

Personalising Communication during Educational Reviews with Children who
have Special Educational Needs.

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Needs Within the Educational Review Process.**

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Declaration

This work is original and has not been submitted in relation to any other degree or qualification.

Signed:

This research received ethical approval from the Department of Psychology Ethics Committee on 18/06/2016, *DOPEC code* DDMM130516

Communication and Educational Reviews

Supervision Log

Date	Discussion
20-01-16	Supervisor encouraged me to discuss my initial ideas for research and we then discussed how this could potentially be conducted as a quantitative research project. Considered collecting data via a questionnaire.
10-02-16	Considered potential participants (children with SEN, professionals working with children with SEN and parents/carers). Also discussed ethical considerations and how easily participants could be sourced. Decision made to direct the questionnaire to parents/carers due to practical constraints within the allocated timeframe.
13-04-16	Ethics application discussed ahead of submission, including all appendices. Minor wording amends suggested but overall encouraged to submit.
04-05-16	Meeting to discuss that ethical approval had been given subject to conditions. Supervisor advised on how to meet conditions and the submission of amendment form.
08-06-16	Ethical approval given and form collected from supervisor.

Communication and Educational Reviews

- 30-06-16 Final checks over online questionnaire format before launching and commencing data collection.
- 18-08-16 Discussed general progress to date with write up. No particular issues arising.
- 31-08-16 Online questionnaire closed down marking the end of data collection. Supervisor advised on exporting the data into Excel as well as SPSS and completing coding ahead of next meeting.
- 09-09-16 Took in data file to look at together. Some of the output from SPSS was a little confusing and supervisor explained I had missed off data labels, which made output difficult to interpret. Agreed to amend at home. Supervisor also recommended selecting key questions and reversing scores to produce an outcome score. This could act as dependent variable for analysis.
- 14-09-16 Amends to SPSS data file discussed as well as coding for outcome score. Discussed with supervisor that I was much more comfortable with using SPSS now due to her advice, my own reading/research and its practical application for my own research purposes.
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Communication and Educational Reviews

21-09-16	Feedback given for dissertation draft. Discussed some issues arising in results section due to missing data on sections of SPSS output. Unclear as to why. Advised to run different analyses.
29-09-16	Discussed new analyses and that previous missing data seemed to be due to lack of participants in some levels.
03-10-16	Discussion of final amends made to results section due to different analyses being conducted.
05-10-16	Meeting for supervision log to be signed.

Signature of student:

Date:

Signature of supervisor:

Date:

TABLE OF CONTENTS

Declaration.....	1
Supervision log.....	2
Table of contents.....	5
List of tables and figures.....	7
1. Abstract.....	8
2. Introduction.....	9
2.1 Communication difficulties and associated conditions.....	11
2.2 Supporting communication.....	15
2.3 Person-centred planning.....	19
2.4 Current study.....	21
3. Method.....	22
3.1 Participants & Procedure.....	22
3.2 Materials.....	23
3.3 Analysis.....	24
4. Results.....	27
4.1 Demographic data.....	27
4.2 Usual methods of communication and those used for review.....	30
4.3 Factors affecting outcome score.....	33
5. Discussion.....	40
5.1 Hypothesis 1.....	40
5.2 Hypothesis 2.....	44
5.3 Additional considerations and limitations of study.....	48
6. Conclusion.....	50
7. References.....	52

Communication and Educational Reviews

8. Appendices.....	63
8.1 Appendix A – Wording for Social Media.....	63
8.2 Appendix B – Information for Participants.....	64
8.3 Appendix C – Debrief.....	66
8.4 Appendix D – Questionnaire.....	68

LIST OF FIGURES AND TABLES

Figures

1. Percentage of participants from each region of England.....	28
2. Child or young person’s reported diagnosis.....	29
3. Child or young person’s current stage of education.....	30
4. A comparison of usual communication methods and those used as part of the educational review process.....	31

Tables

1. Mean scores of Likert scale ratings from 1 (strongly agree) to 5 (strongly disagree) for usual communication methods and those used during the review process.....	32
2. Mean scores for individual outcome measures & overall outcome score.....	33
3. Mean overall outcome scores for factors relating to who was asked for information about how a child or young person communicates ahead of the educational review.....	35
4. Mean outcome scores for factors relating to whether child had been invited to educational review meeting and whether their views were sought prior to this.....	36
5. Parent/carer additional remarks at end of questionnaire.....	37

Abstract

Current legislation and statutory guidance relating to those identified as having special educational needs (SEN), emphasises the importance of the involvement of children and young people and their families in matters affecting their educational experiences. Due to the heterogeneity of SEN and associated communication difficulties in particular, there may be challenges in successfully eliciting the views of children and young people as part of the annual educational review process. For this study, 61 parent/carer participants from across England responded to an online questionnaire. This was designed firstly to see whether communication methods were differentiated according to the child's usual or preferred style of communicating, and secondly whether person-centred approaches to facilitate the child's participation and inclusion had been adopted as part of the process. Correlation analysis found very little evidence of communication methods being differentiated according to usual preferences although there was some evidence of different methods being used during reviews. Further analysis found some evidence that adopting person-centred approaches to educational reviews had a positive effect on overall outcomes for children and young people. It is suggested that future research could seek to capture the perspectives, not only of parents/carers but also of educational practitioners and the children themselves to allow for greater exploration of some of the issues arising in this paper.

Introduction

Until recently, Part 4 of the Education Act (1996) detailed legislative provision for those children considered to have special educational needs (SEN). However, concerns surrounding its efficacy prompted an overhaul of the SEN system resulting in renewed emphasis on the participation of children and families in decision making and improving overall outcomes (Long, 2016). In England, Part 3 of the Children and Families Act (2014) has now enshrined in law some important principles relating to educational provision for children and young people identified as having SEN. In particular, section 19 refers to the importance of taking into account the views of the child or young person and their parents about matters that may affect their educational experience. Furthermore, they should be appropriately and adequately informed and supported to actively participate in decisions affecting them; for example, when choosing a school placement, discussing support needs or transition planning.

This Act also saw the introduction of Education, Health and Care Plans (EHCP's), which replaced a previous system known as *Statements* for children identified as having SEN. EHCP's, like statements, document levels of need beyond those which would be expected to be provided for by the educational establishment's own resources and are the responsibility of the local authority to maintain (Wearmouth, 2014). However, unlike statements they also document any health and social care needs, which are identified as part of a single assessment process (Attwood, 2013). It is, however, important to note that whilst no new statements are now issued in favour of the new plans, local authorities have until 1st April 2018 to convert those who had already had one in place onto the new system (IPSEA, 2016). This means that local

education authorities and indeed some children and young people are currently in a transitional phase between the old and new systems (Long, 2016).

The core principles embedded within the Children and Families Act (2014) are similarly referred to in the *Special Educational Needs and Disability Code of Practice* (DfE, 2015); a statutory guidance document to which those working with and supporting children and young people must adhere. Section 1.9 of the code stipulates that local authorities should provide information about rights and entitlements, “...in accessible formats” (DfE, 2015, p.21) to children, young people and their parents. Additionally, section 1.10 suggests that local authorities should give consideration as to whether support to facilitate expressing their views may be necessary in some cases. It also states that parents’ views should not be used instead of the young person and that arrangements should be made to ensure their perspective is captured. These principles are also referred to with regard to the educational review process specifically in section 6.70, whereby it is suggested that as the pupil’s view should be included in discussions, they may be either invited for some or all of a meeting, or else their views captured prior to this and taken into account as part of the process.

The code of practice refers to four broad areas of need; communication and interaction, cognition and learning, social, emotional and mental health difficulties and sensory and/or physical needs. However, there is also recognition that there may often be interrelationships and overlaps between them. It is important to appreciate, therefore, that children and young people identified as having SEN may need varying levels of support in order to ensure their views and wishes are effectively communicated and taken into account in the planning and review process.

Communication difficulties and associated conditions

There are many reasons why children may find communication difficult or challenging, which may necessitate the provision of additional support. Statistics from the Department for Education (DfE) show that in 2015, the most common primary need of children and young people with a statement or EHCP was Autistic Spectrum Disorder (ASD), accounting for 25.9% of all those issued. A further 4.7% who were in receipt of SEN support but without a statement or EHCP also had ASD recognised as their primary need.

Individuals with ASD are noted to have difficulties with social communication and interaction as well as exhibiting restricted or repetitive behaviors or interests (5th ed.; *DSM-5*; American Psychiatric Association, 2013). However, as use of the term *spectrum* might suggest, the precise nature of how this manifests itself in those affected and to what extent can vary significantly (Roth & Rezaie, 2011). For example, not all individuals use speech; if they do it may or may not have been delayed in development and they may also demonstrate unusual patterns of language use (Frith, 1989). Intellectual abilities and behaviours also vary significantly across the spectrum (Le Couteur, 2011). This combination of factors mean that whilst commonalities amongst those with ASD will exist in terms of meeting the diagnostic criteria, requirements for communicative interventions and support is likely to be as varied as the individual's particular presentation and relative strengths and weaknesses.

One of the most prominent cognitive theories relating to communication and autism has been that of *theory of mind*, proposed by Baron-Cohen et al (1985 cited in Pellicano, 2011). The suggestion is that impairments to this particular cognitive function affect the ability to understand the mental states of both self and others which is

important for both the development of and the ability to use effective social communication skills (Lai, Lombardo & Baron-Cohen, 2013). Significant correlations have been found between theory of mind understanding and everyday conversational abilities (De Rosnay, Fink, Begeer, Slaughter, & Peterson, 2014). Individuals who lack theory of mind may find it difficult to interpret or predict the behavior and responses in both themselves and others that form part of these regular interactions. Studies have shown children with ASD to typically perform poorly on theory of mind tests even when different methodological approaches have been adopted (Colle, Baron-Cohen & Hill, 2007; Van Buijsen, Hendriks, Ketelaars & Verhoeven, 2011). An awareness of such difficulties and their potential impact is therefore likely to be beneficial when communicating with children and young people diagnosed with the condition.

Whilst the theory of mind hypothesis has often been cited and recognized as making helpful contributions towards understanding some of the communicative difficulties associated with ASD, others have suggested that adopting a broader view and understanding the context in which communication takes place is also important (Noens & van Berckelaer-Onnes, 2005). Devito (2000) suggests that all communication is influenced by physical, cultural, social-psychological and temporal factors, and it is therefore conceivable that elements of this may be further exacerbated where additional difficulties or heightened sensitivities to particular stimuli exist. Frith (1989) suggested a theory of *weak central coherence* (WCC) in individuals with ASD, which may contribute towards social cognitive difficulties due to a deficit in the ability to derive meaning from information that is more global or contextual in nature. Research in the area of discourse comprehension found elements of support for this theory, as these abilities have been found to be weak even in individuals with typical levels of language comprehension (Åsberg, 2010). Although some inconsistencies were noted within these findings, they nevertheless seem to suggest that context is an important element

of the communication process. Following significant research in this area, it has more recently been suggested that rather than deficits, there may be a positive bias towards processing detail over global information (Happé & Frith, 2006). However, perhaps regardless of the underlying causes, an understanding of where the strengths and relative weaknesses affecting a child or young person's ability to communicate exist seem vital in determining the most effective and appropriate strategies or support.

In addition to those children and young people with ASD, the DfE (2015) statistics also show that 14% of children and young people with a statement or EHCP had other speech, language and communication difficulties noted as their primary need. There were also a further 20.9% in receipt of SEN support but without a statement or EHCP with the same identified primary need. Therefore, whilst more children with a statement or EHCP had ASD noted as their primary need, the cumulative across-category totals show that speech, language and communication needs (SLCN) accounts for the greatest proportion of children with SEN overall (DfE, 2015). This is perhaps unsurprising given the number of conditions that would be included within this category.

SLCN, like ASD, as a diagnostic category encompasses children with a diverse range of needs. The most recent categorisations for communication disorders include language disorders, speech sound disorders, childhood-onset fluency disorder and social (pragmatic) communication disorder (5th ed.; *DSM-5*; American Psychiatric Association, 2013). Language disorders can include difficulties with either expressive or receptive language or both. The term *specific language impairment* (SLI) is frequently used to refer to individuals with poor language skills that cannot be attributed to other factors (Bishop, 2006, Geurts & Embrechts, 2008), although others have pointed to a lack of consistency in the terminologies used when language deficits are

considered the primary difficulty (Lindsay, Dockrell, Desforges, Law & Peacey, 2010). Children with SLI may also have difficulties with the pragmatic aspect of language and communication, yet distinguishing them from those diagnosed with ASD, research has shown that they tend to have normal theory of mind abilities (Colle, Baron-Cohen & Hill, 2007). However, it has been suggested that how information is presented can influence the child's ability to understand and therefore engage with such tasks (Van Buijsen, Hendriks, Ketelaars & Verhoeven, 2011). It is therefore important not to make assumptions based upon the linguistic abilities of the child or young person, as the mode of presentation of information and indeed their motivation to communicate in a particular way may also affect a child or young person's ability to participate (Van der Meer et al, 2013). This, however, should arguably be a consideration for all children and young people regardless of their diagnosis if legislation and guidance is being fully adhered to; as the knowledge and skills of those working with children and young people along with the ability to adopt a non-judgmental approach are central to gaining a true understanding of their educational needs and wishes (Wearmouth, 2016).

DSM-V categorizes speech sound disorders (SSD) as persistent difficulties with the clear and accurate use of phonemes to form coherent words and phrases, which consequently affects the intelligibility of speech. It has been estimated to have prevalence rates of around 3.6% of the population (Wren, Miller, Peters, Emond & Roulstone, 2016). Reportedly, over 40% of children being referred to speech and language therapists require support with SSD and early intervention is considered key to improving the trajectory of the condition (Sugden, Baker, Munro & Williams, 2016). Another candidate for early intervention is childhood-onset fluency disorder, which refers to what is more commonly called *stuttering* and manifests itself as unusual time patterns affecting the flow of speech (Perez & Stoeckle, 2016). Both of these

conditions may also require the individual to be supported to varying degrees in order to effectively communicate their views.

It is also important to note that communication difficulties are likely to impact to a greater or lesser extent on children with a variety of other SEN noted as their primary need such as those with sensory impairments or other disabilities. This serves only to highlight further the importance of looking beyond a primary diagnostic label which can potentially act as a barrier to understanding children's wider communication needs (Dockrell, Lindsay, Roulstone & Law, 2014). It has been suggested that children with ADHD, for example, may demonstrate difficulties surrounding the pragmatic use of language and exhibit similar language profiles to those with ASD (Geurts & Embrechts, 2008). This demonstrates the importance of getting to know the child or young person and employing effective communication strategies to both engage with them and facilitate their inclusion and development throughout their educational experiences and beyond.

Supporting communication

Language is used as a method of communicating when interacting with others to convey a message or meaning (Boucher, 2013). For those who may have language impairments or may have difficulties producing speech, then augmentative and alternative methods of communication (AAC) can be used to either supplement or replace spoken language (Communication Matters, 2013). AAC is a term used to describe a variety of methods which are used to support the communication process; they may be *aided* due to requiring additional equipment or *unaided* methods such as signing or gesturing due to relying on the person themselves (Sigafos, O'Reilly, Lancioni & Sutherland, 2014). A report commissioned by the Office of the

Communication Champion and Council highlighted the paucity of data relating to the prevalence of those who use or could benefit from using some form of AAC, but suggested a figure of around 0.5% of the total population (Down, 2011). It is important to keep in mind the aspect of communication that an individual may require support with and the overall purpose of enabling their participation and inclusion, as this is likely to inform the selection of AAC at any given time (Goldstein, 2002).

The Picture Exchange Communication System (PECS) is an example of aided AAC involving the exchange of picture symbols and is often used to support the development of reciprocal interaction and the social communication skills of children and adults with ASD to positive effect (Preston & Carter, 2009; Lerna, Esposito, Canson & Massagli, 2013). Systems such as this need to be taught before they can be used effectively, usually beginning with encouraging the user to initiate requests for something that they may want (Preston & Carter, 2009); but evidence suggests that children with all level of developmental disabilities can acquire this skill (Achmadi et al, 2014). Other visual supports such as pictures, photographs or symbols are also widely used to support communication and can be adapted for a variety of purposes, including providing a framework for understanding and expressing emotions and the sharing of information (National Autistic Society, 2013). They can also help with sequencing and planning when several are used to form a visual timeline of activities or events, which can help to alleviate anxieties (Dann, 2011; Deacy, Jennings & O'Halloran, 2015; Wearmouth 2016).

Voice output communication aids (VOCA) or speech generating devices (SGD) can be used to communicate via pressing symbols which translate to a digitized spoken voice (Mirenda, 2003). These may be suitable for some individuals who are unable to produce speech and therefore need alternative means to convey their thoughts or

feelings (Palmer, Enderby & Hawley, 2010). However, recently it has been suggested that more widely accessible and flexible technologies such as iPads or other tablet devices can be adapted for similar purposes with potentially greater effects and have the additional benefit of being less stigmatising (Lorah, Parnell, Whitby & Hantula, 2015; Cabielles-Hernández, Pérez-Pérez, Paule-Ruiz & Fernández-Fernández, 2016). Whilst it is recognised that not all will have access to such devices, it is perhaps useful to draw attention to the creative use of items beyond that which is necessarily their primary function and this could potentially be applied to any number of available resources. Such opportunities are only likely to increase with technological advances.

Whilst British Sign Language (BSL) is the most commonly used sign language in the UK with approximately 145,000 users as of 2011; it has its own grammatical rules, is a language in its own right distinct from English, and is used predominately by those who are hearing impaired (british-sign.co.uk, 2016). Makaton, with an estimated 100,000 users, is an alternative method of signing which works in conjunction with spoken English as a means of supporting communication (The Makaton Charity, 2016). Using a combination of gesture-based signs and picture symbols, it can be beneficial for encouraging and developing spoken language for those with communication or learning difficulties (Sellars, 2006). Both of these methods incorporate sign language although they are likely to be used by children and young people with differing communication needs.

Methods aimed at supporting an individual's wider understanding of the contexts in which communication takes place have also been devised. For example, *social stories*, devised by Carol Grey in 1992, can be adapted for all levels of cognitive difficulties and may help to prepare a child or young person for a situation that they may not previously have encountered or find difficult to envisage (National Autistic Society, 2016). These

short stories, which aim to communicate key information about particular scenarios to the reader, have been found to be beneficial in promoting positive behavioural changes not only for those with ASD but also for children with language impairments or those exhibiting challenging behaviours (Schneider & Goldstein, 2009). Meta-analysis has questioned their overall efficacy (Kokina & Kern, 2010); nevertheless, there is likely to be some benefit from having access to a wide range of communication supports and keeping an open mind about what methods may be efficacious for any particular person.

Children and young people with varying abilities may also be supported to express their views or feelings via writing or drawing. Research has indicated that these methods can be easier for children than verbal communication alone; perhaps as it may be perceived as a more enjoyable activity, may give the child greater freedom of expression and may also be less intimidating (Angell, Alexander & Hunt, 2015). However, as with all methods, it is important that it is appropriate for the individual and therefore the onus is on those working with the child or young person to understand their particular strengths and needs (Wearmouth, 2016).

The decision to incorporate the use of AAC or other communication supports and the particular type selected, is likely to depend upon the range of difficulties an individual may be experiencing. For example, poor fine motor skills may affect the ability to use sign language as an effective means of communication (Mirenda, 2003). It could also adversely affect self-esteem if it was found to be particularly challenging to use (Sellars, 2006). However, research has shown that AAC can not only improve the communication abilities of some children, but can also positively affect social skills and reduce challenging behaviours; perhaps due in part to lower levels of frustration from more readily being able to communicate wants and wishes (Ganz et al, 2011).

Others have urged caution in the use of methodologies such as this. For example, it has been suggested that the use of visual supports or adult prompts may unduly influence the responses that children give when facing questioning or being asked for their opinions (Preece & Jordan, 2009). This is therefore an important consideration when attempting to accurately elicit the views of the child or young person, rather than the person who may be supporting them. What is clear is that there is a breadth of resources to choose from, arguably inline with the heterogeneity of communication difficulties which exist. This in itself may produce further challenges for those working with the child or young person in understanding both the appropriateness and efficacy of the methods being used at any one time, what the potential pitfalls may be and how positive experiences can be maximised.

Person-Centred Planning

Person-centred planning (PCP) and person-centred reviews (PCR) focus upon ensuring the child or young person and their parents remain at the heart of the educational planning and review process and underpin much of the new legislative framework and statutory guidance (Corrigan, 2014; White & Rae, 2016). Research has shown that such approaches can facilitate greater inclusion of children and young people with all levels of disability and this is likely to promote better outcomes, including a greater sense of autonomy and emotional wellbeing (Carnaby, Lewis, Martin, Naylor & Stewart, 2003). Other reported benefits of this approach include better pupil engagement and subsequent educational progress, as well as improved self-esteem (Corrigan, 2014; Wigham et al, 2008).

PCP could be seen as the approach that needs to be taken in order to facilitate a successful PCR. The Special Educational Needs and Disability Code of Practice stipulates that reviews should take place at least once every 12 months (DfE, 2015). Gathering information about the child or young person prior to a review meeting and involving them in that process can help to ensure that the review meeting is styled in the most appropriate way and promote positive outcomes (White & Rae, 2016). This may include communicating with parents and other professionals who may know the child well, in addition to the child themselves, in order to gain as full a picture as possible. Research on parents' perspectives has highlighted the importance they place on professionals engaging and collaborating with them in decisions affecting the educational provision for their child (Lindsey, Ricketts, Peacey, Dockrell & Charman, 2016). Therefore, it is probable that the most effective plans with the most positive of outcomes will be those in which all parties feel valued and included.

Capturing and presenting information and views in visual formats so that all participants can see and continue to actively contribute towards throughout the meeting, can help children and young people with communication difficulties feel engaged, positive about the process and listened to (Hayes, 2004). The use of strategies such as allowing for breaks if required, distance attendance, assistive technologies, supported participation & the ability to communicate views using non-verbal means has also been seen to support those with ASD who may have high levels of anxiety as well as social communication difficulties acting as potential barriers to their involvement in the process (Hagner, Kurtz, May & Cloutier, 2014). Some level of creativity and flexibility, with a clear focus upon the individual needs and wishes of the child or young person and their families therefore appears central to the success of PCP and PCR's and subsequent outcomes for children and young people. For children with ASD or other SLCN, it seems logical that the success of this process is

likely to largely depend upon all parties having a clear understanding of their communicative abilities and particular support needs in order that they can be fully and actively engaged with the process and equal participants.

Current Study

Due to the heterogeneity of SEN and associated communication difficulties, it is perhaps to be expected that there may be challenges associated with successfully eliciting the views of some children and young people. However, there is a clear need and indeed a legal requirement to overcome any potential barriers. In order to successfully conduct a person centred review, an understanding of the child or young person's particular needs, how they prefer to communicate and the methods they use would appear to be central to ensuring that their voices are heard and represent a clear and accurate picture of their wishes and educational aspirations. This research seeks to understand the current lived experiences of children, young people and their families relating specifically to the educational review process, by exploring how their views have been sought and whether this is in line with the general principles included within the Children and Families Act (2014). Based upon this current legislation and accompanying statutory guidance advocating a person-centred approach; there is an expectation that the needs of the child, including their ability to communicate their wishes, are at the heart of any educational review. Furthermore it is implied that outcomes for children and young people with special educational needs should be improving as a result of adopting this approach. This study therefore seeks to test the following hypotheses:

1. The communication methods used to elicit the views of children and young people as part of the educational review process are differentiated where appropriate, in order to facilitate their participation and inclusion.
2. Adopting a person-centred approach and involving children and young people and their parents in the educational review process has a positive effect on perceived outcomes.

Method

Participants & Procedure

An advert was posted on closed parent support groups on the *Facebook* social media site (See Appendix A), resulting in the recruitment of 61 participants from regions across England. Those who were interested in the study were asked to follow a link to an online questionnaire, where a participant information sheet outlined the purpose and nature of the research and what was involved in participating (See Appendix B). In accordance with ethical guidelines, potential participants were made aware that there was no obligation for them to either commence or complete the questionnaire should they choose not to. Participants were able to withdraw at any point throughout the questionnaire by closing the browser but made aware that, as all responses were anonymous, once they had been submitted they were no longer able to withdraw from the research.

The participant information sheet also required respondents to confirm that they were over the age of 18yrs and that they were a parent or carer of a child or young person who has been involved in an educational review. They were then asked to indicate

their consent by proceeding to complete the questionnaire. No payment or incentive was offered for participating in the research. In consideration of the fact that these may be sensitive and emotive topics for parents and carers to discuss, signposting to relevant support organisations was included as part of the debrief upon completion of the questionnaire (See Appendix C).

Materials

A questionnaire consisting of two sections was designed (See Appendix D) and placed online using the survey tool, Bristol Online Survey (BOS). The first section consisted of questions to capture demographic data and background information relating to the geographical location of the respondent, their child or young person's diagnosis and stage of education, as well as the level of identified special educational needs (SEN) and whether they had a Statement of SEN or an Education, Health and Care Plan (EHCP). Participants were also asked whether they had been invited to attend an educational review meeting and if they had attended. They were subsequently asked to answer the same for the child or young person they care for.

The second section consisted of a number of statements which participants were asked to read and rate using a 5-point Likert scale, ranging from *strongly agree* to *strongly disagree*. These statements were developed with the range of communication support methods that are available in mind, as well as the research and legislation advocating a person centred approach to educational reviews. Statements therefore related to the child or young persons usual or preferred method of communication; whether their views had indeed been sought as part of the educational review process; whether information about how the child prefers to communicate had been gathered beforehand; as well as what communication methods were actually used when

gathering their views. Further statements were developed with outcomes measures in mind. Respondents to rate whether they felt that their child was made to feel that their views were important; whether these views had contributed to shaping their educational support and provision; if they felt that the child or young person had understood the process; as well as the perceived accuracy of the views that were recorded. A final question allowed participants to explain any of their responses or add any further comments in free text.

Analysis

In order to address the first hypothesis that communication methods are differentiated, correlation coefficients were calculated using Spearman's rho between the responses given to how a child or young person usually or prefers to communicate and the corresponding responses to the communication methods used to obtain their views. Only cases where respondents had confirmed that the child had been asked for their views as part of the educational review process were subject to this analysis.

The second hypothesis was concerned with outcomes for the child or young person. In keeping with the principles of person-centred approaches, six questions were identified from the questionnaire as being related to positive outcomes for children and young people. They referred to the child's understanding of the process; the views that were recorded accurately representing the child's perspective; the child being made to feel that their views were important; their views influencing the educational support and provision that they receive; that overall the child was happy at school and the parent was happy with the support that was in place. These questions had been responded to using the 5-point Likert scale. Reversing the score given for each of these responses and adding them together produced an overall outcome score out of 30. Therefore, a

higher outcome score related to more positive outcomes for the child or young person. The outcome score became the dependent variable (DV) for all subsequent analysis.

In view of the introduction of the Children and Families Act (2014) and the increased emphasis on adopting person-centred approaches, an independent *t*-test was conducted in order to compare outcome scores for those who have been through the educational review process and have the new documentation of an EHCP introduced in the legislation with those who are still under the old system of Statements of SEN. For the purposes of this analysis, those who had indicated their child had SEN but were supported from the school's resources were not included. This was because although all children with SEN should have their needs regularly reviewed to enable appropriate planning and support, both Statements of SEN and EHCP's are the responsibility of the local education authority to maintain and should be subjected to a minimum of annual educational reviews as stipulated in the Code of Practice (DfE, 2014).

Four further questions were identified as being independent variables (IVs) due to their relationship with person-centred approaches and their centrality to the review process itself. The first two related to gathering information from parents and professionals about how the child communicates ahead of the educational review. The second two related to whether the child or young person had been invited to the review meeting and whether they had been asked for their views ahead of this. The data from these responses was initially reduced from the 5-point Likert scale to provide 3 levels of *Yes*, *No*, *Don't Know*. This was because it was felt that where participants had indicated that they either strongly agreed or agreed then effectively they were still answering 'yes' to these questions and conversely where they had either disagreed or strongly disagreed then they were answering 'no'. The midpoint of the Likert scale remained where

participants were not clear either way. However, due to the small number of participants in each factor who had responded *Don't Know* and to allow for greater clarity, these participants were subsequently removed from this section of the analysis leaving 2 levels in each factor. A first 2x2 between-subjects ANOVA was undertaken to determine whether there were any main effects of parents and professionals being asked about the child's usual communication methods on the overall outcome score (DV) as well as any significant interactions. A second 2x2 between-subjects ANOVA was undertaken to determine whether there were any main effects of the child being invited and being asked for their views ahead of the meeting on the DV as well as any significant interactions. The mean overall outcome scores and standard deviations for each factor were also recorded.

The final question had given participants the opportunity to explain or add freely to any of their responses. Content analysis of this qualitative data was undertaken to establish whether any common themes emerged. Key overarching themes were identified and example quotations recorded for discussion purposes.

Results

The primary purpose of the analysis was to test the hypotheses that the communication methods used to elicit the views of children and young people are differentiated according to their usual or preferred method and that adopting a person centred approach in the review process has a positive effect on perceived outcomes. The analysis was also conducted with awareness that some participants had children who had the newer documentation of Education, Health and Care Plans (EHCPs) referred to in the Children and Families Act (2014), while others had children still under the previous system with Statements of Special Educational Needs (Statements of SEN). Section one of the questionnaire had also enabled the capturing of demographic data, allowing for subsequent findings to be further contextualised.

Demographic Data

Of the parent /carer respondents ($N = 61$), 59 shared their geographical location. The greatest representation was located in the North West of England accounting for 42.6% of the sample. With the exception of London and the East of England, all other areas were also represented. (See *Figure 1*).

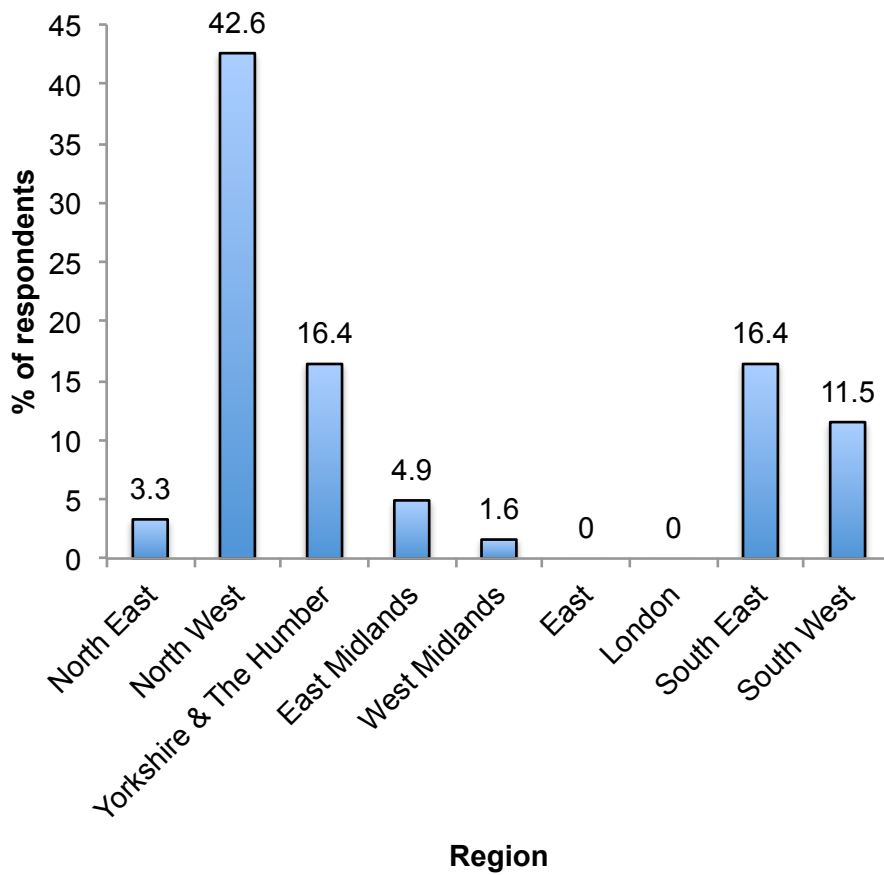


Figure 1.

Percentage of participants from each region of England.

Participants were also asked whether their child had received a diagnosis of Autism Spectrum Disorder (ASD), Speech & Language (S&L) difficulties or another condition.

58 respondents provided this information with the results showing that some children and young people were reported to have more than one diagnosis (See Figure 2).

Participants were given the opportunity to state what other diagnosis their child may have if they had selected 'other' in response to this question. Responses included Attention Deficit Hyperactivity Disorder (ADHD), Global Developmental Delay (GDD), Dyslexia & Dyspraxia, sensory impairments including visual and auditory processing as well as unspecified physical disabilities.

Communication and Educational Reviews

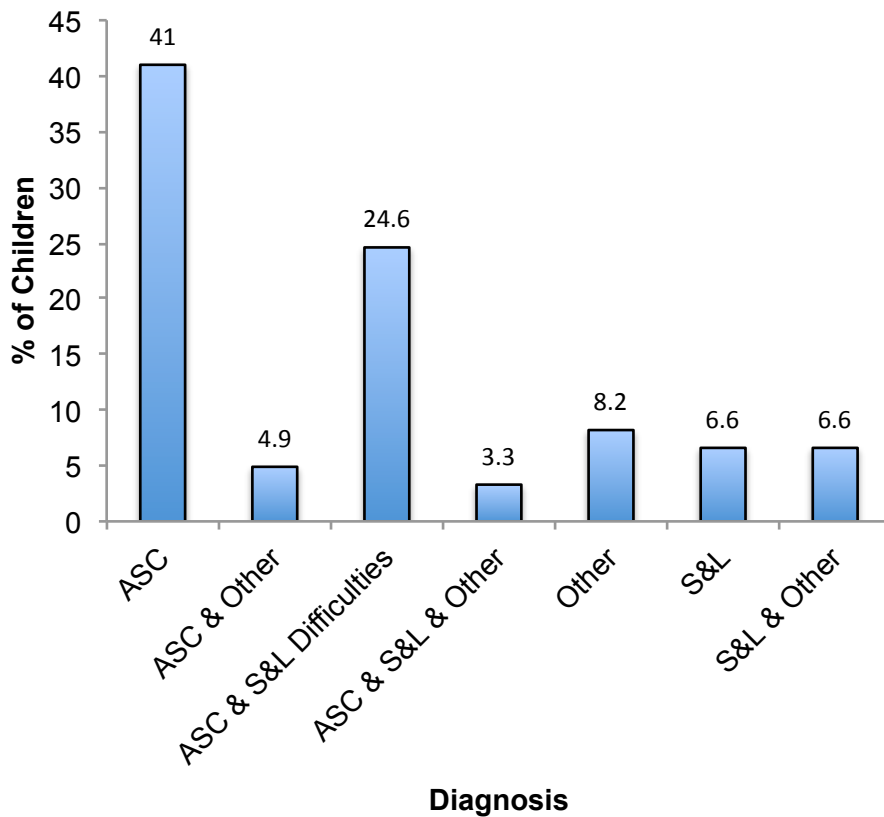


Figure 2

Child or young person's reported diagnosis.

Respondents were asked whether their child had an EHCP, a Statement of SEN or recognised SEN within the school setting but without either of those forms of documentation associated with higher levels of need. Twenty-three reported that their child was still under the previous system and therefore had a Statement of SEN, accounting for the largest group (37.7%), closely followed by 20 who reported their child had an EHCP (32.8%). Therefore a total of 70.5% of respondents reported having documentation relating to levels of need beyond those which would be expected to be provided for by an educational establishment's own resources. A further 13 (21.3%) had recognised SEN within the school setting but did not have either a Statement or an EHCP. Five participants (8.2%) did not respond to this particular question.

Additionally, 59 participants responded to the question regarding the particular stage of education their child was at (See *Figure 3*). The largest percentage (31.1%) stated that their child was currently in key stage 2 (KS2), which accounts for children aged 7 to 11 in school years 3 to 6. However, there was representation across each of the key stages ranging from pre-school children to those young people post 16yrs.

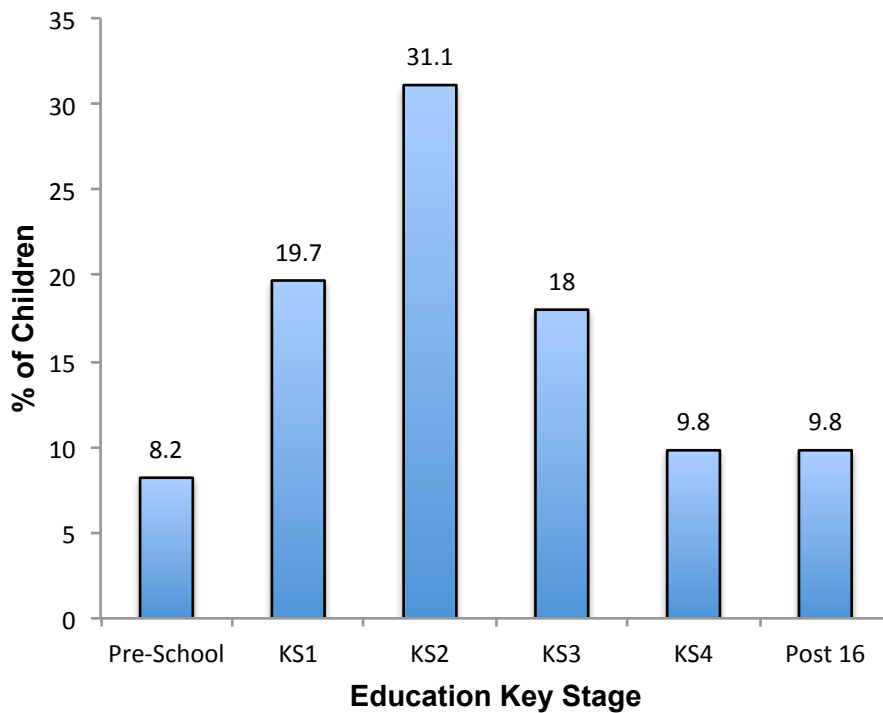


Figure 3

Child or young person's current stage of education.

Usual methods of communication and those used for review.

Participants were asked about how their child usually communicates and latterly the communication methods used to seek their child's views as part of the educational review process. A comparison between these two conditions can be seen in *Figure 4*.

Communication and Educational Reviews

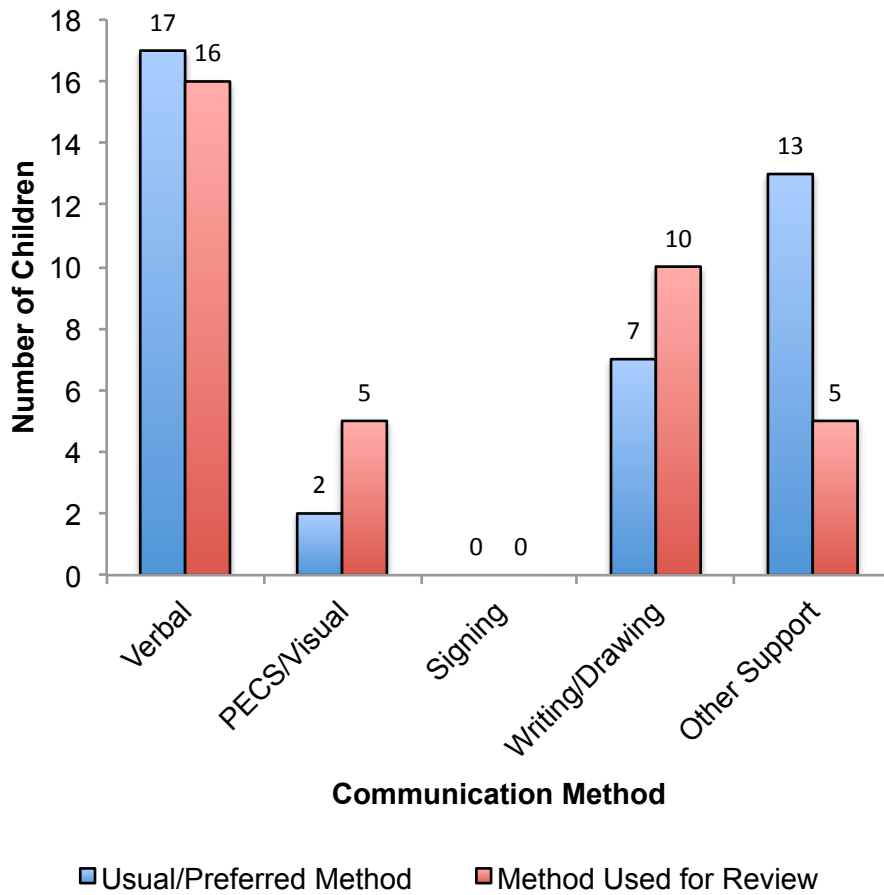


Figure 4

A comparison of usual communication methods and those used as part of the educational review process.

Some respondents indicated that their child communicates using more than one method. For example, they may communicate verbally but also use other supportive methods to facilitate the process. Similarly, some respondents indicated that those gathering the views of the child for the educational review used more than one method. Participants used a Likert scale from 1 (strongly agree) to 5 (strongly disagree), to rate how strongly they felt that their child usually communicates either verbally or using a range of augmentative and alternative methods of communication (AAC). They were

similarly asked to rate how strongly they felt that those gathering their views as part of the educational review process had used each of these methods (See Table 1).

Table 1

Mean scores of Likert scale ratings from 1 (strongly agree) to 5 (strongly disagree) for usual communication methods and those used during the review process.

Usual method of communication	N	Mean	SD	Method used during review	N	Mean	SD
Verbal	19	1.74	1.098	Verbal	19	2.11	1.150
PECS/Visual Support	17	4.18	1.131	PECS/Visual Support	18	3.72	1.602
Signing	16	4.81	.403	Signing	17	4.65	.606
Writing/Drawing	18	3.50	1.383	Writing/Drawing	19	2.95	1.580
Other support to aid understanding	18	2.33	1.328	Other support to aid understanding	18	3.67	1.414

A correlation analysis was undertaken to ascertain whether there was any relationship between the child's usual or preferred method of communication and how they had been asked to communicate their views during the review. A positive relationship was found between those who prefer to communicate using the picture exchange communication system (PECS) or other visual/picture communication systems and those who were asked for their views using these methods ($r_s = .533, p = .028$).

No relationship was found between those who prefer to communicate verbally and those who were asked to give their views verbally ($r_s = .261, p = .280$) or those who prefer to communicate using signing and asked to give their views in this way ($r_s = .462, p = .071$). Similarly, no relationship was found between those who like to communicate by writing or drawing and asked to use this method ($r_s = .019, p = .941$).

or those who communicate with other methods of support to aid understanding and these methods being used ($r_s = .037, p = .888$).

Factors affecting outcome score.

Participants responded using the same Likert scale (1-5) to state how strongly they agreed to six statements, which had been identified as relating to positive outcomes at each stage of the educational review process for the child or young person. The score for each of these responses was reversed giving a maximum score of 5 for each statement and their cumulative totals producing a total outcome score out of 30. Therefore, a higher score was indicative of more positive outcomes for the child or young person (See Table 2).

Table 2

Mean scores for individual outcome measures & overall outcome score.

Outcome Statement	<i>N</i>	Mean (<i>SD</i>)
Child understood the process	54	2.39 (1.352)
The views recorded were accurate	54	2.81 (1.361)
Child was made to feel important	56	2.86 (1.368)
Child's views influenced support and/or provision	56	2.46 (1.307)
Parent happy with educational support	58	3.19 (1.515)
Child happy at school	58	3.48 (1.454)
Overall outcome score	53	17.38 (6.298)

The overall outcome score served as the dependent variable for the remainder of the analyses. In view of the relatively recent changes to the legislation and the increased

focus upon adopting a person centred approach aimed at improving outcomes for children and young people, an independent *t*-test was first conducted to compare those who currently still have a statement of SEN ($N=21$) to those who have the new EHCPs ($N=18$). Although the overall mean outcome score was higher for those with an EHCP ($M=19.94$, $SD=6.530$) compared to those with a statement ($M=17.62$, $SD=4.944$), this difference was not found to be significant ($t(37) = -1.264$, $p = .214$).

A further four factors were selected for analysis based upon their links to person centred approaches and their potential impact on outcomes for the child or young person. The first two were identified as relating to information gathering from other professionals about the way a child or young person prefers to communicate ahead of an educational review. The mean outcome scores for each level show that higher scores were produced when parents and professionals had been consulted about the child or young person's usual or preferred communication method (see Table 3).

Table 3

Mean overall outcome scores for factors relating to who was asked for information about how a child or young person communicates ahead of the educational review.

Factor	N	Mean (SD)
Parents asked & Professionals not asked	2	25.00 (5.657)
Parents asked & Professionals asked	13	20.23 (5.003)
Professionals asked & Parents not asked	5	18.60 (7.335)
Professionals not asked & Parents not asked	20	12.65 (4.234)
Totals		
Parents asked	15	20.87 (5.153)
Parents not asked	25	13.84 (5.390)
Professionals asked	18	19.78 (5.558)
Professionals not asked	22	13.77 (5.563)

A 2x2 between subjects ANOVA was conducted. The two factors were *parents being asked* and *other professionals being asked* about how the about how the child communicates. Each had two levels of *yes* or *no*. The ANOVA demonstrated a significant main effect on outcome scores of parents being asked for information about how their child usually or prefers to communicate. $F(1,36) = 9.582, p = .004$. Higher outcome scores were reported when parents had been asked for this information ahead of the educational review. There was no significant main effect of other professionals being asked about the child or young person's communication methods. $F(1,36) = .068, p = .795$. There was a significant (parent asked*professionals asked) interaction. $F(1,36) = 5.633, p = .023$. However, due to the large disparities in the sample sizes within groups, no *t*-tests are reported.

A further analysis was conducted in relation to whether the child was invited to attend the educational review meeting and whether they were asked for their views ahead of this taking place (See Table 4).

Table 4

Mean outcome scores for factors relating to whether child had been invited to educational review meeting and whether their views were sought prior to this.

Factor	N	Mean (SD)
Child asked for views & Child invited	13	21.62 (6.577)
Child asked for views & Child not invited	6	15.67 (7.659)
Child not asked for views & Child invited	7	18.43 (3.409)
Child not asked for views & Child not invited	14	13.57 (5.273)
Totals		
Child invited	20	20.50 (5.781)
Child not invited	20	14.20 (5.952)
Child asked for views	19	19.74 (7.294)
Child not asked for views	21	15.19 (5.202)

The mean outcome scores were higher when the child was invited to the review meeting compared to when they were not invited, as well as when they were asked for their views prior to this compared to when they were not. A second 2x2 between subjects ANOVA was conducted. The two factors were *the child was invited* and *the child was asked for their views*. Again, each had two levels of *yes* or *no*. The ANOVA demonstrated a significant main effect of the child being invited to attend the

educational review meeting. $F(1,39) = 7.383, p = .010$, but no significant main effect of the child or young person being asked for their views ahead of this taking place. $F(1,39) = 1.764, p = .192$. There was no significant (child invited*child asked for views) interaction. $F(1,39) = .075, p = .785$.

Participants were invited to expand upon any of the answers they had given or provide any additional information at the end of the questionnaire. The majority of the comments related to two broad themes and are summarised in Table 5.

Table 5

Parent / carer additional remarks at end of questionnaire.

Theme	Parent / Carer views
Child's involvement in educational review process	<p><i>"My child did not attend as wouldn't understand the meeting at all"</i></p> <p><i>"... In the end the SENCO never bothered even inviting my son to come down to meeting..."</i></p> <p><i>"(Child's name) wasn't involved simply because she doesn't have the understanding."</i></p> <p><i>"My child has, to my knowledge, never been invited to his review"</i></p> <p><i>"I believe a lot of tokenism and going through the motions"</i></p>

happened in gathering my child's views."

"With annual reviews pre 14 she was never asked to participate or her views considered. Since 14 they ask her views but she says what they want to hear as they don't know her."

Child's
communication
methods

"My child was asked his opinion by using talking mats... They then decided as he smiled in class, he must have enjoyed the lessons so his answers were non competent and refused to submit them as his opinion for the annual statement review."

"My child uses basic Makaton and lip reads but does use speech as his main communication, his understanding is limited as he cannot process all sounds."

"The way my child was asked for his views was totally inappropriate. There needs to be a better way for children to get their views across."

"My daughter is non verbal and has difficulty focussing. She is supported well but cannot make her views known"

"My child is severely globally delayed and although he can communicate by single words or visual cards and would answer he wouldn't understand what was being asked of him."

'My child is very likely to answer questions in a manner that would seek to please the person asking and not necessarily be completely accurate – these were taken at face value though.'

Parental
involvement

"The teacher however engaged with me to provide a short list of what we feel is important to (child's name)."

"We have good support from the local services such as speech and language, SEN and disability services."

"Teacher and professionals don't listen to parents."

"I wish nursery would communicate better with me."

"They give me and my partner a termly review to keep us quiet..."

Discussion

This research was based upon the recent legislative changes in relation to children and young people identified as having special educational needs (SEN). The Children and Families Act (2014) in conjunction with the Special Educational Needs and Disability Code of Practice (DfE, 2015) seeks to address those areas for improvement that had been identified under the previous system detailed in Part 4 of the Education Act (1996). The renewed focus upon ensuring the views of children and young people are included as part of any decision affecting them with a view to improving overall outcomes, suggests that effective communication is central to the success of the educational review process. In keeping with these broad themes underpinning current legislation, the two hypotheses sought to understand the current lived experiences of children, young people and their families.

Hypothesis 1

The first hypothesis was that the communication methods used to elicit the views of children and young people as part of the educational review process are differentiated where appropriate. Results from the correlational analysis found very little support for this. Only one significant relationship between the child or young person's preferred or usual method of communication and being asked for their views in this particular way was found; this was for those who used the Picture Exchange Communication System (PECS) or other visual/picture communication systems. A positive relationship between these two factors suggests that these methods have been utilised to elicit the views of the child where it has been the preferred or usual method of communication. Two contradictory explanations for this are suggested: Firstly, in the case of PECS specifically, a level of training is required in order for it to be an effective method of communication (Achmadi et al, 2014). This implies an inherent time commitment in its

acquisition as a skill, which once invested, may ensure its continued usage. Alternatively, rather than the preferred method being used due to time invested in learning to use it, as may be the case with PECS; it could be that other visual supports are used due to their ease of use, flexibility and relative availability (National Autistic Society, 2013). These methods are frequently considered easier to use than other augmentative and alternative methods of communication (AACs) (Mirenda, 2003). As all visual support systems were categorised together in the questionnaire, it is not possible to determine which of these explanations is more probable and indeed it is perhaps more likely that it may be due to a combination of factors. Future studies may therefore wish to differentiate between these visual communication methods in order to explore this relationship further.

It is also important to note that the correlation analysis looked for relationships across the whole of the Likert scale ratings and therefore included all responses from 1 (strongly agree) to 5 (strongly disagree) to the statements that particular communication methods were either usually used or used for review purposes. The raw data suggests a different picture when only positive responses are taken into account; that is participants either strongly agreed or agreed that this was their child's usual or preferred method of communication and that it had been used during the review process. However this was a particularly small sample when other responses were eliminated, with only 2 participants stating PECS or visual communication methods were usually used compared to 5 who said they were used during the review. It is therefore difficult to form any conclusions from this. It may be that whilst not used during everyday communication, visual communication supports have sometimes been utilised by those seeking to support the process of gathering the child's views as part of the educational review. This would be supported by the literature, which suggests that methods such as these can alleviate anxieties for children with social communication

difficulties in unfamiliar situations (Wearmouth, 2016; National Autistic Society, 2013; Dann, 2011).

There were no significant relationships found between any of the other preferred methods of communication and those used when seeking the child or young person's views. This might suggest that methods of communication are not being differentiated in accordance with preferences or support needs; yet this may not necessarily be the case. The correlation analyses only considered the relationships between the stated usual or preferred communication methods of children and young people and whether these same methods were used during the review. It does not necessarily mean that different AAC were not utilised to support the child or young person throughout the process. This can again be seen through exploring the raw data. In a similar way to more children being asked to give their views using PECS or other picture communication methods than stated this was their usual communication method, the same applied to the use of writing or drawing to communicate views. Whilst seven participants indicated that they liked to communicate in this way, ten indicated they had been asked for their views using this method. Previous research has suggested that AAC interventions are ultimately deemed to be successful when they support effective communication across different environments and with different people (Mirenda, 2003). However, this does not necessarily take into account communication needs, which might arise as a result of the broader context in which any specific interaction takes place (Noens & van Beerckelaer-Onnes, 2005; Devito, 2000). As a review meeting is not an everyday or common even in a young person's life, methods such as writing or drawing may have been used if it was felt that they would be less intimidating than verbalising views (Angell, Alexander & Hunt, 2015). Similarly, children may usually communicate verbally but they may find understanding and expressing their emotions difficult or other key areas that may be considered as part of the review.

Therefore some sort of visual communication support may be used to assist with these sorts of challenges (National Autistic Society, 2013). It is therefore possible that different methods of AAC are necessary in different environments and it could be that this has been recognised by those working with these particular children and young people and may account for the apparent discrepancies.

Arguably of greater concern is the fact that for the purposes of this analysis, a majority of the overall data set was not eligible for inclusion due to the fact that the child had reportedly not been asked for their views ahead of a review meeting. These statistics should be viewed with a level of caution due to the fact that respondents were parents or carers and there is the possibility that they may not have been aware that their child's views had been sought; although that in itself raises further issues, not least about working in a family and person centred way (DfE, 2015). However, if the responses given were an accurate reflection of circumstances ahead of review meetings, then it would appear that the experiences of some families may contravene section 19 of the Children and Families Act (2014) and are perhaps at best not in keeping with its core underlying principles. Indeed some of the qualitative data draws attention to such individual experiences with one respondent commenting that, *"My child has, to my knowledge, never been invited to his review."* Another commented that her daughter had not been asked for her views before the age of 14 but has since then. It could be that this has coincided with the introduction of the new legislation and guidance and is, therefore, evidence of improvement to practice. However, she goes on to suggest that the views that her daughter gives are not accurate, as she tells them what she thinks they want to hear. This was an issue echoed by other participants and highlights the importance of taking to time to get to know and understand the child or young person (Wearmouth, 2016), even when they are apparently communicating their views.

Overall, this research has found some evidence that different methods of communication are being used to elicit the views of children and young people as part of the educational review process, but these do not generally correlate with their stated usual or preferred method of communication. There is therefore, very little support for the first hypothesis. Further research could explore what actually informs the decision to use a particular method of communication or AAC by those working with children and young people to gather their views as part of the educational review process.

Hypothesis 2

The second hypothesis was that adopting a person-centred approach has a positive effect on perceived outcomes for the child or young person. Testing this allowed for greater exploration of the data relating to the broader experiences of children and families engaged with the educational review process. The results found some support for the hypothesis. The mean outcome scores were consistently higher when working in ways that were considered to align with person-centred approaches; i.e. actively gathering information from parents and professionals about how a child or young person communicates as preparation ahead of the review meeting and also involving the child in the process through inviting them to attend and asking for their views on matters affecting their educational experiences. This suggested that each of these factors may contribute to better overall outcomes for the child or young person, supporting previous research highlighting the benefits of adopting person-centred approaches for children with all levels of special educational needs (Carnaby et al, 2003; Corrigan, 2014; Wigham et al, 2008). However, from the analyses of variance

that were undertaken, only two significant main effects on outcomes were demonstrated.

The first significant main effect was of parents being asked for information about how a child communicates as part of the information-gathering phase. This is consistent with existing literature which suggests that there are direct benefits for children and young people with Autism Spectrum Disorder (ASD) and other language impairments, when parents are actively engaged in their education and decision making surrounding educational provision (Lindsay et al, 2015). Research surrounding obtaining the views of children with ASD in particular, has also suggested that triangulation is important to gain multiple perspectives on a given situation, as responses may contain inaccuracies when there are impairments to social communication skills (Preece & Jordan, 2009). This, however, could arguably be somewhat mitigated if the most appropriate method of communication is selected when asking children and young people for their views. Nevertheless, obtaining parents views is likely to be an important element of ensuring the views captured are an accurate reflection of the reality.

Furthermore, preparing for review meetings can help to alleviate anxieties that may be felt by both parents and their children beforehand (White & Rae, 2015). If all parties are less anxious going into the review meeting then it is perhaps unsurprising that outcomes may be better, as this is likely to be more conducive to a productive review meeting where collaborative and effective planning for future provision can take place (White & Rae, 2015). This also supports the importance placed upon parental involvement within the Children and Families Act (2014) and the SEN and Disability Code of Practice (DfE, 2015), making it a matter of importance for educational practitioners concerned with improving outcomes for children and young people.

However, this research found that parents were not always being asked about how their child communicates ahead of the educational review. Out of 40 participants, 25 indicated that they had not been asked. Whilst superficially this may sound somewhat disappointing, it is important to note that this question specifically related to whether they had been asked about how their child communicates and therefore conclusions cannot be drawn as to wider parental involvement. For example, whilst they may not have been asked about their child's communication, they may have been asked about other matters that were not within the scope of this particular research. The qualitative data that was captured, however, presented a picture of mixed overall experiences for parents. For example, one participant stated that, "*Teachers and professionals don't listen to parents.*" Another suggested that she felt that they were given review meetings, "*...to keep us quiet.*" Others described more positive experiences of teachers and professionals engaging with them and working collaboratively in the interests of their child. These responses are suggestive of a lack of consistency in the effectiveness of the educational review process and the level of engagement that parents generally feel, which has implications for practice and those working to improve outcomes for children and young people.

The second significant main effect on outcome scores was of the child being invited to attend the review meeting. Whilst inviting a child to a meeting is only one small aspect of involving them in the educational review process, it is possible that this could be indicative of a broader inclusive and person-centred ethos and one that appears to contribute to an improvement in overall outcomes (Carnaby et al, 2003; Wigham et al, 2008; Corrigan, 2014). Indeed the descriptive statistics show that overall outcome scores were highest when the child was both invited to attend and asked for their views ahead of the review meeting; suggesting that the greater the level of involvement the child or young person has, the better the overall outcomes. This again appears to lend

support to the underlying principles of the Children and Families Act (2014) and the SEN and Disability Code of Practice (DfE, 2015). However, it is important to note that this research found no main effect of the child being asked for their views ahead of the review meeting despite the mean scores being higher when they were. More research may therefore be needed to explore these relationships in greater detail.

Again, another area which may be considered somewhat concerning is the fact that the same number of children and young people from the data set were not invited to the educational review meeting as were invited ($N = 20$). This suggests that, in a similar way to whether children have been asked for their views ahead of the review meeting, this is not happening as routinely as one might expect given the legislative context educational practitioners are operating within. Again, there is a note of caution that parents and carers responding to the questionnaire may not have been aware that their child had been invited. However, some of the qualitative data from participants' responses suggests that children's perceived capability of being involved in the process may affect decisions or efforts to involve them. Some parents and carers commented that their children were not involved, as they wouldn't understand the meeting. It is not possible to ascertain whether this was a view shared by professionals working with these particular children or young people. However, research has shown that if conducted in person-centred ways and approached flexibly, then meetings such as these can not only be accessible, but beneficial for children with all levels of need (Hayes, 2004; Hagner et al, 2014). Therefore perceptions of those close to the child or young person about what is achievable may potentially be an existing barrier that needs to be overcome. This would facilitate genuine participation and inclusion for children with SEN and may result in greater numbers of children being invited and involved in their review meetings, than was reported during this research.

Overall, whilst there were few statistically significant results found as part of this analysis; the apparent consistent improvements to outcome scores when person-centred approaches had been adopted suggests that further research and exploration of this particular hypothesis may be warranted. This could involve a broader range of person-centred approaches and practices.

Additional considerations and limitations of study

This research included data from children who were under the previous system and had a Statement of SEN as well as those with an Education Health and Care Plan (EHCP) referred to in the new legislation. The analysis found no significant difference between these two groups, although again the mean outcome scores were higher for those with an EHCP. It could be that during this transitional phase as the new documentation is being gradually introduced (Long, 2016), there has been a steady increase in those adopting a person-centred approach to reviews, and that this is beginning to have an impact on outcomes for children and young people. Alternatively it could be that the same approaches are being used, regardless of the type of documentation currently in place. Both of these explanations are speculative and therefore a longitudinal study may be able to track any such changes in order to ascertain whether there have been any benefits to children and young people as a result of changing the legal framework.

The results from the demographic data show a reasonable representation from respondents across most regions in England. However, wider distribution of the survey may have ensured that all areas were represented, as there were notably no respondents living in either London or the East of England. All other categories relating to education key stage, the child or young person's diagnosis as well as level of SEN

had some representation although again, wider distribution and a greater sample size may have been beneficial in capturing more data about children with a wider range of communication needs.

A total of 73.8% of respondents stated that their child had a diagnosis of Autism Spectrum Disorder (ASD). This is proportionally a far higher representation of those with this particular diagnosis, than the 30.6% from the Department for Education's SEN statistics (DfE, 2015) who have ASD noted as their primary need. However, this survey did not distinguish between primary needs and additional diagnoses. It is possible therefore that ASD was not necessarily the primary need for all of the children of the participants in this study. A total of 41.1% of respondents stated that their child had speech and language difficulties, which is far closer to the 34.9% from the DfE SEN statistics (2015); yet this also takes into account children with multiple conditions and is again not necessarily the area of primary need. It may perhaps be useful for future research to distinguish between primary areas of need and other areas of difficulty, in order that more accurate comparisons can be drawn. This would arguably give greater insight into how reflective of broader trends the survey sample may be. Having said that, the range of difficulties noted within the relatively small sample size of this research ($N = 61$) does serve to highlight the heterogeneity of SEN and communication difficulties in particular. This heterogeneity may present challenges for those seeking to support children and young people with SEN, not least because of the many different ways there are to support effective communication. This once again demonstrates the importance of getting to know the individual child or young person at the heart of the educational review process (Wearmouth, 2016).

Participants for this research were recruited via social network parent support groups, which are typically accessed for sharing experiences or seeking advice from others in

similar situations (Roffeei, Abdullah & Basar, 2015). It was perhaps to be expected, therefore, that some respondents appeared eager to share their wider experiences during the final open question of the research. There was certainly some evidence of this, with several participants volunteering more information about their circumstances and experiences than was necessarily the primary focus of the research. This was particularly notable when their experiences sounded less than positive. Based upon some of these responses and the broader challenges that children and families often appear to face; it is suggested that there are many opportunities for future research, which may enhance understanding of the wider contexts affecting the lives of those with SEN.

Finally, it is important to reiterate that the participants in this study were parents and carers and the responses, whilst in relation to their children, would have been given from their own unique perspective. It has been suggested that there is a paucity of research where children with SEN discuss their own experiences (Preece & Jordan, 2009). This may perhaps be due to ethical considerations or due to the same perceived communication challenges that those involved in the educational review process might face. Therefore, there are likely to be benefits from extending this research and incorporating the perspectives of children and young people with SEN as well as educational professionals in order that these may be analysed in conjunction with one another and increase knowledge and awareness within this subject area.

Conclusion

The primary purpose of this research was to test the hypotheses that communication methods are differentiated when seeking the views of children and young people with special educational needs during the review process, and that person-centred

approaches to educational review meetings improve perceived outcomes. The analysis that was conducted and reported in this paper, found very limited support for the former and some support for the latter. However, it is suggested that there were perhaps sufficient positive indications within the recorded mean outcome scores to warrant further research into the effects of adopting person-centred approaches and differentiating communication methods as part of the educational review process. Researching additional perspectives to the parents and carers who participated in this study; namely educational practitioners as well as the children and young people concerned, may further enhance this.

Furthermore, although special educational needs are in a transitional phase since the introduction of the Children and Families Act (2014), this research found little evidence to suggest that outcomes were significantly different for those with the new EHCP's compared to those still under the previous system of Statements. However, this is a situation that could perhaps benefit from being revisited as it becomes more established or subject to a longitudinal study, tracking any changes over time. This study has also demonstrated the heterogeneity of SEN and associated communication difficulties, even amongst those who may share a clinical diagnosis such as ASD. It is suggested that the increased emphasis on adopting person-centred approaches may encourage all those working with children and young people to see beyond a diagnostic label and increase efforts to facilitate their inclusion and participation. The current study found this to be somewhat inconsistent and is again an area that could benefit from further research and monitoring.

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Appendices

Appendix A: Wording for social media

I am currently conducting some academic research on the subject of children's communication and the educational review process. If you are a parent/carer and interested in participating in a short survey, please follow the link for further information.

Appendix B: Information for participants

Background:

I am a postgraduate MSc psychology student currently conducting some research for my dissertation. The purpose of the study is to explore how the views of children identified as having educational and/or communication difficulties are sought ahead of review meetings in England.

What is involved in participating?

Participants will be asked to complete a questionnaire. It is anticipated that this should take no longer than 15 minutes to complete. No personal identifiable data will be asked for, therefore please be assured that your anonymity is protected throughout the process.

I understand that these can sometimes be emotive topics for parents and carers; therefore there is no expectation for you to complete the questionnaire if you feel unable to at this time. Additionally should you wish to withdraw at any point after commencing the survey you are free to do so. However, once completed surveys are submitted, you will no longer be able to withdraw your responses due to the anonymity of the data. Collected data will only be used for the purposes of writing the MSc dissertation project and upon completion all data will be destroyed.

Who can participate?

Participants must be aged 18 or older and should be a parent/carer of a child who has been involved in an educational review.

Further questions about the study:

Should you wish to do so, I can be contacted via email at 1221799@chester.ac.uk.

Additionally my supervisor can be contacted at m.mattison@chester.ac.uk.

What happens next?

If you have read the above information and are happy to participate to assist in this research, please indicate your consent by continuing to the survey. By continuing to the survey you are confirming that you understand the purpose of the study, your right to withdraw and that you are aged over 18yrs.

Appendix C –Debrief

Thank you for completing the survey on the subject of how the views of children identified as having educational and/or communication difficulties are sought ahead of review meetings.

As you may already be aware, The Children and Families Act (2014) saw the introduction of Education, Health and Care Plans (EHCP's), which replaced Statements of Special Educational Needs. The recommendation is that a more personalised approach should be taken to these plans and the views of children and families are an important aspect of this.

The purpose of this particular study is to consider whether personalised communication styles and strategies are used to support children to give their views ahead of these review meetings. For example, children may share a diagnosis of Autistic Spectrum Condition, but may have a wide variety of communication needs due the differences in how the condition presents in individuals.

Once all data has been collected, analysis will be undertaken and the findings may be used for both educational and further research purposes. Should you wish to discuss any aspect of the study, I can be contacted via email: 1221799@chester.ac.uk. My supervisor, Dr Mattison, can be contacted at m.mattison@chester.ac.uk.

Additionally, should you wish to find further information or discuss issues arising from any of the topics referred to within the study, there are a number of organisations which may be able to assist.

Communication and Educational Reviews

www.afasic.org.uk - Providing information, support and training to parents and professionals on matters relating to speech, language and communication needs.

www.autism.org.uk - The National Autistic Society.

www.ipsea.org.uk - Independent Parental Special Education Advice.

www.sossen.org.uk - Independent helpline for Special Education Needs.

Thank you once again for participating in this research.

Appendix D - Questionnaire for parents/carers

This questionnaire is in two parts. Please read carefully the requirements of each section and complete as appropriate.

SECTION A

This section of the questionnaire is designed to capture some broad background information in order to establish any regional variations in experience. Please tick the boxes as appropriate.

In which region of England do you currently live:

- North East
- North West
- Yorkshire and the Humber
- East Midlands
- West Midlands
- East
- London
- South East
- South West

Has your child been diagnosed with:

- Autism Spectrum Condition (ASC)
 - Speech and language difficulties
 - Other (please specify)
-

Communication and Educational Reviews

Does your child have:

- Statement of special educational needs
- Education health & care plan (EHCP)
- Identified SEN within the school setting

What stage of education is your child at?

- Pre-School
- Key Stage 1 (Ages 5-7)
- Key Stage 2 (Ages 7-11)
- Key Stage 3 (Ages 11-14)
- Key Stage 4 (Ages 14-16)
- Post-16

Have you been invited to attend an educational review meeting?

- Yes
- No
- Don't know

Did you attend?

- Yes
- No
- Don't know

Communication and Educational Reviews

Was your child invited to attend?

- Yes
- No
- Don't know

Did your child attend?

- Yes
- No
- Don't know

Communication and Educational Reviews

SECTION B

This section of the questionnaire is designed to understand your child's involvement in the educational review process. Please read the following and tick one box per statement. If a statement is not applicable please leave it blank.

		Strongly Agree	Agree	Don't know	Disagree	Strongly Disagree
1	My child primarily communicates verbally.					
2	My child primarily communicates using The Picture Exchange Communication System (PECS) or other visual/picture communication.					
3	My child primarily communicates using Makaton, British Sign Language (BSL) or other signing systems.					
4	My child uses a different method as the main form of communication (for example, a communication book, alphabet board, electronic device)					
5	My child often communicates via writing/drawing					
6	My child uses additional methods of communication support such as social stories to aid understanding.					
7	My child has been asked for his/her views ahead of an educational review meeting					
8	I was asked for information about how my child communicates before he/she was asked for their views.					
9	Other relevant professionals were asked for information about how my child communicates before he/she was asked for their views					
10	My child was asked to express their views verbally.					
11	My child was asked to express their views in writing or by drawing pictures.					
12	PECS or other visuals/picture communication systems were used to support my child express his/her views.					
13	Makaton, BSL or other signing systems were used to support my					

Communication and Educational Reviews

		Strongly Agree	Agree	Don't know	Disagree	Strongly Disagree
	child express his/her views.					
14	Other methods of support were used to help my child express his/her views.					
15	My child had support from a familiar adult who understands my child's communication needs					
16	I believe my child understood the process and what was being asked of him/her.					
17	I believe the views that were recorded, accurately represent how my child feels.					
18	I believe my child was made to feel that his/her views were important.					
19	I believe my child's views have influenced the support he/she receives at school					
20	I am happy with the educational support my child receives at school.					
21	I believe my child is happy at school.					

22	If you wish to explain any of your answers or there is anything else you wish to add, please do so here.

