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**Solihull**  
METROPOLITAN  
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# Participation of Children and Young People in their Education, Health and Care Plans

**“Collaborative engagement with children conveys respect and genuine interest in their viewpoints.”**

(Mengwasser and Walton, 2013, p. 5)

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## **Legislation and background**

The concept that the views and wishes of individuals should be sought in reaching decisions that affect them, is now a fundamental principle across public services, as illustrated in the following examples:

In Education, EHC plans were introduced in September 2014. The legislation states;

“Children, young people and families should be asked for their views”

The SEND Code of Practice 2015, advocates that the following approaches should be adopted when working with children and young persons (CYP);

“Support them and work in partnership with them, enabling them to participate fully in decisions about the outcomes they wish to achieve.”

“Ensures that children, young people and parents feel they have participated fully in the process and have a sense of co-ownership. This is often referred to as ‘co-production’.”

The Children and Families Act 2014 makes a similar point;

A local authority in England must have regard to the following matters in particular—

“The views, wishes and feelings of the child and his or her parent, or the young person”

From Health, the Kings Fund website states;

“In the aftermath of the Francis Inquiry there emerged a national focus on ‘putting patients at the centre of decision-making’. This has translated into a marked appetite across health care to improve quality and patients’ experience.”

Person-centred approaches appear to be embedded within health practices; ‘People in control of their own health and care’ (Foot, et al. 2014).

The National Voices website actively promotes, “a more holistic, personalised offer than the solely medical model.”

Hear by Right, a document produced by The National Youth Agency, endorses;

“Putting young people’s voice at the heart of service delivery.”

## **Research – child participation**

It has been recognized by public services as important to involve children in matters which affect their lives since the early research of Rogers (1980), and a growing body of research across Europe has identified many common key themes and questions about how this might best be achieved. Since EHC assessments were introduced there has been increasing interest and volume of research into children’s participation. For children, “active involvement has been shown to have positive educational outcomes” (Kellock, 2011).

Although children’s participation is logistically and pedagogically challenging, it is still important. Lundy (2007) cites space, voice, audience and influence as key elements that need to be considered; children need to feel safe to contribute, facilitated where necessary, listened to, and action needs to stem from their contributions. In support of this work, Fattore, et al. (2009) comment that agency and control are needed in order to give the children and young people the opportunity to shape and negotiate aspects of their childhood.

“The disempowered social position of children and the need to attend to children and childhood from a social justice and rights perspective also add a moral imperative to the cause” (Spyrou, 2011. p.1). One way in which this social position is overcome is through the collaboration and active engagement with parents, often acting as advocates for children. Bacon and Causton-Theoharis (2013) state that parents need to work with schools to mitigate the detrimental effects that bureaucratic processes have on students with disabilities (p.696). However, it is important to recognise that parent voice is different to child’s voice and educating parents about this and about their role is crucial.

Like many in education, health and care, Warming (2011) supports the desire to include CYP in decision making processes. Children are increasingly “understood as worth listened to” (Alasuutari, 2013) and it is important to “give due weight to the views of the child” (Stakes, 2004). Alasuutari’s study (2013) demonstrated that although policy and legislation is in place, it needs to be recognised that the representation of child’s contribution is often produced by adults. Similarly, Wyness (1999) states that the education system prevents children from being treated as competent social actors (p. 352). Since this research, the education and health reforms have partially addressed the radical changes required within social structures to empower this ‘exploited and inferior social group’ e.g. The White Paper ‘Valuing People’ (2001); The White Paper ‘Equity and Excellence’(NHS, 2014).

The practical challenges of a person-centred approach have been recognised and many methods are used to overcome these barriers. Keeping child’s voice as child-like and not adult-like is difficult unless a “broader concept of voice” is utilised (Schnoor, 2012). Pre-school children are able to announce decisions to adults, using physical and aesthetic qualities of the ‘voice’. A child is able to express likes and dislikes long before they can talk. Reconceptualisation of voice is needed in order to incorporate children into school processes (Mengwasser and Walton, 2013). Using other means besides ‘voice’ should be utilised in order to include children in decision making processes.

### **Person-centred thinking**

Person-centred thinking is a way of planning with a person – not for them.

It is to help someone to plan their life, explore what is important to them, and identifies what unique support they need.

The focus should be on the person and their life, dreams and aspirations. It’s not about discussing issues around service providers or other limitations, such as funding, staffing, or timing.

The person is at the centre: person-centred thinking is rooted in the principles of rights, independence and choice.

Person-centred approaches date back to the work of Maslow and reflect his 'Hierarchy of Needs' (1943). He stresses the importance of values such as, 'self, communication, valued contribution and independence' and how they contribute to the wellbeing of the child.

The moral and ethical rights of children lead to a person-centred approach. Those who practice it are, "motivated by the endorsement of children's right as citizens to influence the conditions that influence their lives." (Warming, 2011, p.49)

It is worth noting that person-centred approaches are widely used with adults with disabilities as well as in the Health services. Approaches are numerous, such as MAP, PATH, Circle of adults and Solution Circles (Pearpoint, Forest et al., 1989; Newton and Wilson, 1999)

These resources can be found with supporting information, research and guidance through Helen Sanderson's website, or through 'Inclusive Solutions' (Newton and Wilson).

Newton, C. and Wilson, D. (1999) *Circle of friends*. Dunstable: Folens

Sanderson, H. and Lewis, J. (2012) *A practical guide to delivering personalisation: person-centred practice in health and social care*. London: Jessica Kingsley Publishers

### **The Solihull system at present**

Solihull MBC has a comprehensive and explicit approach to incorporating child's voice within the work they do and within the EHCP process. On the Local Offer website, there is frequent and regular reference to the importance of person-centred working and the value of CYP's opinions.

As part of the EHCP process, a person-centred approach is evident. The authority make a decision based on the information received from a range of professionals and connected adults, as well as the child or young person. The practitioner handbooks and guidance for EHCPs state, "Listening to the child's voice is essential", and "The information we need to make that decision is: The views of the family and child..." This is most commonly gained through various consultations, but primarily through the Family Conversation Record (last updated; Sept 2014). With regard to the views of the child, the following questions are asked:

- What do people need to know about me?
- What do I think about my life at the moment?
- What do I want for myself in the future?

There is also the 'My Views' template (last updated; Nov 2013) which gains further insight into the CYPs ambitions and hopes. It covers all aspects of school. It also elicits information on things that would make it better; one of the aims of the EHC plans. It is designed to gain a true reflection of the child's views, using statements such as, "it's a good day when:"

*It is important to note, in the family conversation the wording is actually, 'WHAT <NAME> THINKS OF HIS/HER LIFE AT THE MOMENT'.*

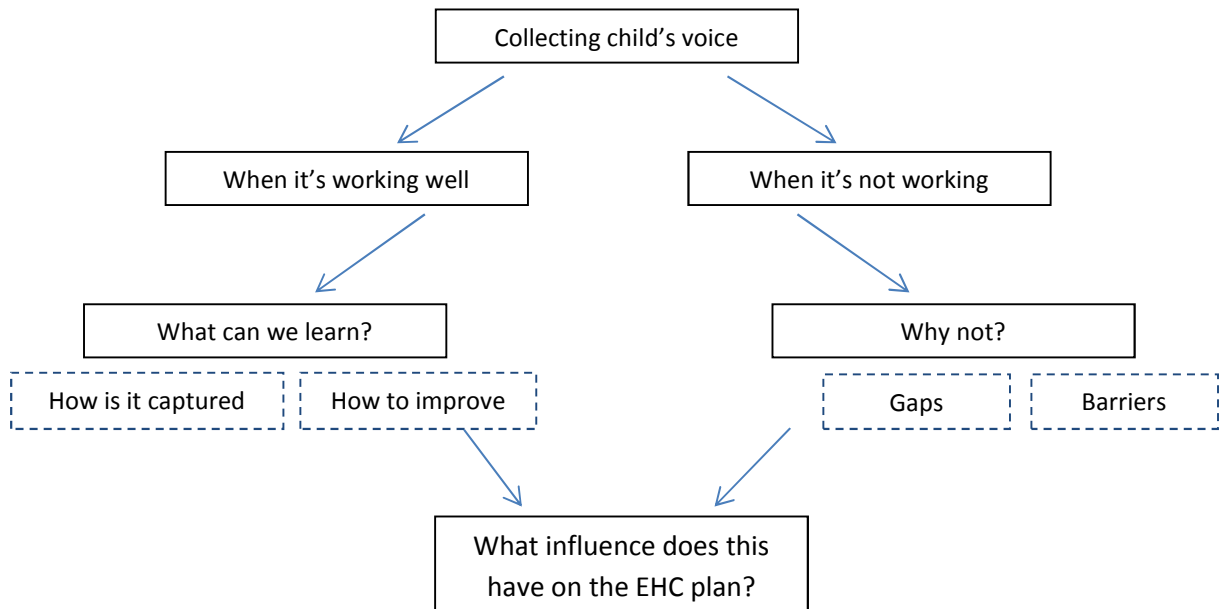
*This indicates an expectation that someone will need to support or help the CYP fill this out. Similarly the 'my views' template is long and formatted like a questionnaire. Most (all) children will need help to fill this out. Who is best to help? Can all CYP access this?*



The plans produced aim to be person-centred. The format and wording intend to make it the CYP’s plan; supporting the individual and his or her needs. The titles and subtitles are written in the first person. However, the information given under these subtitles does not match this, and they are written in the third person.

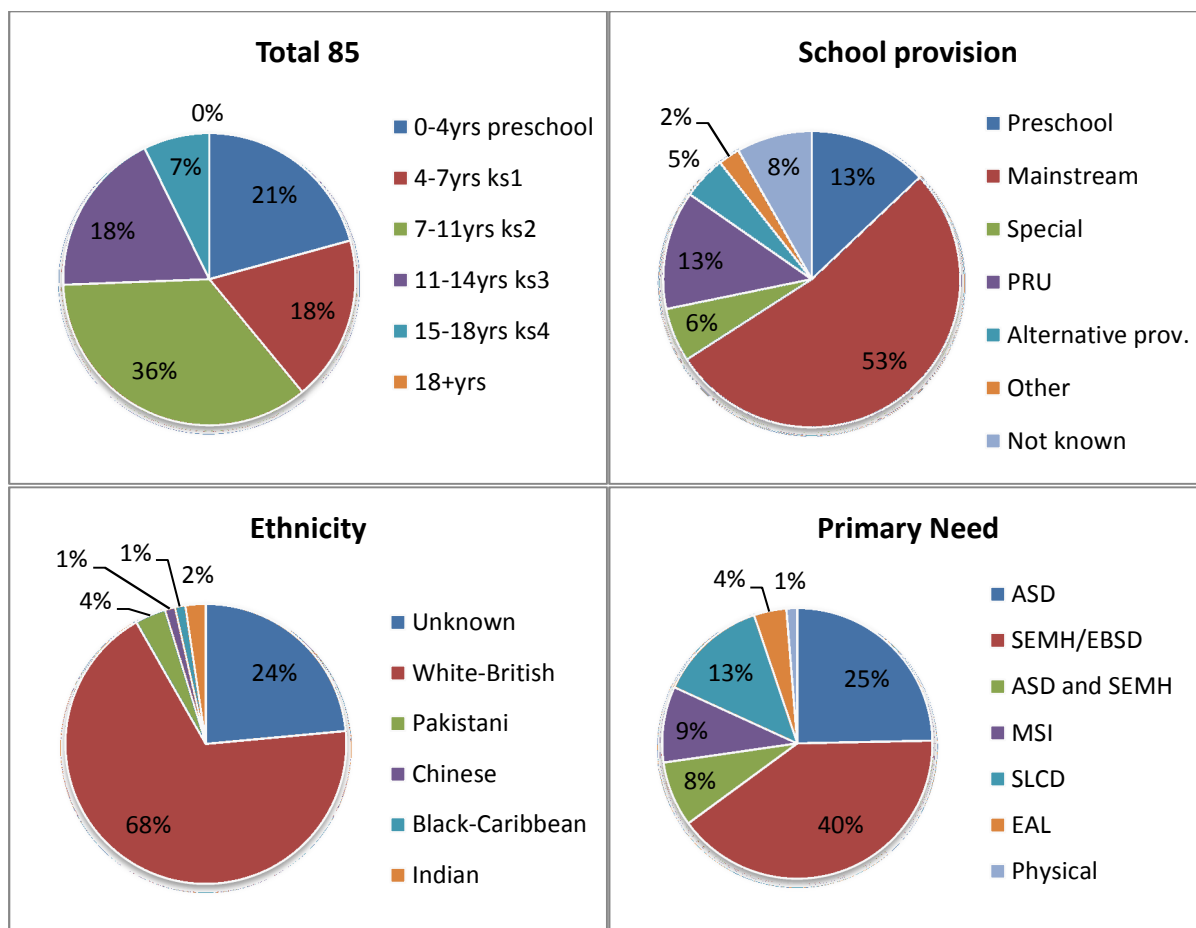
## The Project

Within this project, the aim was to gain an insight into a sample of CYPs who have recently been through the EHCP process. The intended outcomes of the project were to highlight what is being done well to help support CYPs in the process, identify the best ways to help them represent their views, and identify what barriers prevent CYP’s views being adequately represented within the process.



## Who

Between the 1<sup>st</sup> September 2015 and 18<sup>th</sup> May 2016 there were 115 EHC assessments agreed by the authority. 85 of these plans had already been drafted and/or completed, with the remainder still being produced and written. The graphs below show the demographic data of this population:



This shows that the majority of EHCPs are for children and young people in KS2 or KS3. Most have ASD, SLCD (speech, language and communication difficulty) or SEMH (social, emotional and mental health) needs.

To create the sample for this project, purposive sampling was used; a selective sampling measure that allows for stratification within subcategories (KS and need), opportunistic sampling (those with recently written plans), and random sampling (unknown individuals from a database).

*The sample represents the population and their views may therefore reflect some of the common themes for children and young people in the group as a whole. Being a very small case study design, using a constructivist research approach, any generalising of the findings needs to be made with caution. Although these three individuals are a representative sample of the population, their views and experiences may differ from others within this group.*

1) Male; aged 8 (at time of EHCP); mainstream primary school; SEMH and learning needs.

2) Male; aged 11; was in mainstream primary but subsequently moved to SEMH School; SEMH, ASD and ADHD needs.

3) Female; aged 12; Independent Secondary School; ASD and SEMH needs.

## How

- Informed consent was gained from the school staff, parents and the young people to be part of the project.
- Staff; Semi-structured interviews were used to collect information about how child's voice was elicited during the process, and by whom. This allowed the staff to reflect on whether this was appropriate and 'best practice'. They also identified strengths and ways to improve this system.
- CYP; talked about the process and how they were involved. Identified their contributions and how they were included in the process. Highlighted strengths or barriers in collecting their views. Shared ideas about how it could be improved.
- Reviewed the EHC plans to see if the voice was reflected as part of the final report.

## Findings

The findings come from various sources. First, the three young people included in the study gave their views. The school staff were also asked for their opinions. Finally, the EHC plans have been referred to in order to see how the child's voice had been reported within the final plan.

The table of results can be found in Appendix 1. This table includes quotes from those involved.

## Thematic analysis

Using Braun and Clarke's (2006) Thematic Analysis, key themes were formulated. These were produced using the information from the various sources within the project (see thematic map). This can be found in Appendix 2.

- Templates – two out of the three schools used LA templates and found these beneficial. The children found these easy and fun to engage with, and they appeared to adequately gather information. One school had no templates or guidance on how to gather the child's views. This could indicate a lack of information about the process, or a moral position about the involvement of children in the process. They may have devised their own methods of including the children, if they deemed it to be important.
- Eliciting person – The SENCo was usually the person designated in schools to talk to the family, and the children. They often knew the child prior to the EHC process. All parties felt that the SENCo was the right person to do the job. A number of children stated the reason for this was so that they could be honest without causing offence to their teachers. One school indicated that other professionals (EPs) also took account of the child's views.
- Ethos – The schools agreed that the child was pivotal in the EHC process, that their views are important and need to be listened to. The children valued the chance to be heard too, one saying that he had lots of ideas and was able to share these. There was evidence of the voice in the EHC plans, and most commented that they felt the plans accurately represented the views of the child.

- Limitations – Several limitations were highlighted. These were the tools used (viewed as ‘adequate’), the personnel (could restrict comments made), informed about the process (able to be honest), and the stability of the views (potential for change over time).

## **Conclusions and recommendations**

It was pleasing to hear from most professionals in schools that there is a shared ethos of the importance of including young people within the EHC process. Of course, some bias may have been seen as a result of the research focus, but it is felt that the answers given were representative of the viewpoints of staff. Schools were very supportive of person centred thinking and approaches, recognising it as crucial within the work they do. This was despite the pedagogical challenges that they face. Encouraging schools to maintain and develop this ethos, share skills in person-centred approaches and strive to improve the involvement of children could be a focus for further development.

Similarly, the EHC plans being produced feel person-centred. They include many of the views and comments that the children and young people made. They deliberately aim to be the child’s plan. Using 1<sup>st</sup> person language and personal targets they achieve a person-centred, co-produced document. It was evident that the voice of the children was collected in many ways, by many professionals. This is important because it will provide more reliability; it allows cross-checking of comments across professionals and over a period of time. All professionals, in and out of school, should continue to work in this way so that the child has many opportunities to share his or her thoughts, and so provide a ‘rich picture’ of their understanding, desires and recommendations.

Within schools, the SENCo is skilled at talking with children, collecting their views accurately using templates designed for the purpose. Most viewed the templates as sufficient in allowing the child to express their views and assisting the staff with the process. The children seemed happy to talk to the SENCo (rather than other teachers) and more importantly, felt able to do so. Whether teachers would be more suitable, or as suitable, could be questioned and explored. The principle should be to utilise whoever is most enabling for the child, without being too close to influence the responses. Research identifies the drawbacks of using external professionals and class teachers, but does not provide a definitive answer to this question.

What needs to be evident is that the approaches and the methods used are as good as they can be. This will avoid the danger of ‘paying lip service’ to child participation. It is vital that the ethos of professionals to include children is in fact adhered to and enabled. If the quality of the participation is only ‘adequate’ then there is an argument that they are not sufficient in really capturing the voice of the child. These practices must be challenged so that they can fully represent the child. This voice must then be incorporated and listened to by those who record the views. Referring back to the research, “Children’s views were constrained and outweighed by institutional discourses” (Alderson, 2010). This must continue to be challenged and the power balance equalled. Within the EHC process, there must be no limitations on what the children can say, and what is recorded, and how this is used.



From this research, there is clearly concern about the stability and reliability of the child's views over time. A number of school staff expressed reservations about reporting the child's voice because it represents a snap-shot in time. The comments made are likely (or in danger) to be influenced by the child's mood at the time of being asked. This has been indicated in the wider research as well. How can this issue be overcome? One suggestion might be to prolong the process of gathering the child's voice. By speaking to them over a number of sessions, a more stable outlook may be gathered.

Reporting the child's views is also complicated. It needs to have justified weight but recognise the instability of the comments, as discussed. In the EHC plans, the advice throughout is a grammatical mix of first and third person. The headings are first person, which leads to a personalised and person-centred feel. However, the advice given is rarely a continuation of this position. It could be considered, depending on the age of the child, to maintain a first person style throughout, to indicate their real involvement. This would require the EHC plan to be agreed by the young person; this seems like a positive person-centred approach either way.

Finally, the templates need to be sufficient in eliciting the child's voice, and allowing the reporting of it within the process. Enabling children of all ages and abilities must be considered. How can we enable them to say more, more accurately? One issue that was identified in the research was that, "language remains the dominant medium of communication and representation" (Warming, 2011, p. 50). The template used was the same regardless of age and understanding. They haven't been updated or changed since before the EHC process began and don't focus on some of the key characteristics of the plans (future aims and hopes, long-term outcomes). These could be more carefully tailored to indicate the increasing weight given to the child's voice as s/he becomes older. Similarly, using other methods to allow children to participate could be explored; can they give their views without using written or spoken communication?

### **Further work**

This small case study about the views of children and young people, their families and their teachers, suggests that children and young people are being supported and included within the EHC process. However, it highlights improvements which could be made to ensure their full participation. Further research could examine the methods used to include CYP's views in greater depth. Research on how to explore the views of children in the early years is also needed as this was not included in this study. Working with staff would also be recommended in order to identify good practice in developing supportive cultures of child participation. Providing training to school staff, to raise their awareness of and ability to implement person-centred planning could be of great value.