’ actions. Ethical decision-making as we have seen is not solely determined by the personal ethical stance of the individual, but includes the wider societal and cultural values in which the practitioner operates; and the specific purpose,
organisational beliefs and values of the organisation. Together these elements determine the eventual ethical stance of the practitioner and the core values that determine professional intervention and action (Bracher and Hingley 2002).

While ethics and codes and frameworks cannot anticipate all ethical questions they can provide processes for decision-making. According to Christensen and Kohls (2003) a focus on the actual process of decision-making makes the institutionalisation of a commitment to ethics more secure than does an attempt to list the decisions that should be made. They assert that corporate behaviour should be judged not by the actual decisions reached, but on the processes employed by the organisation to direct those decisions. From reported informant views one implication of the research for decision-making practice within the research site would suggest that the organisation may benefit from reviewing its stance, with regard to ethicality within decision-making. An organisation can initiate a basic audit of the existing levels of ethical awareness and maturity as part of a self-evaluation process or prior to a change process towards seeking increased ethicality. Bracher and Hingley (2002) have created a checklist, which focuses upon four aspects of agency function: commitment, direction, monitoring and professional training and support. For example in terms of Agency commitment an organisation would need to ask:

- Are ethical issues high profile in the organisation?
- Is there real awareness and debate of ethical issues at corporate level?
- Does the agency recognise the value of the main ethical principles with respect to clients and members of the organisation (including professional workers) and act on them accordingly?
- Does a clearly formalised ethical code of practice exist within the agency?
- Do agency leaders value and formally support the importance of an ethical agenda?
• Is there an acceptance that any significant decision (both management and professional) incorporates an “ethical gaze”, an ethical value perspective?
• Is there recognition of the fact that the use of an ethical framework as part of an issue-management model offers distinct advantages over traditional simplistic approaches to managing complex dilemmas?
• Is there consistency between the goals, values and actions of the agency?
• Do policies and priorities align with the ethical stance of the agency and if not how are mixed messages addressed and resolved?

In terms of Agency direction, for example:

• Are ethical issues addressed in the induction of new staff?
• Do all professional decision-making processes incorporate an ethical dimension?
• Is there an agency strategy for dealing with ethical issues (including guidelines for practice) incorporated in the professional decision-making process?

In terms of Agency monitoring, for example

• Is there external scrutiny of the quality of ethical decision-making?

(p.93)

Improving ethical awareness and competencies in professional decision-making clearly needs to be carried out at all levels of an organisation. Quality mentoring and deliberate practice in ethical decision-making would also be an important organisational training goal for an organisation seeking improvements in ethical standards and workforce competency.

The findings of the study also support the need to promote an explicit model of SEN decision-making at a local level. This would be further strengthened by the dissemination of a clear message to professionals and stakeholders about the aims, beliefs and functions of the decision-making process. To
achieve this, the LA Green Paper developments locally will be influential in ensuring the message is future-facing, consistent and credible.

7.3 The potential of a shared-decision making model applied to the educational context

The principles of a values-based approach, discussed previously, (Petrova, Dale, and Fulford, 2006; Williams and Fulford 2007), grounded in its respective knowledge as a basis of shared decision-making and aimed at enhancing the capacity of patients to contribute to decision-making in partnership with professionals, is likely to be of particular relevance to the changes anticipated in the Green Paper reforms. The reforms seek to equalise power differentials between parents and the LA or the school. The parent-consumer under the proposed future arrangements will be more knowledgeable, powerful and explicit about his or her needs, wishes, and expectations and will have more control over decision-making and budgeting. Within this new partnership, I anticipate that there will be a greater need for clarity of the decision-making processes being employed by Children’s Services in weighing up the relative benefits and disadvantages of alternate educational and or care provision options. While placing evidence-informed decision-making as central to this process, it will also be necessary for LAs to recognise and be clear about other significant variables such as the unique needs and expectations of parents and pupils as well as organisation, professional and agency preferences and ethics. A core element of Williams and Fulford’s (2007) position is the need for a framework of decision-making to be informed by values as well as facts, where the concepts of openness and transparency are procedural ethical principles of the model. They define openness as ensuring the processes used in decision-making are open to scrutiny and transparency as the basis of decision-making being overt. The framework recognises that the values brought to shared decision-making are much broader than those of the professional and client and encompass those other values from individuals’ respective roles and responsibilities.
The authors contend that it is no longer possible for professionals to distance themselves from the socio-political context of their work and the realities of public service policy, resource allocation and service management etc.

‘Values other than the patient’s are and should be legitimate parameters in the decision-making process… This includes the values of providers; of informal carers and the family; of society; and the values embedded in research, the organisation of services and policy documents’, (Petrova, Dale, and Fulford (2006, p. 706).

They argue that such a framework allows professionals to work in a way that is ethically acceptable.

I would suggest that this model of professional-patient partnership which integrates the best research evidence, professional/clinical expertise and patient values can help us better understand and improve current SEN decision-making both nationally and locally. Applied to the educational context of SEN decision practices the model would offer a more open, transparent process, intended to support a balance of legitimately diverse perspectives where knowledge, (such as the pupil competency profile, ASC research evidence on interventions etc) is understood, negotiated and evaluated alongside the elicited and explicit values of the pupil, parent and other relevant stakeholders (such as LA principles, policy priorities and budget). In my view this would help us to work in a manner which was ethically grounded.

### 7.4 Limitations of the research

This study has provided a detailed exploration of professionals’ experiences of SEN decision-making in one LA and the factors they feel to be important in future developments. While this exploratory study has generated some useful illuminative data it is not a holistic view of the decision process as the research is weakened by its restricted methods of data collection, specifically in terms of not seeking parent/carer views via interviews. However, as
previously referenced, ethically, I did not believe this inclusion was justified as the focus of the research in terms of out of authority placements could have been perceived as insensitive or indeed provocative. Had this holistic view been accessed, I anticipate that many of the parents or carers interviewed would have reported feelings of distrust towards LA decision makers and would have echoed similar attitudes about the processes of statutory assessment to those parent discourses captured in the Green Paper consultations (Department for Education, 2011). That said the input of parents should be addressed if any further study of or review of SEN placements is proposed by the LA.

A possible limitation in this study was the number and range of participants. The recruitment of participants was itself clearly influenced by the 24 placement decisions which named colleagues had contributed to, and that I needed to work within. The lack of consensus which appeared to arise on some issues between the 3 groups: generic professionals, specialist leads and managers may warrant further exploration. Ideally if the research is replicated it should be conducted with as many professionals as possible from the 3 groups.

This study did not include the views of strategic leaders across social care or health and if it had there may have been other issues relating to decision-making that were different or additional factors considered salient. Some of the emerging themes may be distinctly specific to this ASC population. Additionally the policies, systems and practices experienced by informants in this study may be very different from those encountered in other local authorities or other local authority schools.

As discussed in detail in Chapter 4, as a researcher conducting a study in the organisation where I work I was acutely aware of the potential for distortion within the context of insider research. Opinion is divided over the extent to which an insider alters the research process and findings. Some commentators have suggested that greater familiarity allows insiders to understand the subtleties of the context and is likely to engender a greater
level of candour from research participants than would otherwise be the case. Conversely it is argued that greater familiarity can make insiders more likely to suppose things, such that assumptions might not be challenged and data is leaner as a result (Mercer, 2007). While informants reported the experience as positive and unthreatening and appeared sincere and open in expressing their views, I remain mindful of the potential influences of informant bias and am aware that what informants choose to articulate in an interview may, of course, differ from the views they express in other contexts or apply in their professional practice.

7.5 Implications for EP practice

A number of implications arise for educational psychology practice.

The origin and history of the EP role within the UK’s public education service outlined by Squires and Farrell (2007) points to the EP initial contribution in the first part of the twentieth century in supporting school placement decision-making which has maintained to the present day. While EPs have continued to be influential in describing educational or care provision and increasingly acting as “expert witnesses” in the courts (Ireland, 2008) and so contributing to decisions which have profound impact on many children’s lives, it is more difficult to discern how their influence and/or perspective on the decision-making process itself might have changed or evolved over time. Whether the profession feels that SEN decision-making processes for children and families are better, could be better, more ethical or evidence-based is unclear judging by the limited literature or research in educational psychology on this topic.

In deliberating the passivity of EPs in these kind of discourses, Cameron (2006) contends that in a context where it appears that the education and social care structures and protocols are overly concerned with ‘bureaucratic
detail and quick fixes’ it can often seem the case that ‘informed innovation and creativity’ is stifled or restricted. He says:

‘Such are the demands for psychological advice and the increasing administrative pressures to meet statutory deadlines, that it can be only too easy for EP practitioners to miss opportunities for change or lose sight of potential connections between the ‘big picture’ of children’s needs and the research/theoretical knowledge base in psychology which can indicate promising approaches to such problems’ (p. 298).

From this author’s perspective it appears the case that EP professional practice is still corseted in the ‘symbols and ceremonies’ of SEN procedures (Thomas and Loxley 2007, p.53) and in servicing a process that EPs themselves have no time to evaluate or explore. One cannot but feel concerned that the application of psychology has been curtailed and contained to meet the demands of legislation in this way, at the expense of innovative practice, though I am optimistic that the SEN Green Paper reforms may provide us with opportunities to secure some role transformation in this area. The responses to the Green Paper will be considered together with the Government’s review of the initial training arrangements for educational psychologists to inform the future training of the profession. The Green Paper reforms anticipate changes in the role and service structures of EPs evolving to:

‘work in a more flexible manner that is responsive to the needs of the local community’, (Green Paper, 2011, p.104).

The issues around EP professional ‘identity’ and ‘distinctiveness’ continue to be perennially debated and rehearsed from within and outside the profession (DfEE, 2000; Webster and Lunt, 2002; Cameron, 2006, Farrell et al., 2006; MacKay, 2002, 2007; Gaskell and Leadbetter, 2009; Gersch, 2004, 2009). Fallon, Woods and Rooney (2010) propose:

‘that the recurrent question about the EP role, then, has not been about what EPs do, or can do, but how they can, or should,
operationalise the identified core functions within their particular employment context’, (p.4).

Underlining Stobie’s (2002) emphasis on the ability of EPs to respond flexibly to the developing socio-political context of public services, these authors highlight the need for the professional identity of EPs to be able to orientate and adapt to changing needs and demands both nationally and locally. As the professional lead for Psychology services in the LA where I work, I wholeheartedly support this position. Much of my current focus is about ensuring that the service is in step with the “big picture” of the national and local context, and that strategy and delivery is planned accordingly. Crucially there is need for EPs to be connected securely to the strategic map so that our input is projected and targeted appropriately; and outside our statutory brief we are able to respond flexibly and effectively to major national, LA and local initiatives that add value and can impact positively on the lives of children and families. Moreover, EPs need to have the necessary tools for applying psychology in this changing context and be able to demonstrate positive impact.

Cameron (2006) describes a variety of roles for EPs in these shifting times; arguing that a distinctive aspect of applied psychology practice is concerned with using data from the research and theoretical database in psychology to advise evidence-based strategies for change. As discussed in the Literature Review the concept of evidence-based practice which has strongly influenced developments in the medical/health field had been less evident in the area of education in general. The main thrust of this approach is the focus on using the ‘best possible evidence’ (Cameron 2006, p.297) to direct professional practice and advice to benefit the customer/patient/provider/pupil in terms of clear confirmable outcomes. As noted previously many questions remain about the effectiveness of different types of educational interventions and provisions for children who are autistic, though a clearer picture of the more effective strategies of support is now beginning to emerge. The need for national and local provision decision-making to be well-informed by relevant research and the current evidence-base is clear. A
better knowledge-base locally would take out some of the uncertainty around what provision will work and I believe this is an area in which psychologists can offer specialist competencies to LA decision-making. Additionally the importance of practitioners being aware of and be able to examine their own personal biases in decision-making around uncertainty is another area where Psychology and psychologists can add value.

While my own view remains that applying psychology should centre on EP practice at the community level and not be overly focused on the SEN context, nonetheless, I believe the SEN Green Paper initiatives offer the profession compelling possibilities to promote positive change at a number of levels. The opportunity to contribute to the introduction of a process of a shared, collaborative decision-making will allow psychologists to bring areas of psychology to systems that have the potential to achieve more robust models of partnership working across agencies and with families. There are further opportunities in terms of improving the access and engagement of children and young people in SEN decision-making processes. While a substantial slice of the literature, legislation and research activity committed to ensuring the participation of children and young people in decisions about their education already exits, there is clear recognition that more needs to be done to promote active, authentic, pupil involvement alongside the strident professional discourses (Soar et al., 2005; MacConville, 2006). Harding and Atkinson (2009), noting the fact that the EP advice for statutory assessment has a section for recording the views and wishes of the child or young person express surprise at the paucity of research and literature relating to the EP role in this area. They highlight the need for further studies to improve understanding of ‘how best to listen to children’ (p.135). I recognise the dangers noted by these authors of a nodding surface compliance to pupil voice, where our responses to it focus more on the ‘doing’ than the ‘why’ it’s been done. Speaking for children and young people in supportive ways is not authentic and there is danger of specifically adult-situated perspective getting in the way of deeper understanding and simply relegating or paying lip service to what they have to say. I feel that there will need to be a greater recognition that children themselves are the “expert witnesses” (Rudduck,
2003) and ensure that they are heard in a way that will be sufficient to make the experience meaningful to the diversity of ‘voices’. Consistent with this is a need to identify the child as a customer who is consulted genuinely about provision and not just a pupil who receives it. I believe EPs are well placed to address this research area and as ‘competent child psychologists’ (Gersch, 2009, p.17) our profession should be able to deliver convincing, relevant and real solutions to ensuring that the voices of children and young people are central to the decision-making processes that concern them.

7.6 Implications for further research

To my knowledge, no previous research study has investigated the area of SEN decision-making in this way. Rather than working in a known and well-researched field in which some direction can be taken from prior studies, this study has attempted to explore SEN decision-making from a previously uncharted route. The study has illuminated thinking in how other decision models might contribute to decision-making in the SEN educational context and further questions have been raised in this process that may warrant further investigations. Future research may usefully explore the following:

- Finding ways to understand and develop the process of shared educational decision-making

The current model of educational decision-making with parents at its worst can perhaps be described as a kind of ‘paternalistic consulting’. In the absence of much research in this area, insights could be gained by exploring parent/professional encounters in practice to understand better what each brings, experiences and takes away from such consultations. Interview approaches could be used to obtain parent and professional views about their experiences of the current process of decision-making and reported benefits or barriers (for example, relating to information, potential options, level of involvement, outcomes etc).
In anticipating the likely shift to a more shared decision-making model future research could profitably explore what it actually means to ‘share decision-making’. Potentially a deeper understanding of what is meant by this concept and the goals, processes and values and partnership expectations inherent in such a model could be explored with parents and professionals through interviews or focus group methodology.

- Developing a process map for progressing SEN decision-making

The research emphasis here lies in bringing more openness, transparency and ethical mindedness to the route of decision-making and awareness that good process ensures that information is overt and evidenced-based, that there an awareness of potential options, an opportunity to explore advantages and disadvantages of alternatives and their associated outcomes and those stakeholder views/preferences are sought prior to the decision task. EPs working with statutory assessment professionals locally would be well placed to contribute to this kind of development activity.

From a different perspective and with a focus on integrated working, research that explores the key aspects of Team around the Child/ Team around the Family decision-making would be both timely and highly pertinent to national and local priorities.

7.7 Personal Reflections

This has been an illuminative piece of research for me to conduct and has caused me to reflect more on how and why we make the decisions we do in respect of children and young people. I recognise that my discussions with parents in the past about the statutory process, though well-meaning, presupposed the robustness of the model in a way that can not be evidenced. I am sure, in part, that my loss of sight of the connections between the ‘big picture’ of children’s needs and the knowledge base in
psychology was as much to do with the pressures to meet statutory deadlines as Cameron (2006, p. 298) suggests but, nevertheless, the scarcity of investigation into the process that EPs service on a daily basis is a concern.

The national reorientation to shift mindsets and attitudes to the central reason underpinning the purpose of statutory assessment in terms of the Green Paper in my view is timely, if not overdue. I believe that overtime a system has evolved where practice has ended up serving bureaucratic motives rather than child needs and a change of discourse is urgently needed. Consistent with this view, informants in this study emphasised the importance of maintaining an essential focus on the child and family and on the ethical elements inevitably involved in the decision-making processes of the organisation. While I found their focus and openness reassuring, the findings did make me reflect on why EPs collectively have not questioned and or challenged more just how ethical the SEN and or LA decision-making machinery is. As a manager and lead psychologist in the organisation in which the study was carried out, this also left me feeling somewhat uncertain and uneasy as to whether I had placed a sufficient degree of weight on the organisational values that my own teams operate in and on how these affect professional decision-making. It is the case that however independent we like to consider ourselves to be, EPs are part of, or operate out of, an established and structured organisational context and our professional role is influenced and very much determined by the organisation in which we work. As the lead for the LA Green Paper action plan I now intend to raise the profile of ‘organisational ethical health’ within the context of Children’s Services as a core element of this activity. Such a radical reappraisal of the statutory processes as proposed in the Green Paper will I believe require us to examine our practice beyond the procedural aspects of our involvement and engage in an inspection of the ethical components of our actions and of the wider organisational purpose, beliefs and values which influence and endorse our professional behaviour, which Bracher and Hingley (2002) call “ethical gaze”. In order for teams and services to develop a coherent approach to ethical decision-making, assumptions will need to be discussed
and debated and made visible so practitioners are clear about the beliefs which guide their action. I am more certain now that SEN decision-making is not about a one off event around the needs of one child, no matter how important that is, rather, the core values of ethical decision-making need to underpin all our work with children, young people and the significant adults in their lives and reflect a coherent and widely supported set of principles across Children's Services. EPs position in this context can provide possibilities and opportunities to bring about constructive change here and from this perspective the profession needs to establish a convincing voice to those in government in order to ensure that:

‘psychological research, theory and practice is at the forefront of local and national decision making’, (Cameron, 2006, p.301).
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Appendix 1: Letter to potential participants

Dear

I am doing some research on the decision-making around out-of-authority placements for pupils with an Autistic Spectrum Condition (ASC). This research will feed into the SEN and Special School Review that the Council is currently undertaking. Hopefully it will help to inform future ASC policy and practice. As part of this work I want to explore some pupil cases to try and understand some of the factors around the decision-making. All the case-analysis is retrospective. I am asking colleagues who had been involved in the case to help me look back and recall some of the views on the provision decisions made at the time. The aim of the study is to gain a deeper understanding of how the decisions about out-of-authority placements are made. The findings of this study will hopefully help develop our knowledge about the process involved in placement decision-making and inform future practice.

To do this I am asking colleagues who have contributed to each of the placement-decisions to participate in a semi-structured interview, which will be taped for the purposes of the research. The interview will take approximately 40mins and will take place at a time and venue convenient to colleagues. In order to carry out this research I must have the consent of participants to be interviewed. The content of the interview will be confidential. There will be no names attached to the final report and the tape will be destroyed once the research is completed.

If you are happy to take part in the interview for the purposes of the research as described please sign the consent form. Alternatively you may wish to discuss this further to find out more about this research. I will be happy to answer any further questions you may have or provide further clarification about the study.

Many thanks.

Daphne Jones

I give my consent to participate in a semi-structured interview, to be taped for the purposes of this research study. I understand that the tape will be destroyed once the research is completed.

Signed: ………………………………………………..                    Date: …. …
## Appendix 2: Schedule for content analysis of pupil files

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>Age</td>
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<tr>
<td>2</td>
<td>Assessment info</td>
</tr>
<tr>
<td>3</td>
<td>Psychological info</td>
</tr>
<tr>
<td>4</td>
<td>Speech and Language Therapy info</td>
</tr>
<tr>
<td>5</td>
<td>Placement History (school type, residential status, start dates and projected dates)</td>
</tr>
<tr>
<td>6</td>
<td>Key decision points over time (noting reasons for decision)</td>
</tr>
<tr>
<td>7</td>
<td>School factors</td>
</tr>
<tr>
<td>8</td>
<td>Family factors</td>
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<tr>
<td>9</td>
<td>Parent view</td>
</tr>
<tr>
<td>10</td>
<td>Pupil view</td>
</tr>
<tr>
<td>11</td>
<td>Funding details of OOA placement</td>
</tr>
</tbody>
</table>
# Appendix 3: Schedule for semi-structured Interview

## Preamble

I am researching the decision-making around placements for ASC pupils and I am looking at some pupil cases to investigate the processes around decision-making. All the case analysis is retrospective. I am asking colleagues to help me look back and recall some of the views on the process and provision decisions made at the time.

You were involved with X. Do you remember the case? Have you had chance to review the case notes written at the time? The questions I want to ask you focus on the decisions about placement.

<table>
<thead>
<tr>
<th>Q.1</th>
<th>What were your initial thoughts about X’s needs and provision?</th>
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</thead>
<tbody>
<tr>
<td>Q.2</td>
<td>What part did you play in the decision-making about appropriate provision?</td>
</tr>
<tr>
<td>Q.3</td>
<td>What do you think were the key criteria in making that decision?</td>
</tr>
<tr>
<td>Q.4</td>
<td>Which factor do you think had the greatest influence on decision-making?</td>
</tr>
<tr>
<td>Q.5</td>
<td>Were you happy with it?</td>
</tr>
<tr>
<td>Q.6</td>
<td>What alternatives did you feel were available at that time and why were they rejected or not pursued?</td>
</tr>
<tr>
<td>Q.7</td>
<td>Were there any significant constraints to decision-making?</td>
</tr>
<tr>
<td>Q.8</td>
<td>Thinking to the future now…. In terms of the most creative decision for this pupil what do you think it would it look like?</td>
</tr>
<tr>
<td>Q.9</td>
<td>What did you feel about the decision-making process itself?</td>
</tr>
<tr>
<td>Q.10</td>
<td>How do you feel the decision-making process could be improved?</td>
</tr>
</tbody>
</table>
## Appendix 4: Transcript of Pilot interview

<table>
<thead>
<tr>
<th>Q.1</th>
<th>What were your initial thoughts about X’s needs and provision?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X’s needs identified preschool via CDC and at Key stage 1 &amp; 2 attended XXX, school for children with communication difficulties…..was diagnosed ASC. During Key stage 2 concerns about his development, particularly his behaviour. Two ARs identified concerns at transition and XXX school attended one of the reviews and were very anxious about meeting his SEN…..Behaviours were becoming more extreme. Wasn’t attaining average score but achieving p levels which were thought to be an underperformance rather than a true reflection of his abilities. I wanted to look at how we could accommodate him at XXX school and address the barriers but this was NOT the schools view. I discussed it with my line manager at the time and agreed that it was unlikely that school could make the appropriate adjustments in terms of curriculum needs and behaviour. In the event unable to attend ASC maintained special school because oversubscribed. There was a recommendation made for ASC specific provision which was able to meet learning needs AND manage challenging behaviours. In the interim parents had been to visit O-O-A schools and we subsequently sent papers for an opinion for a day placement at ASC specific school which was parental preference. School arranged a suitability assessment and unable to offer a place…… Papers sent to XXX for consideration but not able to offer a place due to peer group….Agreed O-O-A placement at XXX. Following this parent requests local SLD maintained special school.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q.2</th>
<th>What part did you play in the decision-making about appropriate provision?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>I advised parents and managers that the barriers for removal to get X into XXX school would be complex and possibly be difficult to overcome. In the interim mum went to visit some more O-O-A schools and I then took her views and school views to Senior managers for discussions with costings and the implications of those placements. This would be in the June before he was due to transfer and so we were outside the statutory time limits which was a concern. We have to make decisions quickly and this inhibited proper clarity of thought….Not in my ageist but providing information as requested….. In August mum changed her mind and asked for local special school provision… because she had been to visit the O-O-A-school which had got initial agreement and had observed an incident in the foyer which concerned her….and changed her mind…. According to school a young person had been upset and distressed and had had to be restrained.</td>
</tr>
</tbody>
</table>
Q.3 What do you think were the key criteria in making that decision?

Concern by the primary school of his developing behaviours

That environment sharing their concerns with mum that the local school could not meet his needs

At that point in time XXX school not deemed sufficiently flexible - pattern of concerns had been raised with regard to pupils with challenging behaviours and their management of that had not been very positive to date

My belief was that if we had started the discussions around XXX school earlier we may then have been able to have reassured them that they could met his needs

Time was a factor …. Because statements on transisition have been amended by 15 Feb. on the year of transfer. Time became a constraint…it’s about having those conversations… but effecting change takes longer.

X was demonstrating p levels although feeling attainments higher….feeling his behaviour and autism getting in the way of learning and inhibiting his ability too demonstrate that.

Mum in August requested XXX school –SLD provision – was on leave at that point and not directly involved in those decisions but statement amended to name XXX. The school were given additional funding – contingency funding to support him…..This was…..Always something of a risk in the sense that his peer group were not as able- whilst the school was willing the curriculum was always going to be something of a challenge and the consequences of that was his challenging behaviours increased. Mum had previously been to look at XXX O-O-A and I had a conversation with senior managers again and I was asked to prepare a case for this XXX and the costings around that to take to JCP. X was in XXX for best part of a year …the concerns were raised with me in the Spring term and a lot of work was done with the school and parent to help ameliorate the difficulties. But parents expressed concerns about the child’s distress, in a distressed state refusing to go to school. Managers said we needed to look again at XXX school … need to see what we can do innovatively….the work that came out of that demonstrated that we would a space, a teacher and 2:1 support. The work was advised by the XX manager. Went back to Senior Manager who was of the mind that we were not in a position to persuade XXX school. The cost of the in- house model was considerable.

This was decision-making over time- things being tried out and explored. Really about process- need to relook at the actual process
<table>
<thead>
<tr>
<th>Q.4</th>
<th>Which factor do you think had the greatest influence on decision-making?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The inability of XXX school to take flexible enough to work with the</td>
</tr>
<tr>
<td></td>
<td>authority to meet the child’s needs. Maybe in a different way than</td>
</tr>
<tr>
<td></td>
<td>they had before…May be in hindsight this wasn’t the case or time to</td>
</tr>
<tr>
<td></td>
<td>ask them to be novel…..</td>
</tr>
<tr>
<td></td>
<td>If we had started earlier in year 4 when the primary school were</td>
</tr>
<tr>
<td></td>
<td>indicating significant needs we might have had a more successful</td>
</tr>
<tr>
<td></td>
<td>outcome…… also them telling mum it is going to be problematic…you</td>
</tr>
<tr>
<td></td>
<td>need to look at O-O-A schools…which doesn’t help when you are trying</td>
</tr>
<tr>
<td></td>
<td>to effect something and in this case, mum’s anxiety about the</td>
</tr>
<tr>
<td></td>
<td>authority’s ability to do it has been proven correct … with the XXX</td>
</tr>
<tr>
<td></td>
<td>option not working.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q.5</th>
<th>Were you happy with it? What would you see as the benefits and/or risks of the placement?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes I was… with XXX O-O-A school… because this young person has challenging ASC and the</td>
</tr>
<tr>
<td></td>
<td>ability to work at a normal level- so as a year 4 should have been achieving at around this</td>
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<tr>
<td></td>
<td>level [but actually working at p levels?]. Yes so something about the curriculum design and</td>
</tr>
<tr>
<td></td>
<td>the flexibility of schools to accommodate. By the time he came out of XXX school he was</td>
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<tr>
<td></td>
<td>not engaging at all with anything. In a recent review after a year at XXX O-O-A school…</td>
</tr>
<tr>
<td></td>
<td>demonstrated he is engaged and happy. For some children some environments work better than</td>
</tr>
<tr>
<td></td>
<td>others. For me…its What do they do that we cannot replicate because it isn’t rocket science</td>
</tr>
<tr>
<td></td>
<td>and we should be able to do it</td>
</tr>
<tr>
<td></td>
<td>Benefits of XXX O-O-A school…. were able to provide the appropriate environment….an</td>
</tr>
<tr>
<td></td>
<td>appropriate curriculum, stability, staff levels, therapeutic input etc which has proved</td>
</tr>
<tr>
<td></td>
<td>successful for that child</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q.6</th>
<th>What alternatives did you feel were available at that time and why were they rejected or not pursued?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>XXX school have been the alternative and wasn’t……XXX school was parental preference and they</td>
</tr>
<tr>
<td></td>
<td>withdrew from that. They requested XXX and we should not have gone with parental preference</td>
</tr>
<tr>
<td></td>
<td>then…although not sure what we would have done instead. Mum had looked at XXX O-O-A school</td>
</tr>
<tr>
<td></td>
<td>which we would not have supported based on evidence of previous placements.</td>
</tr>
</tbody>
</table>
### Q.7  Were there any significant constraints to decision-making?

Decisions making seemed not to be clear….the routes were not clear. The process needs reviewing –what we do is…is it the best model?  

Seemed to be contradictory expectations….assumptions….in my opinion not always seeming to be in the best interest of the child… although the people making the decisions would not have perceived in that way. Not sure we are agreed …or rather that our principles about the process of making decisions are about the child. Maybe implicit…yes but not clear that is everyone’s model

Cost and time were other constraints.  Already had to facilitate XXX school a second time around using an alternative model a different way of meeting need in house…‘what would it need to work’ to try and facilitate his inclusion there.. Differential costings between in-house model and O-O-A not huge in monetary terms but risk of failure in terms of XXX school appreciably higher.

### Q.8  Thinking to the future now…. In terms of the most creative decision for this pupil what do you think it would it look like?

For me it is a question about what we should do differently…… I think we should have started discussions when he was in year 4 – starting the discussions with parents and school, looking to see what the barriers were likely to be and forward planning. The current process does not allow us to do that and part of that is having the ability to identify when children are high risk in terms of future placements and part of that is having the capacity/ability to go to all reviews….and also read all review information and that could be seen as a constraint…a tension in being able to identify children earlier enough for us to do something more detailed.

We should be asking ourselves if the same decision would have been reached if we had started having conversation in Year 4 and …in terms of our own evaluations-of our own system ….that is an important test to see how we have developed in our decision-making in terms of what’s changed.

### Q.9  What did you feel about the decision-making process itself for this case?

Had we started earlier …People were already anxious about this case before we got to discussing it formally. Got HTs talking to each other which is absolutely highly appropriate but making comments that they are not going to manage the child was unhelpful. HT of XXX school confirmed that HT of primary school had indicated they would not manage this child so they came to the discussions with preconceived ideas. Current process
starts at transition in year 5 but we need to have a process of identifying children who are likely to be high risk to the LA – in terms of placement and costs before this point. There aren’t huge numbers of children like this but such a process needs to have support across the board not just one person saying it. Needs a strategic driver to support this development.

And LGR…LGR was a constraint also to decision-making – this resulted in different senior managers working on the case and overtime decision-making changed direction depending on manager at the time and their views.

Q.10 How do you think our current LA decision-making process could be improved?

I think decision-making IS being improved, it is becoming more robust and less dependent on personal philosophies…..So that the process that is developing is transparent and more evidenced based and supportive of the decisions being made… the weekly monitoring and review of cases, particularly high profile cases, the re-establishing of the Panel, which allows for a coherent plan around decision-making… which takes on board the need to plan earlier – the new review docs will alert you allow you to identify high risk year 4s much more easily.

We know that this group of pupils are particularly high risk in terms of placement-ASC, high functioning, challenging behaviour and or high anxiety, associated mental health problems who require a curriculum that can support their educational development and need an environment which reflects small scale, small class… cannot manage in a mainstream class and the current set up in XXX is not appropriate.

The provisions we have currently do not cater for this group of children… we have a group of children that can access a mainstream classroom with specialist support and that is the ASC resourced high school. We have a group of children who have ASC and SLD whose needs are being perfectly well met in our ASC specific special school- XXX and another group who are tipping into MLD and are managed at XXX. That group of High functioning ASC pupils who are significantly challenged by the MS environment and have mental health issues and can have highly developed sensory issues….. which require a smaller environment, require therapies etc but access to an appropriate MS curriculum and we haven’t got that yet. Not aware that we are moving forward on this at least its not be shared with me…. Talking about 10 maybe 15 the numbers are fairly static but a continuing issue and will be continuing to spend out on placements O-O-A when we have the skill and capacity to develop provision in house. In fact if we did develop provision we would have other LAs seeking places.
Appendix 5: Revised schedule for semi-structured interview

<table>
<thead>
<tr>
<th>CASE CODE</th>
<th>INTERVIEWEE CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q.1</td>
<td>What were your initial thoughts about X’s needs and provision?</td>
</tr>
<tr>
<td>Q.2</td>
<td>What part did you play in the decision-making about appropriate provision?</td>
</tr>
<tr>
<td>Q.3</td>
<td>What do you think were the key criteria in making that decision?</td>
</tr>
<tr>
<td>Q.4</td>
<td>Which factor do you think had the greatest influence on decision-making?</td>
</tr>
<tr>
<td>Q.5</td>
<td>Were you happy with it? What would you see as the benefits and/or risks of the placement?</td>
</tr>
<tr>
<td>Q.6</td>
<td>What alternatives did you feel were available at that time and why were they rejected or not pursued?</td>
</tr>
<tr>
<td>Q.7</td>
<td>Were there any significant constraints to decision-making?</td>
</tr>
<tr>
<td>Q.8</td>
<td>Thinking to the future now…. In terms of the most creative decision for this pupil what do you think it would it look like? FOR OLD CASES ONLY: Do you think the same decision would have been reached now?</td>
</tr>
<tr>
<td>Q.9</td>
<td>What did you feel about the decision-making process itself for this case? What would you say were the aims or beliefs that guided the process for you or others?</td>
</tr>
<tr>
<td>Q.10</td>
<td>How do you think our current LA decision-making process could be improved?</td>
</tr>
</tbody>
</table>
Appendix 6: Example of a worked-up transcript

The following image is a screen shot sample of ‘live’ coding carried out.

<table>
<thead>
<tr>
<th>Q.1</th>
<th>What were your initial thoughts about X’s needs and provision?</th>
</tr>
</thead>
<tbody>
<tr>
<td>R</td>
<td>I first met him in a primary provision and he was... it was very clear that he was going to need some specialist support at secondary level. He moved to a resourced secondary school and initially made significant progress... However, the secondary school were constantly concerned about the state of his mental health and the fact that the placement was on the edge of their capability of... being able to manage him. Does that make sense? At that time, he had a diagnosis of autism.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q.2</th>
<th>What part did you play in the decision-making about appropriate provision?</th>
</tr>
</thead>
<tbody>
<tr>
<td>R</td>
<td>I advised the local authority on the suitability of the placement in secondary mainstream and as far as I'm aware in those discussions, I expressed some anxiety about the possible success of that placement. As far as I recall, his parents were wedded to him attending a mainstream school. - [When things went wrong, can you tell me what part you played in the decision-making in terms of re-looking at more appropriate provision?] - [My role in the decision-making at that point was to confirm that the high school had followed all possible avenues to ensure positive placement for him. I played a minimal role in the decision for him to move to a more specialist placement. His move to a specialist placement was precipitated by... an attempted suicide at school. [So were you involved with medics and so on?] - I can’t recall having a conversation with medics... I can only recall having a conversation with...</td>
</tr>
</tbody>
</table>

Comment: Future provision:
Specialist provision indicated:
- Anticipating need for specialist support at secondary while at primary
Comment: Mental health:
Concern about the state of his mental health
Comment: School response to needs:
Lack of staff confidence and skill
- Belief of placement on the edge of staff capability
Comment: Diagnostic label:
Had a diagnosis of autism
Comment: Advice to IA re suitability of placement:
- Perceived role as confirming high school had done everything to support child but placement not successful
Comment: Decision-making:
- Played a minimal role in the decision to move to a more specialist placement
Q.1 What were your initial thoughts about X’s needs and provision?

I first met him in a primary provision and he was…. it was very clear that he was going to need some specialist support at secondary level. He moved to a resourced secondary school and initially made significant progress. However, the secondary school were constantly concerned about the state of his mental health and the fact that the placement was on the edge of their capability of…. being able to manage him. Does that make sense? At that time, he had a diagnosis of autism.

For ease of reading, the code commentary has been reformatted as a separate column in the same example of the worked-up transcript that follows.

<table>
<thead>
<tr>
<th>CASE CODE: 19</th>
<th>INTERVIEWEE CODE: SP2</th>
<th>CODES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Black = Themes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Red = lower and higher codes</td>
</tr>
</tbody>
</table>

Q.1 What were your initial thoughts about X’s needs and provision?

I first met him in a primary provision and he was…. it was very clear that he was going to need some specialist support at secondary level. He moved to a resourced secondary school and initially made significant progress. However, the secondary school were constantly concerned about the state of his mental health and the fact that the placement was on the edge of their capability of…. being able to manage him. Does that make sense? At that time, he had a diagnosis of autism.

Future provision: Specialist provision indicated:

- Anticipating need for specialist support at secondary while still at primary

Mental health:

- Concern about the state of his mental health

School response to Needs:

- Lack of staff confidence and skills.
- Belief that placement on the edge of staff capability
<table>
<thead>
<tr>
<th>Q.2</th>
<th>What part did you play in the decision making about appropriate provision?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>I advised the local authority on the suitability of the placement in secondary mainstream and as far as I'm aware in those discussions, I expressed some anxiety about the possible success of that placement. As far as I recall, his parents were wedded to him attending a mainstream school. .... My role in the decision making at that point was to confirm that the high school had followed all possible avenues to ensure positive placement for him. I played a minimal role in the decision for him to move to a more specialist placement. This move to a specialist placement was precipitated by... an attempted suicide at school. I can't recall having a conversation with medics...... I can only recall having a conversation with parents, after the attempted suicide with the person who led the provision in the high school, and with the statutory assessment team.</td>
</tr>
<tr>
<td></td>
<td>Advice to LA re suitability of placement:</td>
</tr>
<tr>
<td></td>
<td>Perceived role as confirming high school had done everything to support child but placement not successful</td>
</tr>
<tr>
<td></td>
<td>Decision-making:</td>
</tr>
<tr>
<td></td>
<td>Played a minimal role in the decision</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Q.3</th>
<th>What do you think were the key criteria in making that decision?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In those discussions and obviously clearly they were having other discussions with medics the criteria in making the decision for him was the state of his mental health..... and also the state of the family with the parents’ mental and physical health. I think mother has a long term xxxxxx condition which is exacerbated by stress, and dad XXXXXXXXXXX and I believe he had some time off with stress as well.</td>
</tr>
<tr>
<td></td>
<td>Other professional views:</td>
</tr>
<tr>
<td></td>
<td>Medical advice</td>
</tr>
<tr>
<td></td>
<td>Child’s well-being:</td>
</tr>
<tr>
<td></td>
<td>State of his mental health</td>
</tr>
<tr>
<td></td>
<td>Impact on others:</td>
</tr>
<tr>
<td></td>
<td>State of parents’ mental and physical health.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q.4</th>
<th>Which factor do you think had the greatest influence on decision making?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>I actually think it was a safeguarding issue around the fact that he had made a significant attempt at suicide. I don’t think if the authority had tried to renege and say no..... He has to go to another mainstream school.....I don’t think they would have a leg to stand on.....I think that was the biggest issue.</td>
</tr>
<tr>
<td></td>
<td>Mental health:</td>
</tr>
<tr>
<td></td>
<td>His significant attempt at suicide</td>
</tr>
<tr>
<td></td>
<td>Prima facie case for specialist provision</td>
</tr>
<tr>
<td>Q.5</td>
<td>Were you happy with it? What would you see as the benefits and/or risks of the placement?</td>
</tr>
<tr>
<td>-----</td>
<td>----------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| I felt it was the only course of action at that time given the state of his mental health, yes….The benefits of him moving were that he would be in an environment which was fundamentally less stressful for him, than having to deal with the issues of maintaining his……it was all to do with self regulation with him because he is fundamentally a flapper and a screamer and he had to restrain his behaviour at high school and I think that in the end had a detrimental affect on his mental health…I also think that the situation at home and the way in which after he reached puberty were managing him at home, was also a contributing factor to his condition and parents had reached a point whereby they felt they could no longer support him to the same degree as they had in the past. | Benefits:  
Positive impact on the child's well being  
Less stressful environment  
Less need to restrain his behaviour |
| Q.6 | What alternatives did you feel were available at that time and why were they rejected or not pursued? |
| The only alternative at the time that was available was the specialist school for children with autism. There was a tentative plan to use this school as a respite… but whilst it might have been a good idea I did advise AMT that asking the school to pilot something new…. and with this case was a further risk. Yes, I think it would be a good idea to try at some point but not when you have got a child whose attempted suicide and was in the emotional state he was in at the time. | Alternatives:  
Specialist school for children with autism  
Advice to LA re respite plan  
Tentative plan to try something new viewed as a further risk |
| Q.7 | Were there any significant constraints to decision making? |
| I think one of the significant constraints was actually the local authority having to shift very quickly from dealing with a child who was theoretically successful within a mainstream placement to a child who was potentially needing specialist residential provision. So I think…. for them to move from one position to another for them…. took some time. They needed the evidence to make an informed decision. | Decision constraints:  
Process barriers  
Perceived failure of the LA to be able to respond speedily in exceptional circumstances  
Belief that the process of gathering evidence slowed things down |
**Q.8**

Thinking to the future now…. In terms of the most creative decision for this pupil what do you think it would it look like?

FOR OLD CASES ONLY: Do you think the same decision would have been reached now?

I would like to think that now his parents would have had more confidence in XXXX and we would have been happy to send him to XXXXX when he started at secondary. It would then have been interesting to see whether he would have ended up where he is now.

[No…. I felt it was borderline from the start about whether or not it was going to succeed and one of the children when I was having my reviews about the children in the resourced provision which I have done even after being a psychologist for the school, will check them out…. he was one of the children that I would always ask about and I would always enquire and because the school that he went to is so accommodating and so understanding of those children’s needs, that’s why it was successful for as long as it was. In one of our other mainstream high school provisions I don’t think he would have even lasted that long. It was an overly stressful social environment for him, and towards the end of his time there he was spending most of the time on his own.

**Likely to be different:**

Belief that parents would be more confident with LA provision now

Placement difficulties:

View that child’s needs unlikely to be accommodated in M/S despite best efforts of staff

---

**Q.9**

What did you feel about the decision-making process itself for this case? What would you say were the aims or beliefs that guided the process for you or others?

I think I felt that it took a long time for people to actually get on board with the fact that there was a significant issue and I remember making a phone call to the assessment and monitoring team to say this case needs to be looked at immediately and I think then was a degree of frustration that nobody recognised the impact of the suicide attempt on his parents who were traumatised by it, and the speed at which things needed to move to ensure that he didn’t go completely off the rails basically. I think in the end it did happen quite

**Decision process:**

Lack of action in the system to respond appropriately?

Frustrations with LA system over lack of understanding of the potential seriousness of the situation

Perceived lack of recognition of parent needs

Perceived failure of the systems ability to respond quickly.
quickly, I think it did, they did recognise it, but I think it probably took say a week for people to realise ‘oh my goodness we’ve got a critical situation here with this child’…... Whereas initially I think for me the frustration was it took a while for the wheels to actually start turning. Although colleagues were clearly concerned about the child, their processes and systems were not geared up to reacting to a situation which was potentially life threatening.

**Q.10** How do you think our current LA decision-making process could be improved?

I think that there could be recognition that there are some children who reach a particular state, often through no fault of their own, sometimes through no fault of the system itself, whereby decisions need to be made outside the normal decision making processes and….. There need to be exceptions sometimes, and I think this was a situation where speed was of the essence to ensure that he was in a safer environment. I think there needs to be without a shadow of a doubt, there needs to be a better link between the medics and education, especially as far as children’s mental health is concerned and I recall my frustration was also linked to the fact that CAMHS did not have the facility to see him immediately, so I think he still had to wait 3 or 4 days to actually have a visit to CAMHS, and for parents that was like torture… absolute torture for them.

**Decision Improvements:**

- **Process barriers existing in system**

  - Perceived need for decision process to acknowledge and accommodate for exceptions

- **Better joint working**

  - Perceived need for closer working between Health and education in cases where mental health is a priority

- **Role of CAMHS**

  - Belief that access to mental health services was not swift enough
## Appendix 7: LA Action Plan (work stream 2)

<table>
<thead>
<tr>
<th>Actions Identified by Stakeholders (What will we do?)</th>
<th>Success Criteria (What do we want out of this process?)</th>
<th>Timescale</th>
<th>Lead Officer/s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pilot the new approach with referrals through the Child Development Service for children with complex and additional needs where families agree to work together with us. Families who do not wish to do so will receive assessment and services through the current established routes</td>
<td>Services for disabled children and young people are integrated within the Team around the Family model</td>
<td>Sept–Dec 2012</td>
<td>Daphne Jones</td>
</tr>
</tbody>
</table>

Within this we will:
- Establish a consistent referral route
- Develop a model of single assessment, which meets the statutory requirements of the separate agencies but results in a single Child’s Plan
- Develop a journey of assessment, starting with parents sharing information with all agencies and concluding with those agencies jointly sharing outcomes with parents and children and collectively agreeing the plan
- Develop an electronic record which summarises need, is jointly owned, is specific and low on jargon
- Engage and involve parents and children appropriately
- Develop the role of Voluntary and Community Sector to offer advocacy services to families as part of the process

| | Easy referral routes created and working well into a single assessment model for children with complex and additional needs | April–Sept 2012 |
| | All agencies identifying needs in a holistic manner, on the basis that the needs of the child and family are inextricably linked | |
| | Simpler recording systems ensuring more efficient use of resources, expertise and skills | |
| | Child Plans are user friendly, understood by all and being implemented, monitored and evaluated regularly | |
| | VCS an integral part of the new system | |
| | Increased involvement of families and children in the decision-making | |
| | Give parents and carers greater choice and more control | |
| | Fewer complaint and tribunals | |