



University of
Salford
MANCHESTER

**A realist evaluation of expert practices in education and care for
children with special educational needs and disability**

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PhD

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2023

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ACKNOWLEDGEMENTS

It is imperative to acknowledge and thank a multitude of people for their role in the production of this thesis. First, I must thank both my academic supervisors, and the CEO of the focus organisation Dr David Reid. Had it not been for their ability to see through the ramblings of nervous chatter during a somewhat questionable interview, and their gamble in my favour despite possibly unreasonable odds selecting me for this studentship, I am not sure I would ever have had the opportunity to undertake PhD research. For that I am eternally grateful.

My academic supervisors have accompanied me throughout this journey with a plethora of support both academic and emotional. They've given feedback, constructive comments, and all-round friendship. Professor Tony Long and Dr Annie Wood have been invaluable sources of knowledge and guidance from the beginning to the end of this PhD. The opportunities they have provided have been equally invaluable and I thank them both for that. Having gained knowledge of other PhD students' experiences I realise just how lucky I am to have had the quality of supervision that I have. Professor Long and Dr Wood's cohesive working during this PhD has added to its value. I could not have asked for a better supervisory team to accompany me through my PhD journey. Dr Celeste Foster joined my supervisory team during my third year of study, bringing further expertise and experience to benefit my journey. Thank you for taking me on as an additional student without hesitation and being so celebratory of my efforts.

I also thank Dr Ruth Garbutt and Dr Kate Parkinson for their time given to the interim assessment, and Dr Julie Lawrence and Dr Donna Humphery for their time given to the internal evaluation. Their feedback strengthened this thesis.

On a more personal level, my family have had a very different input. My parents, Mark and Gail Clarry, raised me to be the academic that I am. I was lucky to inherit some of their best traits. From my mother, precision, logical thinking, value of academia and refusal to quit anything in life (and yes sometimes very anal tendencies) are inherited. From my father, systematic thinking, interest in the world and science and causation, and the ability to take things to their individual pieces to reassemble them. These are all traits that have served me well.... And let's be honest sometimes not so well! From an early age I was encouraged achieve and provided with all the tools to do so. For that I will always be grateful.

My partner Craig has endured various versions of me throughout my PhD study. I am grateful for his endurance of my ever-changing mood, my periods of self-doubt and sometimes just sheer insanity. I am grateful for his blunt comments such as “don’t be stupid” or “there’s no need to be so dramatic” when I’ve cried and told him I quit. For sharing the childcare load and making sure tea was made when I worked late or completed evening visits. For facilitating my ability to complete this study, I am very grateful. I hope I’ve made him proud.

The most important people to acknowledge on a personal level are my children. They are and will always remain my reason for everything. My daughter Olivia has inadvertently been my greatest teacher in life. Olivia came into this world in what we did not know would be the calm before the storm. Her illness and resulting disability changed our lives forever. My experience of being the mother of a disabled child has been the largest and most continuous learning curve of my life. I am forever proud of her achievements, from breathing just that one more day, to her nothing less than miraculous rehabilitation. I am in awe of my heart warrior and her tenacious spirit. Her every day battles brought me back to education. I knew that if she could survive all she had endured and still thrive, I could do so much more in life to prove to her the possibilities are endless if only you try. Her experiences also drew me to this research studentship. Without accompanying my young combatant on her journey, I would never have been equipped with the knowledge that allowed me to be selected for this studentship.

‘She wore her scars as her best attire, a stunning dress made of hellfire.’

(Daniel Saint)

The birth of my son changed me as a person and researcher even further. Through the plethora of emotions I felt in the months after, he aided the direction of my MSc research. Dexter is a budding scientist, a funny, active and at times downright crazy little boy whom I am so proud of. My little perfectionist, with his caring nature and wise beyond his years comments, has given me support since before he understood the gravity of PhD research. I felt a surge in pride that his interests were akin to mine when at the age of 5 he asked me could he ‘do research’.

My two amazing children have guided me, supported me, and shown their pride throughout this journey. I am grateful for my mini-Me's and everything they are.

'She gave me wings; he gave me direction of flight'.

My chosen family comes in the form of my best friend Dr Amy Rathbone, her partner James, and their son Harvey. I am extremely lucky to have a friend that is closer than family who supports me in every way possible. My own personal cheerleader, soulmate, an auntie to my children, feeder, fellow cackler and outright amazing woman, Amy has been a huge part of this journey. From emotional support and positive reinforcement when I felt I simply wasn't cut out to succeed, to physically sitting with me whilst I worked. Her support has come not only in the above forms, but her accompaniment through this journey has consisted of multiple pieces of academic advice, and teachings from her own PhD experience. I can honestly say that I simply could not have done this without her.

James, I thank you for allowing me and my children to take over your home whilst I worked with Amy and obtained her advice, for the teas made when I clearly wasn't 'only staying for an hour' or 'going in a minute', and for your added humour. Harvey, you've been a terror, an entertainment and most importantly you've 'gassed me up' at times and I love you for it.

Amy's family have been an extension of my own. They have all celebrated with me, mourned with me, and supported me. Their sheer hilarity and acceptance of the real me has been a support and encouragement that they possibly would not have considered. To Anna Maria, Mark, Jodie, Megan, and Abbey I am thankful.

Amy is not my only friend who is now family. My oldest friend, Jenna Picton has kept me grounded, supported all of my decisions and celebrated my achievements. When I've struggled or felt overwhelmed, she and her family have been there to spur me on. We usually say, 'we need a reet good brew and a chat'. It solves everything. Jenna has travelled through all of the major events in my life with me (and for some reason she's still here! By choice!) and I'm grateful for everything.

I simply wouldn't be me without my friends.

‘Ohana means family. Family means nobody gets left behind or forgotten’.

Lastly, this study would not have been possible without everyone at The Birtenshaw Group. Every staff member, child or young person; I thank you all. The organisation has supported and aided this research at every step. Even during a global pandemic their receptiveness to the research meant that the limitations were lessened. Thank you for welcoming me and allowing me to be a part of your world for the last three years. Thank you for your acceptance and for contributing so much.

My thesis is dedicated to my children, Olivia Pearson-Clarry and Dexter Pearson-Clarry.

‘Remember to look up at the stars and not down at your feet, however difficult life may seem there is always something you can do and succeed at.’ (Professor Stephen Hawking)

In memory of
Maurice Frederick Hope
Margaret Joyce Hope
Christopher Alan Seal
John William George Clarry

GLOSSARY OF TERMS/ABBREVIATIONS

PMLD – Profound and multiple learning difficulty

SEND – Special educational needs and disability

EHCP – Education and healthcare plan

CQC – Care quality commission

Covid 19 – coronavirus disease 2019 (severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2))

LSA – learning support assistant

PECS – Picture exchange communication system

ASC – Autism spectrum condition

CYP – Children and young people

DfE – Department for education

PICO – Population/problem, intervention, comparison, outcome

PEO – Population, exposure, outcome

DSM-V – Diagnostic and statistical manual

ICD-10 – International classification of diseases

SLD – Specific learning disability

NICE – National institution of Health and care excellence

CASP – Critical appraisal skills programme

PRISMA – Preferred reporting system for systematic reviews and meta-analyses

ABA – Applied behaviour analysis

ID – Intellectual disability

GAS-ID - The Glasgow Anxiety Scale for People with an Intellectual Disability

WASI - Wechsler Abbreviated Scale of Intelligence

AAC – Augmented alternative communications

NHS – National health service

SCERTS - Social Communication Emotional Regulation and Transactional Support

PA – Physical activity

OFSTED - Office for Standards in Education, Children's Services and Skills

ICF-CY - International Classification of Functioning, Health and Disability for Children and Young people

DoL/s – Deprivation of Liberty safeguarding

PEO – Population, Exposure, Outcome

PICO - Population/Problem/Patient; Intervention/Issue; Comparison; Outcome

ABSTRACT

Background and Purpose

There is a dearth of research into effective expert practices in the education and care of children and young people with special educational needs and disability, particularly regarding outcomes from interventions and the factors contributing to these. Through a realist evaluation approach this study was designed to identify expert practice, the mechanisms that were important to achieving positive outcomes, and the context in which such achievement was made possible. This represented review of a complex intervention and indicated the need for thorough exploratory research before experimental studies could be considered.

Study Design

The study proceeded through stages of completing a systematic review of existing evidence; observation, documentary review and reflective interviews to understand the daily structures and routines at the setting; and full realist evaluation of expert practice through semi-structured interviews with staff and young people across education and care provision. Data were analysed thematically to establish important contexts, mechanisms, and outcomes. A series of concept maps was used to manage the complexity of integrating the varied data with the realist aspects of mechanisms, context and outcomes.

Findings

Mechanisms of expert practice were built from a sophisticated relationship development foundation and included consistency and persistence, behaviour management and “instant reset” after incidents, and reflective practice. These were enacted within the contexts of organisational ethos, focus on the individual and trauma-informed awareness, a total communication approach, and sophisticated considerations of time as a factor. The outcomes were behavioural, academic, and social/emotional in nature.

Conclusions

The novel contributions of the study were new understanding of the essential elements of expert practice in this field, together with the possibility of replicable aspects that could be useful to other organisations of a similar nature in further improving their own expert practice. Ultimately, enhanced outcomes for children and young people with

special educational needs and disability should ensue. An additional outcome from the study was the development of a protocol for observation in special educational needs and disability (SEND) education.

COVID-19 IMPACT STATEMENT

This PhD studentship began during the initial lockdown periods of the COVID-19 global pandemic. During the first phase of research and initial observations and orientation, access to the host organisation and its services was limited. Due to restrictions and the possible effects of COVID-19 upon both staff and the vulnerable young people accessing services, repeated testing and adherence to 'bubble' separation was necessary. This impacted the ability to integrate into the host organisation and to form relationships with the young people who are often sensitive to new people due to their levels of need. Between the host organisation and me, the effects were mitigated by increased repeated testing (completed by me) and adhering to government guidelines to reduce the risk of infection. Social distancing was not possible due to the nature of the diagnoses of the young people involved in the research. Every effort was made to mitigate the possible negative effects on the research.

The research methods were not impacted and no changes to the proposed study methods were necessary. Despite restrictions, the quality of the study was maintained by effective use of time, and the completion of online training that enhanced my research knowledge.

CHAPTER ONE: INTRODUCTION

“In our view, it is society which disables physically impaired people”.
(The Union of the Physically Impaired Against Segregation, 1975)

INTRODUCTION

In response to a paucity of research into effective expert practices in the education and care of children and young people with special educational needs and disability, particularly regarding outcomes from interventions and the factors contributing to these, this study was designed to identify expert practice, the mechanisms that were important to achieving positive outcomes, and the context in which such achievement was made possible. This chapter provides an overview of the thesis in its entirety. A brief researcher history including the relationship to this study, and researcher positionality is provided. Previous research and policy context is summarised to identify the dearth in research that prompted the need for this study. Linking to existing evidence, the rationale, aims and objectives for the study to determine the mechanisms of expert practice important for the achievement of positive outcomes for young people with special educational needs and disability are detailed. Additionally, the thesis structure is explained, and the chapter summarised.

RESEARCHER BACKGROUND

I completed a BSc Psychology (first class honours) at the University of Bolton in 2016. The honours project investigated the relationship between the broad autism phenotype and resilience in a non-clinical sample without diagnosis of Autism Spectrum Conditions (ASC). This doctoral study was an opportunity for lasting engagement with the topic of ASC as many of the pupils in the study had a diagnosis of ASC. A Master of Science degree in Positive Psychology at the University of Bolton followed, with a distinction profile and Vice Chancellor's Award for academic achievement. The MSc thesis detailed the development of a measure of maternal wellbeing: a topic of personal interest after personal circumstances changed, and postnatal depression became a part of my world. The measure was then published in the Journal of Health Visiting (Clarry & Carson, 2018). I often state that I 'did everything backwards'. For me, becoming a mother at 19 was the start of an incredible and unexpected journey. My first child was born with undiagnosed congenital heart defects. Two cerebral infarcts suffered as an infant due to lack of diagnosis resulted in lasting disability. I brought to the project a unique dual perspective. As the parent of a child with additional health and education needs there was insight into the challenges faced by families of disabled children. Having also worked in the education sector assisting children with special educational needs and disability in mainstream education prior to the commencement

of this project, I brought a professional perspective. Both personal and professional life, along with passion for research, drew me to undertake this study.

My previous experiences influenced my increased need for reflexivity. During the process of the research, I remained aware of the influence of my personal culture. According to Braun and Clarke (2013) a researcher can be deemed an 'insider' when they share characteristics of the research participants, and an 'outsider' when they share no common attributes. My personal and professional experience blurred the lines between insider/outsider status. Whilst I was an outsider to the organisation, and the experiences of the children and young people in the early stages of the research, I held similar elements of experience to some staff members in that I had worked in a similar role. I was conscious of the process of becoming more of an 'insider' during the study and the time spent attending the settings of the host organisation. This was a process discussed in a number of the supervision sessions throughout the study for me to remain conscious of possible effects on the study and highlight my unconscious practice due to my previous employment role. As Day (2012) reports, a researcher's contextual understanding can improve the data interpretation and analysis, providing risk of bias is mitigated by way of strict adherence to the chosen research method.

As an added complication to the position of inside/outside researcher, this study was for an Industrial Doctoral Studentship, funded by the organisation in which the research took place. Prior to my appointment to the studentship, the University of Salford had a range of institutional governance and ethical procedures in place to manage the potential conflict arising from the industrial PhD model of funding (see ethical considerations section). However, to reduce possible bias and the possible effects of the PhD being a funded studentship, I remained familiar with the university guidelines regarding industry partnerships and adhered to the policies and procedures outlined within the academic handbook, overseen by the University of Salford industrial partnership monitoring process.

ONTOLOGICAL, EPISTEMOLOGICAL AND AXIOLOGICAL POSITION

Before discussing the research approach and study design, it was necessary to declare my personal researcher position. My previous work had been in quantitative research. However, for this study no quantitative research design would suffice in answering the research questions posed. The change to qualitative research required

further training to be undertaken to increase knowledge base and develop adequate knowledge of study approaches and data analysis methods.

Considering the notion of disability, the term is seemingly defined with marginal differences dependent upon the source. The UK Equality Act 2010 defines disability as *'a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities'*. The Cambridge English dictionary defines disability as *'an illness, injury, or condition that makes it difficult for someone to do the things that other people do'* (disability, 2021). This definition is vague and seems to negate the fact all people have their own strengths regardless of ability. What for one person is easily attainable, for others may be difficult. Taken literally, by this definition, an established academic may be considered disabled by comparison to an established musician if the academic is unable to play a musical instrument. As with the disparity in definitions of learning difficulties and learning disability, the issue of prose and semantics is evident here. The semantics of the definitions of disability are essentially the same, just with variance in prose. However, taken in their most literal sense, these definitions could be the cause of confusion.

Whichever definition is chosen, the social model of disability is relevant, calling for acceptance of individual difference and societal change (Oliver, 1983). This research project is underpinned by the social model of disability (Oliver, 1983) given that the focus organisation seeks to uphold the principles of this model. Whilst the social model itself states that the issues faced by disabled people are constructed by society, and seeks societal change, the partner organisation does not refute that by providing specialist provisions. The host organisation recognises that the complex needs of some young people, and the necessary adaptations to remove barriers, particularly in education, are simply not possible to implement in mainstream settings. The provision of specialist settings does not aim to seclude young people with SEND, but rather to provide them with increased opportunity to fulfil their potential, increased support, and equality of chances.

As a researcher, although strongly aligned with the social model, the merits of a biomedical approach in some aspects of care were also understood. Having first-hand parental experience of disability that arose solely from a medical condition requiring treatment to continue life was influential in this. This is not to say that I saw the medical

model as the dominant model of disability, only that it could not be disregarded entirely. The value that I place in the cohesion of both the medical and social models of disability is evident in practice. Intervention through the medical model will improve the quality of life for certain individuals, working towards rehabilitation and achieving the highest physical potential. This does not necessarily imply an intention to normalise the disabled person as may be suggested. However, the social model is still of high value as differences should still always be recognised and accepted. However positive the results from following the medical model, the social model bears more relation to a person's life beyond their medical care and how they are able to access and live within society. Oliver himself states that the social model was never intended to be a replacement for the medical and individual models of disability, and that the social model '*took on a life of its own*' (Oliver, 2013, pp. 1024). The attempt to highlight the oppression and social disadvantage of people with disability became something much larger.

My approach to this study aligned with social constructionism, particularly because of how the social model of disability underpins the approach of the chosen setting. The social constructionist approach, proffers that how we perceive the world is based upon the representations and language we are subjected to through our social world (Burr & Dick, 2017). Given that the social model of disability sees disability as socially constructed, the two are cohesive.

Considering the nature of the study and the participants I was working with, the conscious decision to write this thesis in the first person was made. Whilst this may be deemed less scholarly, the research was personal and immersive. I became a part of the lives of those associated with the focus setting, and they became a part of mine. To maintain the relationship with the research during writing, the decision to write in the first person enhanced the readability of the thesis.

BACKGROUND TO THE STUDY

Education services change actively year upon year and strive for better provision, inclusion and positive outcomes; including updating special educational needs and disability (SEND) policies with ever-diminishing budgets (Palikara, Castro, Gaona & Eirinaki, 2019). Research in previous years has suggested that, despite efforts and changes in mainstream education, school experience for SEND pupils was still

somewhat lacking compared to their typically developing peers (Cefai & Cooper, 2010; Sheffield & Morgan, 2017). However, other research suggests that mainstream placements are beneficial to some children with SEND (Laws, Byrne & Buckley, 2000). Laws, Byrne and Buckley (2000) assessed the working memory and language skills of children with Down Syndrome. The children were age-matched and in both mainstream and special school settings. Results showed that the children in mainstream provision scored significantly higher for specific language-based tasks.

Some mainstream education providers are trying to improve inclusion techniques (Webster & Blatchford, 2018; Dimitrellou & Male, 2020) which is certainly beneficial, however research has seen an increase in the number of children with SEND across different school settings with a 6% increase in children (with an Education and Healthcare plan: EHCP) attending state funded special schools (Department for Education (DfE), 2019). Independent schools have seen an increase in SEND pupils (with EHCPs) of 7% (DfE, 2019).

Regardless of mainstream capability to provide inclusive education for children with SEND, for some children it simply is not a suitable placement. For this reason, the responsibility of specialist schools becomes not only to provide education that is suitably differentiated, but to provide pupils with care for disability and/or health conditions, as well the life skills to enable them to live as independently as possible. Within a specialist education provision there may be an increased focus upon multidisciplinary teams in order to achieve the best outcome for the child or young person.

Special Needs Education

The last updates to SEND education from the DfE were made in line with the Children and Families Act 2014. It was at this point that the SEND code of practice was updated to be the Special educational needs and disability code of practice: 0-25. These changes applied a variety of foci including (but not exclusive to) the involvement of the young person and their parents/carers in the decision-making for their EHCP and the implemented support (from a much earlier stage than the previous code identified); an enhanced focus upon 'high aspirations and improving outcomes'; the increase of longevity of the EHCP to the age of 25 years; and the coordinated approach to assessment using multidisciplinary teams. These changes apply to England, with

Scotland employing the Additional Support for Learning: Statutory Guidance (2017), and Wales guided by the Special Educational Needs Code of Practice for Wales (2004) document. Despite the difference in documentation, the contents are similar in their strive to improve education for children and young people with SEND. For this reason, UK wide evidence was considered for the systematic review reported in chapter two.

The developments to policy mean that at each annual review the child and their family are given the opportunity to voice their opinions and include their aspirations. Initially, this created concerns regarding how children with severe needs and/or communication impairment would be able to contribute fully and have their opinions and aspirations understood and included within the review process. As a result, researchers considered the options and developed a triangulated approach to data collection from the child (Pearlman & Michaels, 2019). The inclusion of this approach for all children with communication impairment is yet to be evidenced.

Once a child has been awarded an EHCP, they will then be entitled to additional support and intervention. Within a mainstream school the child would be entitled to additional classroom support as well as academic intervention and behaviour intervention. Should it prove necessary, the child will have the option of attending a specialist provision for education. This situation would usually relate to children or young people whose needs exceed the provision ability of a mainstream school, whether this be from the outset of their academic journey or as a change during their ongoing academic experience.

Care for Children and Young People with Special Needs

Disabled children will often require extra care and will utilise more health services as a result of their increased need (Newacheck, Inkelas & Kim, 2004). This increased need and use of a variety of health services will undoubtedly impact upon education, especially when taking into account time at appointments, with some clinics operating only during school hours.

Previous research has suggested that levels of parental stress in parents of disabled children are caused/affected, not by condition but by the behavioural difficulties that arise as a result of that condition (Floyd & Gallagher, 1997). These levels of stress can be exacerbated by external factors such as living in relative poverty. According to

government statistics '19% of individuals in families with at least one disabled member live in relative income poverty, on a before housing costs basis, compared to 15% of individuals in families with no disabled member' (Department for Work and Pensions, 2012).

A variety of factors may impact on a family's ability to care sufficiently for a disabled child or young person. Some families are unable to provide the necessary care for disabled children, just as some are equally unable to care adequately for typically developing children. These children and young people may be left needing full-time care provided by other services such as local authority social services and independent care facilities. Previous research suggested that disabled children were eight times more likely to be in the care of Local Authorities than typically developing children. Whether the child needs long-term care, or the family receives short-term care assistance is dependent upon several factors. This includes factors highlighted in this chapter (Hart, 2008).

The Concept of The Social Model of Disability

The social model of disability refers to the impairment of a disabled person being a socially constructed problem as the social world is not always suitable for those who are not deemed 'typically developing' and able bodied (Oliver, 2013). By encompassing the social model businesses and the social world have been able to evidence their adherence to equality policies. This opposes the medical model of disability. The medical model refers to the disability as being a part of an individual and a deficiency, or fault with their body and/or brain (Marks, 1997). It seeks to normalise the individual by providing a medical cure for the disability. The medical model sees disability as negative factors, whereas the social model sees impairments that are simply differences. The medical model is highly concerned with the oppositional categories of 'disabled' and 'non-disabled'; the social model sees no need for categorising people by impairment as disability should be neutral as is a person's gender or age for example (Shyman, 2016; Oliver, 2013). The disparities between the two models are discussed further in subsequent chapters.

Despite this, some literature critiques the social model, emphasising that the model can modulate the biological factors and intellectual conditions that contribute to the individual's impairment. It has been argued that this produces a dichotomy between

disability and impairment (Anastasiou & Kauffman, 2013). Oliver (2013), when revisiting the social model, proposed that it may need to be reinvigorated, or even replaced entirely. Oliver (2013) also states that although the social model was never intended to replace the individual model of disability, it soon took on a greater power, and began to inform equality training. However, in response to this Levitt (2017) indicates that the social model would simply need to be applied with reference to more current social situations, rather than to those originally in mind when it was written. In essence this simply means adjusting the fit of the model to suit modern times. In the wake of the global pandemic caused by COVID-19, this would again necessitate the reinvigoration of the model and application.

Defining Expert Practice

The notion of expert practice is considered not only in education but across many other disciplines. However, much of the literature hails the importance of expert practice without describing it adequately or offering explanation as to how it is developed. In practice-based professions, expertise is gained in the context of practice, supported by academic study, but expressed essentially in role competence. The DfE guidance in achieving expert practice is laid out in the “Standards for teachers’ professional development” (2016). Expert practice is defined by the skills and knowledge acquired over time by teaching staff that enables most effective teaching. That standard states that teachers should:

- keep their knowledge and skills as teachers up-to-date and be self-critical;
 - take responsibility for improving teaching through appropriate professional development, responding to advice and feedback from colleagues
 - demonstrate knowledge and understanding of how pupils learn and how this has an impact on teaching;
 - have a secure knowledge of the relevant subject(s) and curriculum areas;
 - reflect systematically on the effectiveness of lessons and approaches to teaching; and
 - know and understand how to assess the relevant subject and curriculum areas.
- (DfE 2016, p.3)

Ericsson progressed study and understanding of expert practice through the notion of deliberate practice; a means to achieve improved performance through purposeful targeting of identified weaknesses supported by both personal reflection and external feedback (Ericsson et al, 1993; Ericsson, 2006). A key feature of this was the move away from routine expertise – learning repeatedly through practising prescribed procedures in a highly structured manner as in the DfE approach above, towards adaptive expertise – which emphasises flexibility, deep reflection on the context of the learning environment, and development of adaptable skills. Indeed, a plethora of programmes can be found proclaiming a set number of essential steps or tasks to be followed to gain expert practice, mostly without any discernible evidence base.

The working definition that was adopted at the start of this study was aligned to adaptive expertise. Elements of knowledge, understanding and practical skill were acknowledged, together with the adoption of a critical, questioning mindset that supported a personally reflective outlook and welcomed constructive feedback. Ongoing analysis of the complex context of education and of care, and insightful awareness of the reason for actions and desired outcomes completed this.

STUDY AIM

The study aim was framed as follows. Through a realist evaluation approach, the study established the degree to which a service could improve positive outcomes for those who are supported; resulting in them leading fulfilling, independent lives to the extent that this is possible. It identified the factors (mechanisms) that were important to this, together with the context in which achievement is made possible.

THE STUDY SETTING

For this study, there was a need to focus on one large organisation providing a variety of services, as opposed to multiple organisations. As a lone researcher investigating a complex field of study without funding for a much larger study and research team, a single organisation was chosen to enable the research. There were a number of self-maintained organisations in the UK providing this nature of service and support, and many others would have been suitable as a study setting. The selected organisation was willing to allow access, was keen to discover more about what practices worked well and why and sought to engage in an industry-funded PhD studentship with the University.

The Birtenshaw group began in 1956 as a single independent special school for disabled children. Since then, the group had grown into a social enterprise business providing education and care for children and young people with SEND. A holistic approach to education and care was adopted. A variety of services were provided including special education schools, a specialist college, children's homes, a children's short break centre, domiciliary care service, young adult supported tenancies, enrichment service, hydrotherapy centre and allied health services. Pupils accessed facilities using the groups transport services. In addition to these facilities the group provided access for children and young people to its animal small holding, a horticultural project and a community café. The growth of the group had resulted in additional purpose-built sites that provided education and care for children with a variety of additional needs.

The Birtenshaw group followed the principles of the social model of disability, endeavouring to provide opportunities to its children and young people that their peers without disability might have. Its efforts were guided by the company mission:

'To empower people to live a fulfilling life using person-centred approaches built on respect, innovation and sustainability. To respond to the changing needs of disabled people through dedication to continuous improvement, supporting more people and becoming judged in all areas as outstanding'.

RATIONALE FOR THE STUDY

Despite changes to policy and the arising implementations, there was a dearth in research into the effective expert practices in use in the education and care of children and young people with SEND, and whether they worked for the people they were designed to help. The systematic review reported in chapter two indicated the body of existing research pertained to specific interventions or frameworks, and not the exploration of effective practice. The question of what works, for whom and why remained unanswered. In addition, the need to assess the defining aspects of expert practice remained. Some literature suggested that the social model of disability is still in some respects just talked about or referred to as opposed to implemented in wider society (Oliver, 2013). It was necessary, therefore, to identify places such as Birtenshaw, where the social model of disability was in use alongside other policies and to evaluate its efficacy.

The economic climate following the intense period the COVID-19 pandemic has impacted on children's education, care, and wellbeing. These effects may differ for disabled children. Children currently attending a mainstream or other specialist provision may require a change of provision to a setting such as Birtenshaw in order to begin to thrive again. The unprecedented time that children are living through at the time of writing this thesis will have consequential effects that outlast the pandemic itself. This will inevitably affect all aspects of life, with wellbeing at the forefront of concern.

THESIS STRUCTURE

The structure of the thesis and chapter layout is detailed below with figure 1 indicating chapter and research phase in pictorial flow.

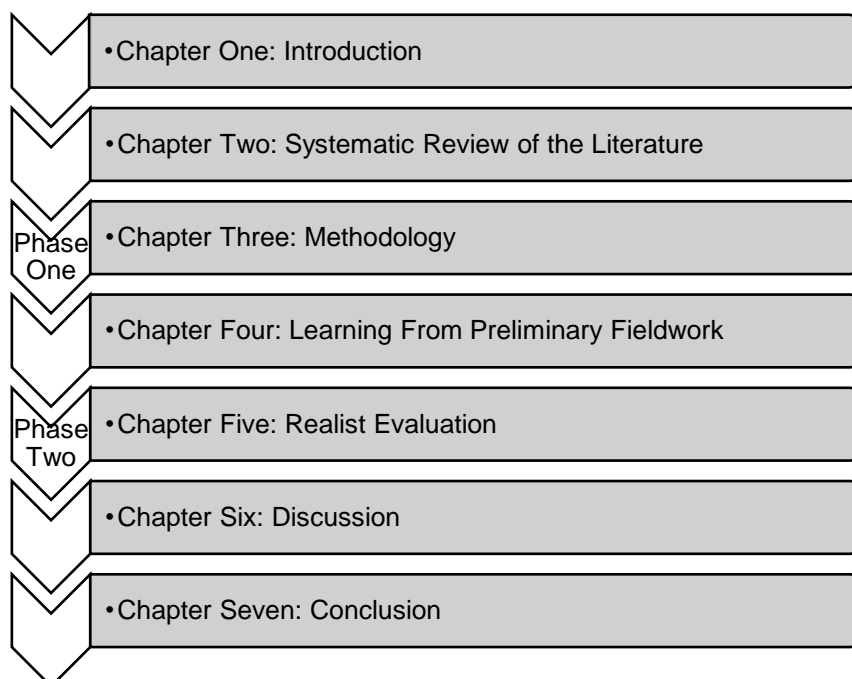


Figure 1 Layout of the thesis

Chapter Two

Chapter two is a report of a systematic review of existing literature. The review aimed to collate and evaluate existing literature detailing the evidence of expert practice in the education and care of children and young people with SEND. The review question was 'What evidence is there of expert practice in the education and care of disabled children and young people in the UK, and how might this provide more positive physical, educational and behavioural outcomes?'. A range of impairments is considered within the search and reported evidence is not marginalised to one specific

impairment. Both quantitative and qualitative research was evaluated and discussed where available and relevant to the thesis. In order to improve the efficacy of the review, a research question was formulated and broken-down using PICO and PEO formats to aid literature searching. For searches detailing qualitative data, the PEO format was applied. For searches detailing quantitative data the PICO format was applied.

Chapter Three

Chapter three is a detailed presentation and justification of the methodology and design of the study at each of two phases. Each phase of the research and data collection is detailed in turn. The initial phase of active research was focused observation of practice at all sites, supported by a documentary review. Following this, interviews were conducted with members of using a semi-scheduled approach. The main phase of the research was a realist evaluation of the practice utilising Pawson and Tilley's (1997) method.

Chapter Four

Chapter four details the findings from phase one of the research. Outcomes from observations are detailed along with outcomes from documentary analysis. From the preliminary fieldwork, areas for further investigation during the final data collection period are indicated.

Chapter Five

Chapter five details the results from the realist evaluation of expert practice.

Chapter Six

The discussion chapter considers the strengths and limitations of the study, offers conceptual discussion of central issues of the study outcomes, and addresses potential impact. Links are made to previous research when possible, setting the new findings in the context of existing evidence. Case studies are employed to illustrate the complex interplay of factors and their presentation in practice.

Chapter Seven

Chapter seven concludes the thesis, making explicit the novel findings, stating the unique contribution to knowledge, and offering key messages for policy and practice.

CHAPTER SUMMARY

This initial chapter served as an introductory overview of the thesis. The existing lack of research at the time of study required a detailed investigation of what constituted expert practice and how this impacted outcomes for children and young people with SEND. The gap in research required investigation to exert impact on both policy and practice in education and care for young people with SEND.

CHAPTER TWO
SYSTEMATIC REVIEW OF THE EVIDENCE TO SUPPORT EXPERT PRACTICE IN
THE EDUCATION AND CARE OF CHILDREN AND YOUNG PEOPLE WITH
SPECIAL EDUCATIONAL NEEDS AND DISABILITY IN THE UK

‘Society generates forms of discrimination and exclusion that disabled people have to cope with. The problem is to be found in the social constructions of prejudice that surround disability and not the bodies of the disabled people’.

(Best 2005)

INTRODUCTION

This chapter presents a systematic review of the literature conducted to investigate the evidence in existing research of expert practice in the education and care of disabled children and young people. The review provides background information that informed the literature search and details the process of systematically reviewing literature.

Considering Learning Difficulties and Disabilities

In the UK, according to the Equality Act 2010, a disability is defined as '*a physical or mental impairment that has a substantial and long-term adverse effect on your ability to carry out day-to-day activities*'. This definition covers a vast array of physical and intellectual conditions including learning difficulties. There remains disparity as to the formal definitions of terms such as learning disability and learning difficulty.

The Diagnostic and Statistical Manual V (DSM-V; American Psychiatric Association, 2013) defines a learning difficulty as impediments identified in the academic domain, such as comprehension and arithmetic. The manual further recognises that not all learning difficulties constitute a Specific Learning Disorder (SLD). A SLD is categorised as a neurodevelopmental disorder that hinders the learning of specific, foundation academic skills which form the basis of further learning, such as reading, writing and mathematics (American Psychiatric Association, 2013). SLDs are often responsive to classroom-based learning interventions such as those implemented for dyslexia (Pumfrey, Pumfrey & Reason, 2013).

The International Classification of Diseases 11 (ICD-11) defines intellectual disability (previously referred to as learning disability) as atypical cognitive development. This is principally typified by the impairment of cognitive and motor skills acquired during the developmental stage. This will be '*characterised by significantly below average intellectual functioning and adaptive behaviour that are approximately two or more standard deviations below the mean (approximately less than the 2.3rd percentile), based on appropriately normed, individually administered standardized tests*' (World Health Organisation, 2018, 6A00).

In the USA, there is a tendency to differentiate between a learning difficulty and a SLD using general and specific academic impairments, respectively. In the UK, it is not common to make this differentiation unless the SLD is identifiable by standardised

testing (Foundation for People with Learning Disabilities, 2020). However, there is a consensus between the UK and the USA that learning difficulties do not affect general intelligence, representing instead an overall cognitive impairment (Foundation for People with Learning Disabilities, 2020; National Institute for Health and Care Excellence, 2015).

Despite categorisations from the DSM-V and the ICD-11 (USA-based), and the Foundation for People with Learning Disabilities and NICE guidelines (UK-based), definitions of the above terms differ globally. Around the world these terms are often used interchangeably, dependent on profession, causing confusion over their specific meaning. This is also true for research. There is no general global consensus on the definitive meaning of the terms or differences between them. It is possible that this variant in narrative may simply be geographical; however, whilst the prose may vary, semantically the concepts remain the same. This is to say that despite varying use amongst professionals worldwide, the actual meaning of the terms does not change, they are simply used by personal preference in accordance with the subject at hand.

Intentions and Critiques of The Social Model of Disability

The social model of disability was developed in the early 1980s to explore a more holistic model of disability than that provided by the medical model. The medical model of disability positions the symptomology of the impairment at the forefront of a biomedical perspective and aims to cure or normalise the physical body. The medical model has received criticism over the years due to its rigid constraints and lack of body-mind dualism. In both research and practice, health professionals have tended to emphasize the medical model, which has seemingly eliminated the subjective experience and perception of the disabled person (Bricher, 2000).

The social model of disability was considered by Oliver (1983) to be the multifaceted, societal response to disabled people. It sees disability as a socio-political issue as opposed to a specific problem with the person, as presented by the medical model of disability (Oliver, 1983; 1996). The model introduced the idea that disabled people could receive care more relevant to them if practitioners were to take into account the lived experience of societal barriers. The model's original aim was to improve patient care (Oliver, 2013).

Following the introduction of the social model, changes began that would 'eradicate' some of the social barriers faced by disabled people (Oliver, 2013). From public transport to media images, positive changes occurred. Of course, despite this bold claim, there will always be some social barriers regardless of improvements. The introduction of the Disability Discrimination Act 1995 made it illegal in all places for people and organisations to discriminate against those who are disabled. There has been criticism that the social model should not be considered to be a 'model' at all as it contains only two elements: oppression and disability (Owens, 2015). Lave and Gardener (1993) state that a model should include some characteristics of the real world, yet not all of them, and be a simplified insight into the phenomena that it is designed to represent. Despite this, researchers have argued that when the social model is referred to appropriately and utilised alongside care ethics, there is scope for empowerment of the disabled person through their care facilities (Keyes, Webber & Beveridge, 2015; Owens, 2015). Critics argue that the social model of disability focuses on physical disability and not on intellectual disability when societal adaptation may not be possible (Chappell, 1998). The issue of oppression is also highlighted by critics, suggesting that the social model infers that all disabled people experience oppression, and ignores the possible variety in the lived experience of different impairment (Owens, 2015).

Effects of Special Education Provisions

Despite the social changes detailed above, the degree to which a person's impairment affects their daily life will undoubtedly influence their education and care choices throughout their life, or choices that their families make on their behalf. A child's physical and/or intellectual impairment may necessitate a special education provision such as a state-funded special school, or a self-maintained special school. The latest UK government statistics of the number of children in state-funded special schools is estimated to be 128,100: an increase from the previous year. Similarly, the number of children in non-maintained special schools is now almost 3,800: an increase of 100 children from the previous year (Department for Education (DfE), 2020).

Mainstream schools pursue the same outcome goal for all pupils. The focus on academic success is apparent with targets being set of academic and behavioural nature. Special schools are often more individualistic, with academic achievement tailored specifically to the individual child and their talents or interests. There is also an

increased focus on life skills and independence, with smaller class sizes to allow for better interaction with teachers and learning support assistants. The school setting itself is often more purpose-built with facilities to cater to all of the needs of a disabled child and not just their educational needs (Birtenshaw Group, 2020).

Australian researchers indicated that when parents move their children from mainstream school to special school, they cite improved wellbeing as a factor in the decision. A negative experience of mainstream school and exclusionary school culture links with the level of emotional strain experienced (Mann, Cuskelly & Moni, 2018). It can, therefore, be inferred that parents believe that their child's wellbeing will increase when in a special school setting. When assessing differences between mainstream and special education such as those highlighted above, the reasons for this become apparent.

Children with intellectual disabilities are more likely than their typically developing peers to develop psychiatric disorders (Whitaker & Read, 2006). For some children, their condition may be associated with comorbid conditions such as depression and anxiety (Simonoff, Pickles, Charman, Chandler, Loucas, & Baird, 2008). Research also shows that for adults who have a physical disability, depression is the most common secondary condition amongst American's (Kemp, 2006). With this in mind, allowing disabled children to experience life at its fullest is of paramount concern in the interest of reducing depression and the development of psychiatric disorder in childhood and beyond. Therefore, the approach of special education organisations should be holistic, with wellbeing as a core focus.

Caring for Disabled Children

Caring for a disabled child brings additional stressors and costs to be considered than caring for a child without disability (Roberts & Lawson, 2001). The time cost for family members of disabled children is often significant, increasingly so with greater severity of the condition. The workload of caring for a disabled child (calculated at the level of care needs per hour) is significantly higher than for typically developing children. These needs do not decrease with age, so parents are often not in paid work outside the home owing to the time cost of their child's needs (Curran, Sharples, White & Knapp, 2001). Long-term attendance at appointments such as physiotherapy, speech and language therapy (SALT) or occupational therapy (OT) are often factors that parents

and carers for young disabled people must consider. Research suggests that parent involvement with rehabilitation appointments is critical for child happiness and health (Phoenix, Jack, Rosenbaum & Missiuna, 2020).

A study of mothers in the USA inferred that the emotional cost of caring for disabled children is often more socially constructed due to socio-structural constraints (objective burden) such as contact with services, than subjectively felt emotional distress. Most mothers could see valuable benefits of having a disabled child (Green, 2007). A 2005 study into the positive contributions of raising a disabled child revealed differences between mothers' and fathers' perceptions (Hastings, Beck & Hill, 2005). Mothers were more likely to report positive perceptions than fathers. However, fathers were more likely to see their child as a source of pride (Hastings, Beck & Hill, 2005). For some families, the experience can highlight awareness of mental strength, widen horizons, educate family members medically and socially, enhance family unity, and promote connections to community and/or religious groups (Reichman, Corman & Noonan, 2008). Wei & Jennifer (2012) found that families of disabled children are more likely to encounter negative family experiences. Moreover, the familial experiences will differ significantly by disability type. Families of children with emotional disturbances are more at risk of negative experiences as well as a higher rate of parental divorce.

Additionally, there is the personal cost for the disabled child and their family, such as lack of access to leisure activities and, consequently, mental wellbeing. In 2013, researchers suggested that families and disabled children accessed different types of leisure activities. Some were identified as being mainstream, some separate and some segregated (Hodge & Runswick-Cole, 2013). The researchers acknowledge Murray's (2002) definition that leisure activity can include '*doing nothing at all*' (Murray, 2002, p.9), as too often for a disabled child their 'leisure' activity can become work in terms of rehabilitation. Evidence suggests that children with physical disabilities are more likely to experience limitations to participation in a variety of activities. Greater involvement in informal activities as opposed to formal ones is likely, and there is a difference in levels of enjoyment for different activities between males and females. Females participated in more skills-based and social activities, whereas males participated more in physical activities. In addition, the child's familial financial status directly affects the child's participation in activity (Law *et al.*, 2006).

There is a variety of apparent reasons as to why disabled children are more likely to live in poverty and with low-income families given the effects upon employment and social cost to the children and their families (Blackburn, Spencer & Read, 2010). Inference from previous research might suggest a multitude of reasons why disabled children may need the care of the local authority. Government statistics state that only 3% of Looked After children are in the care of local authorities due to their disability (DfE, 2019). It could be inferred from this figure that parents and guardians are meeting the needs of the child effectively within the family home. This is not to suggest that children, parents and guardians do not utilise other local authority-led support networks, simply that they are able to do so from their own home.

Expert Practice

A previous literature review suggests that there are no clear indications of either a special school or mainstream school having better outcomes for children with specific disabilities (Shaw, 2017). Within mainstream and special schools, provision for children and subsequent outcomes is not homogenous. As a result of differences between settings, it is possible that the provision or the severity of impairment may be determining factors of individual outcomes.

This review was designed to assess the available evidence of expert practice in the education and care of disabled children and young people in the UK. It was expected to determine what evidence there was of specific teaching or care approaches producing positive education and care outcomes for disabled children in special education settings.

METHOD

Search Strategy and Selection of Studies

A comprehensive literature search was conducted using relevant web-based databases (Scopus, Ebsco, ERIC: Education resources information centre, British Education Index). Given the mixed nature of the evidence, with some intervention studies and more observational or qualitative studies, a Population – Exposure – Outcomes (PEO) approach was adopted to formulate the review question and the search for evidence (Bettany-Saltikov, 2012).

What evidence is there of expert practice in the education and care (E) of disabled children and young people in the UK (P), and how might this provide more positive physical, educational and behavioural outcomes (O)?

To begin, search terms were not restricted to the title of the article only. Terms were applied initially to the title, abstract or full paper. The search terms were education, special, needs, expert, practice, children, young, people, impairment, physical, learning, disabilities, complex, health and Autism. The conjunction 'and' and the logical operators 'in', 'with' and 'for' were also used within searched terms, along with the disjunction 'or'. Exact searched terms are available in table 1.

Table 1 Search terms

Searched words	Conjunction	Disjunction	Logical operators	Search terms
'Special education', children, 'young people', physical, 'learning disabilities', 'special needs', Autism, 'complex health', 'physical impairment', 'expert practice'	And	Or Not	In for with	Expert practice in special needs education, education for children with physical impairment, care for children with learning disabilities, education for children with learning disabilities, Education and Autism

A large number of search terms were used due to their inclusion within the social and educational data pertaining to children and young people with learning and physical difficulties. Search terms were rigid due to the need to investigate the evidence of expert practice in the education and care for disabled young people.

At initial screening, titles were assessed to ensure that they included at least one of the search terms. Here all duplicates were removed. Following this the abstracts of the remaining returned searches were assessed for eligibility. If abstracts were deemed

relevant, then the full text of the article was acquired. If the abstract was deemed irrelevant the paper was then excluded from any further analysis. Reviewing full text eligibility, any papers that met the exclusion criteria were removed from analysis. The reference sections of eligible full text papers were screened to indicate any further eligible text. Reference lists from literature reviews and meta-analyses published within the searched time frame were hand searched for other eligible studies (White & Schmidt, 2005). Unpublished and grey literature, along with theses, were not sourced or included in this review. Papers published in languages other than English were also excluded.

Inclusion Criteria

In order to be included within the analysis for review, studies must have detailed the education and/or care of children and young people (adults up to 25 years) with learning and/or physical disability. Studies may also have included the expert practice in educating and caring for children with special needs. Studies also included a possible outcome for the child/adolescents involved or detailed how a specific subject affects outcome. Only studies published in English were included. The field of study was open to education and social/residential care. Studies included for review were published in scholarly peer-reviewed journals relevant to the field. Search criteria dictated that studies were published after 2014 owing to changes in special needs education policy in the UK at this time (DfE, 2014). Included studies were primary studies.

In addition, studies had to detail research in the UK due to the relevance to UK SEND policy. The justification for this is that educational experience is culturally subjective. Interventions can be affected by the culture or environment within which they are conducted. The UK is a multicultural society, and the education system provides equal education opportunities for children from any cultural background.

If papers detailed relevant influence of policy and practice in special education, with outcomes for children or young people, they were included for review. Papers detailing outcome comparisons between typically developing children and disabled children were included if data was suitably disaggregated. If studies included the views and approaches of professionals involved with the education of children with SEND, and

how their approach influenced outcome, these were included to provide a qualitative evidence base for how specific practice is applied.

Exclusion Criteria

Unpublished studies, dissertations, theses and grey literature were excluded. Studies that detailed care primarily in medical settings were excluded since the desired focus was education and care. Studies that detailed aspects from childhood to adulthood were excluded if the child and adolescent aspects were inseparable from later adulthood. Studies that detailed preschool children were excluded. Papers that detailed only professional education and training with no detailed outcome for children and young people (e.g., teachers and medical professionals) were excluded. Papers that detailed only mainstream education were excluded as were papers stating no outcome or effect for disabled children and young people.

Table 2 Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
Focused on children and young people (up to 25 years) with learning and/or physical disability	Studies of disabled and non-disabled children, or of childhood and adulthood, in which disaggregation of data is not possible.
Focused on special education and care OR on expert practice in this area	Focus primarily on medical settings
Details outcome for children or young people	
Primary research	
Presented in English	
Published after 2014	
Focused on any part of the UK	

Primary Outcome Measures

This review aimed to assess the practice in the education and care of disabled children and young people. The primary outcome measure for quantitative studies was the initial efficacy of delivered interventions and their possible outcome.

Analyses of Effect Sizes

Where data were available, between-group and within-group effect sizes (Cohen's *d*) were calculated using the difference between the pre-test and post-test results (within-group effect size) or the difference between the control and intervention group post-test results (between-group effect size) and dividing by the pooled standard deviation.

Effect sizes of 0.2 are deemed relatively small. Effect sizes of 0.5 are deemed to be moderate, and those of 0.8 or higher can assume to be associated with large effect sizes (Cohen, 1988; 1992).

Quality assessment

Empirical Studies

The quality of empirical studies was assessed using Cochrane's Risk of Bias Assessment Tool (Higgins et al., 2011). There are six items in this quality assessment tool (random sequence generation, allocation concealment, blinding, incomplete outcome data, selective reporting, and other). However, the blinding criterion was excluded from the assessment since blinding was not possible with participants and data organised by disability status or employment title (Table 4 – Appendix 2). The Cochrane's risk of bias table categorises studies as high, medium, or low risk; unclear (no clear risk indicator); or not applicable (due to the nature of the study).

Qualitative Studies

The quality of other studies was assessed using the Critical Appraisal Skills Programme (CASP) Qualitative Research Checklist. This checklist is a ten-item quality assessment tool used to assess the quality of qualitative research (CASP, 2013). The items in the checklist concern rigorous use of qualitative methodology, recruitment, data collection, researcher-participant relationship, ethical issues, data analysis, clear statement of findings and research value. The checklist also provides the researcher with consideration points when deliberating the answers to each item and the overall quality of the qualitative research. The items are answered using 'yes', 'no', or 'I can't tell' (Table 5 – Appendix 3).

RESULTS

Outcome of the Selection Process

In total, 7058 items were considered for inclusion. After removal of duplicates, 6,173 records were considered for review by title only. Records were excluded if the title did not contain more than one of the searched terms or highlighted that the research was conducted outside the UK and contained no UK data. Abstracts of the remaining 5,288 records were then screened for eligibility and excluded from full-text reading if they evidenced non-UK research, were not based upon education or the social care of disabled children or were focused on parental education or intervention. The reference lists of previous systematic reviews were hand-searched for other eligible studies that met the inclusion criteria; however, none were identified. The remaining articles were deemed eligible for full-text review (n=130). Following this, a further 102 articles were excluded from the review. This left a total of 28 studies eligible for review as presented in figure 2.

Study Characteristics

There were 16 empirical studies and 11 studies adopting qualitative designs. One study used mixed methods. Across the 28 studies there was a total of 1839 participants (inexact numbers were reported in one qualitative study). Three studies reported results from the analysis of Education and Health Care plan (EHCP) documents (n=281). Of the 28 studies, all but one were based on participants or EHCP documents relating to children and young people between 4 and 22 years of age. The remaining item was a narrative case study. Of the 16 empirical studies, eight reported forms of interventions with pre-test and post-test data. The remaining studies reported exploration of views and behaviours, fitness, practice, and quantified outcomes from EHCPs. Table 3 (Appendix 1) provides a detailed overview of each of the included studies.

Risk of Bias

Overall, each of the included studies were deemed to be of low risk when assessed against the Cochrane's risk of Bias tool (Higgins et al., 2011). However, some studies contained elements of risk. Of the studies containing a form of intervention, where effect size could be calculated, a range of effect sizes for significant outcomes from small to large was seen (0.15-2.93). Details of the outcomes of quality assessment of empirical studies are displayed in Table 4 (Appendix 2).

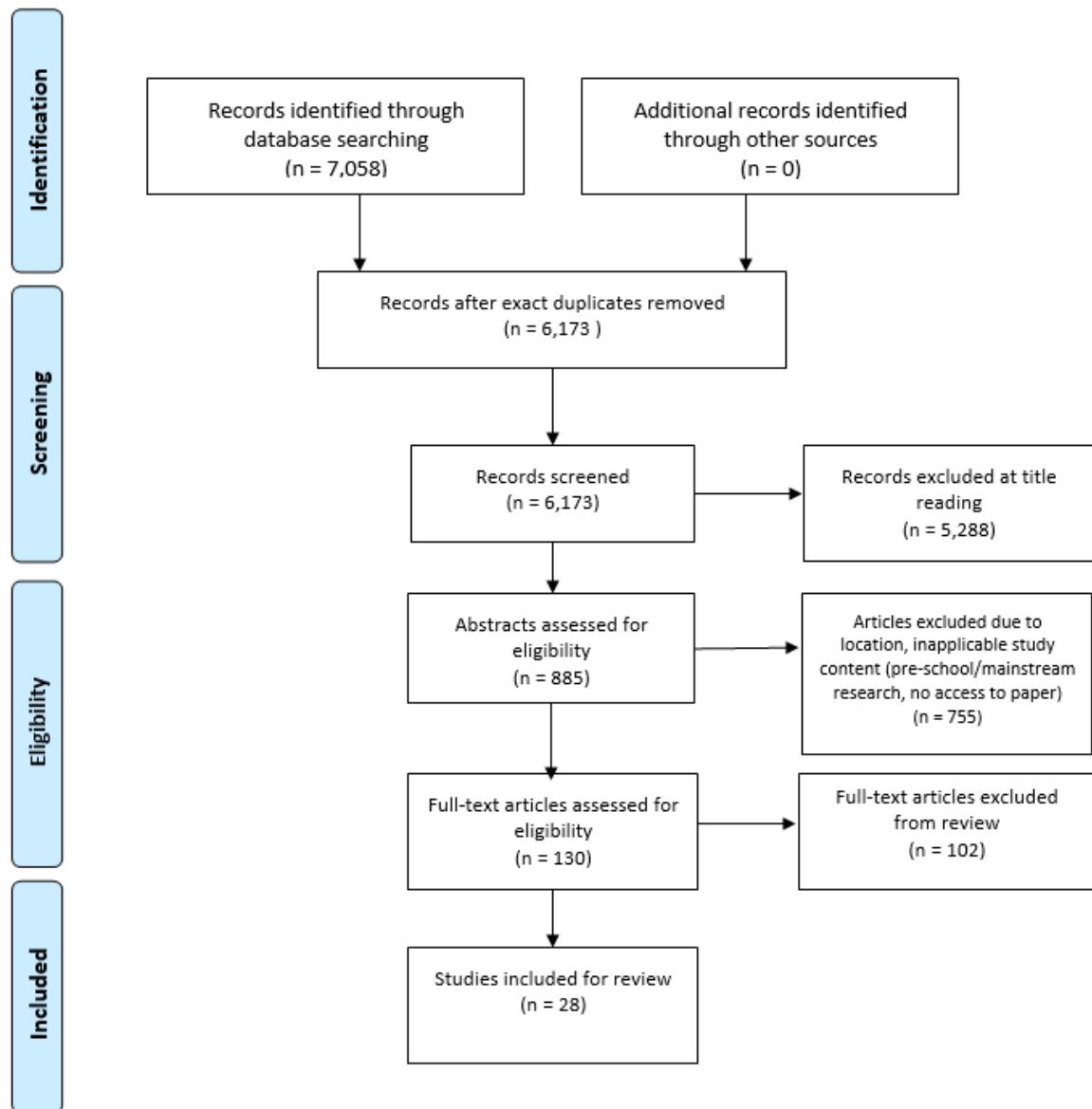


Figure 2 PRISMA flow diagram

All studies concerning behaviour and engagement reported low sample sizes except for Black et al. (2019), who were successful in recruiting over half the school population. Studies by Black et al. (2019) and McKerr et al. (2020) raised the concern of other sources of bias, these being unequal gender split and the possible introduction of demand characteristics respectively. Regarding the effect sizes of outcomes, no data was provided by McKerr et al. (2020) or Pilling & Little (2020). Young, Dagnan & Jahoda (2016) reported medium effect sizes, while Ruddick *et al.* (2015) and Lambert-Lee *et al.* (2015) reported small to large effect sizes across varied outcomes. When exploring behaviour and engagement interventions in education, Black et al. (2019) reported consistently large effect sizes in concentration improvement. Hedgecock,

Standen, Beer, Brown & Stewart (2014) also reported large effect sizes when measuring engagement in classroom-based tasks. From the quality assessment it can be suggested that Black et al.'s (2019) study was of the highest quality in the area of behaviour and engagement (of those reported within this review) due to the large sample size, large effect size and lack of other bias; whilst McKerr et al.'s (2020) study had a low sample size, unreported effect sizes of outcome measures, and other sources of bias.

All studies concerning language and communication raised no concerns regarding other bias. Herring, Grindle and Koyschhoff (2019) did not report outcome measure effect sizes. Pearlman and Michaels (2019) reported medium effect sizes, and both Ebbels *et al.* (2017) and Tobin and Ebbels (2019) reported large effect sizes. The optimum quality research carried out by Tobin and Ebbels (2019) reported significant clinical effect sizes and provided substantial evidence for the area.

Neither of the two studies investigating professional views and health outcomes (Van Herwegen, Ashworth & Palikara, 2019; Place, Dickinson & Reynolds, 2014) provided sufficient data for effect sizes to be calculated. In Van Herwegen, Ashworth & Palikara's (2019) study the possibility of bias due to an unequal participant gender split was raised. Despite this, both studies provided a valuable contribution and direction for the future research.

Four studies reported detailed framework efficacy (Castro, Grande & Palikara, 2019; Gutman, Vorhaus, Burrows & Onions, 2018; Rees, Tully & Ferguson, 2017; Stelmaszczyk, 2018), the most rigorous approach was that of Rees, Tully and Ferguson (2017), providing high quality evidence of the framework efficacy. The only identified risk elements related to lack of detail of the researcher relationship and recruitment strategy. The study produced large effect sizes of positive outcomes and utilised different methods of data collection to gain a holistic view. One study produced overall low risk and good quality evidence for practice (Castro, Grande & Palikara, 2019), yet improved rigour could have been achieved by collating evidence beyond a single city's local authorities. One study showed risk of other biases as it was funded by the school partaking in the research (Gutman, Vorhaus, Burrows & Onions, 2018). However, the results of the framework evidence were positive with moderate to large

effect sizes and could be influential for other organisations. Stelmaszczyk's (2018) narrative case study was deemed to be high risk and lower quality research as this provided only a single viewpoint of the framework effectiveness without providing quantifiable data as evidence or opinions of those involved (students and staff of the school).

Qualitative studies were assessed against the CASP Qualitative checklist. Table 5 (Appendix 3) displays the results. Overall, all included studies were good quality research. Like the empirical studies, there were occasional issues that affected the quality of the papers. Six studies did not fully detail their recruitment strategy (Davis, Myers, Carter & Rocca 2018; Lloyd, 2015; Franklin & Goff, 2019; Pierce & Maher, 2020; Maher & Fitzgerald, 2020; Rees, Tully & Ferguson, 2017). Four studies did not detail whether the researcher-participant relationship had been considered, nor any contingencies in place to reduce researcher influence (Pierce & Maher, 2020; Rees, Tully & Ferguson, 2017; Downs, Knowles, Fairclough, Heffernan, Whitehead, Halliwell & Boddy, 2014; Young, Dagnan & Jahoda, 2016). Pierce and Maher (2020) discuss that their participants were contacted through previous links with specialist provision, and although this could pose a risk, there is also a positive influence. The previously established relationship may mean that participants were more open with their responses and communication due to familiarity. Clear statements of study aims were not easily discerned in one study (Maher & Fitzgerald, 2020).

Outcomes of Intervention Studies

The included studies that detailed a form of intervention saw overall positive results. Several of the interventions were aimed at improvement of child behaviour or engagement in tasks, and others included language interventions.

Behaviour and Engagement

Three intervention studies detailed vision interventions (Black *et al.*, 2019; Pilling & Little, 2020; McKerr *et al.*, 2020). Black *et al.* (2019) investigated the effects of in-school eyecare for special school children. Significantly more visual needs were met at follow-up than at baseline. Although some visual needs remained unmet, the most common reason for this was non-compliance with the wearing of spectacles. For

participants whose parents or teachers had been given advice to alleviate the unmet need identified at baseline, an improvement in engagement (lower instances of off-task behaviour, in this case the researchers use the term “off-task” to describe any instances where the child disengages from a set task) was displayed at follow-up. The researchers state the primary aim of the study to be assessing the effects of in-school eyecare, however they place a heavy focus upon behaviour observation prior to the delivery of eye-care. This is then not reflected in the reporting of results, as only a very small section of the results is dedicated to the differences in the pupils’ engagement (or off-task behaviours). Pilling and Little (2020) trialled the use of a colour tent to determine differences of visual behaviour in children with cerebral palsy. Despite 7 of 9 participants showing visual behaviour changes during sessions in the colour tent, the data were insufficient to evidence increased responses between the first and last session. In their similar study, McKerr *et al.* (2020) investigated the use of glasses and larger print text upon the classroom behaviour of children with intellectual disability. When children had access to spectacles (if needed) or larger print texts their behaviour improved.

One study investigated the effects of a humanoid robot in classroom-based tasks for children with intellectual disability (Hedgecock, Standen, Beer, Brown & Stewart, 2014). Teachers reported that the robot could be used in the pursuit of various learning objectives for the children and could help them to attain a variety of targets. Children were assessed against an engagement measure from the Special Schools and Academies Trust (2011). Children’s engagement ratings were significantly higher when working with the robot ($z=2.023$, $p=0.043$).

Ruddick *et al.* (2015) explored the support needs of children who displayed self-injurious, aggressive and destructive behaviour. In addition, ratings by family and teaching staff of such behaviour were compared, and access to the services was investigated. Questionnaires were completed regarding children by teachers and family primary care givers of the children attending special schools in one UK city who were all deemed to have severe intellectual disabilities. Results identified that primary care givers identified more behaviour of interest than teaching staff. The need for behavioural intervention for children displaying high levels of the indicated aspects of behaviour was 13 times greater than in those who did not display such behaviour.

Despite these odds, it was shown that the number of children displaying the behaviour and receiving contact from a healthcare professional was only double the number of those who did not display the behaviour of interest.

Another study detailed the delivery of an Applied Behaviour Analysis (ABA) education model in a special school in London (UK) (Lambert-Lee *et al.*, 2015). During this study 53 students with autism diagnoses were assessed against the Assessment of Basic Language and Learning Skills (ABLLS-R), and the Vineland Adaptive Behaviour Scales (VABS). Following the introduction of the ABA education model, significant improvements in all aspects of the assessment criteria were seen, evidencing improved child behaviour.

Young, Dagnan & Jahoda (2016) used a mixed methods approach to their study investigating the content and emotional effects of the worries experienced by adolescents approaching transition from school education. Participants were students with intellectual disability (n=25), and a comparative group of adolescents without (n=27). Utilising interview sessions the researchers administered two measures to quantify worry: the Glasgow Anxiety Scale for People with an Intellectual Disability (GAS-ID) (Mindham & Espie, 2003); and the Wechsler Abbreviated Scale of Intelligence (WASI) (Wechsler, 1999). Themes were also pulled from the qualitative data to identify the content of the worries. The main themes revealed common worries about death, failure, decisions, school, relationships, family, bullying, work, further education, health, friendship, money, loneliness, home, and appearance. The adolescents with intellectual disability worried more about death, bullying, relationships and decision making. In contrast, the group without intellectual disability worried more about failure, money, family, and college.

Language and Communication

Herring, Grindle and Kovshoff (2019) investigated the effects of the Headsprout reading intervention on phonics and phoneme awareness, and skills for children with intellectual disabilities. The project involved the use of adapted Headsprout interventions for children in UK based special schools, with additional materials to support the use of the intervention in this context. The researchers explored the use

of the adapted Headsprout intervention with children who were non-verbal and children who had verbal ability. Participants had diagnoses of severe learning difficulty, ASC or both of these together. Two pupils had other needs detailed as expressive and receptive language problems and hydrocephalus. No reference is made to the effectiveness or adaptations for other disabilities. Improvements were noted in reading fluency and word recognition in verbal students. Ebbels *et al.* (2017) investigated the effects of 1:1 speech and language therapy interventions for children with developmental language disorder. All children involved in the study received the 1:1 therapy, focusing only on specific targets. Other areas of language were not addressed within the intervention in order to act as control variables. Despite improvement in all areas, significantly more improvement was seen in the targeted areas of language than those that remained control variables ($d=1.06$). Tobin and Ebbels (2019) assessed the specific area of auxiliary and copula marking in each tense following the delivery of intervention. Children with moderate learning disabilities and complex needs were assessed during a baseline period, and during an intervention period. Significant improvement was seen during the intervention period when compared to the baseline achievement (Combined $d=1.08$, Copula $d=1.00$, Auxiliary $d=1.10$).

Pearlman and Michaels (2019) quantified interviews utilising questionnaire responses regarding the use of augmentative and alternative communication (AAC). The researchers assessed how children with profound and multiple learning disabilities (PMLD) used their AAC to put forward their views during the EHCP review process, and how the key adults in the children's lives interpreted the children's communication. Although the use of AAC allowed children to communicate their views more successfully, there were discrepancies in the way that parents, teachers, and NHS staff interpreted the child's communications. Norburn *et al.* (2016) assessed the use of AAC by staff in a special school. Staff reported a range of AAC methods in use, however, their confidence in utilising the different methods and reasoning for each was highlighted as a barrier to efficacious use. Self-reported staff training for each method varied.

Professional Views and Health Outcomes

Van Herwegen, Ashworth & Palikara (2019) detailed the views of professionals regarding their knowledge of Down syndrome, ASC and Williams syndrome. The researchers did so by employing a questionnaire design. Questions focused on the views of the professionals about the challenges faced when working with children with these diagnoses, and how they perceived the SEND services and support received by the children. Although the professionals indicated their understanding of the difficulties faced by the children, they often did not recognise the less common difficulties associated with the conditions experienced by the children. Disparities were also seen between the difficulties that professionals had identified and the support that they deemed necessary. This research was limited by the available responses to the questionnaire. The questionnaire was also purposely compiled for the study and was not previously validated.

One study (Place, Dickinson & Reynolds, 2014) investigated the physical health of 100 children with autism (79 boys) through physical fitness testing to explore a possible norm of fitness for children with ASC. Using Eurofit measures, the researchers saw a large variation of fitness levels in the children within the study. The children also showed generally poor levels of cardio-pulmonary fitness.

Framework Efficacy

The remaining studies all detailed development or efficacy of specific frameworks. Gutman, Vorhaus, Burrows & Onions (2018) evaluated the framework of a residential therapeutic specialist school. In a longitudinal study, the researchers reviewed the progress of four cohorts of children over a three-year time frame. The results were positive. An improvement was shown in teacher practice, mindset, and target-setting ability, and the framework was well-received by parents. The children all showed improvements in academic, behavioural, and socio-emotional development. Despite more sporadic results when assessing children's attachment representations, the researchers cite the often traumatic life experiences of the vulnerable children attending the school as the possible explanation for this.

Stelmaszczyk's (2018) report details the development of an assessment framework specifically for a new curriculum model entitled the 'Can Grow' model. The model

aimed to assess both short- and long-term outcomes detailed in children's EHCPs, both academic and otherwise. In this narrative case study 'The Woodlands assessment model' is discussed and results infer that the model is easy for teachers to use, and that the school was succeeding in delivering a holistic curriculum to its students.

Castro, Grande & Palikara (2019) evaluated the outcomes from children's EHCPs to assess the quality of the intended outcomes. A total of 236 children's EHCPs were assessed for their outcome quality. A total of 2813 outcomes were assessed, and it was found that most outcomes were not of high quality or functional. Disparities in quality were seen between different local authorities, between schools, and between children with different types of need.

Rees, Tully & Ferguson (2017) detailed the application and evaluation of the South Lanarkshire framework for children with severe and profound learning needs. The framework was evaluated through three methods: an audit of curricular practice, questionnaires, and interviews. The document was created and designed to offer guidance for Scottish schools to provide a curriculum of excellence for children within this category. Quantitative findings showed large effect sizes for various outcomes (Approaches to teaching and learning $d=-1.23$; Assessment, monitoring and target-setting $d=-1.86$; Health and wellbeing, and Assessing and addressing challenging behaviour $d=-1.20$). Thematic analysis was applied to qualitative data from 8 participant interviews. The main themes were back-up for the curriculum for excellence, influence on teachers, parents, and targets. Sub-themes included verification and guidance (related to back-up for curriculum), mindset and practice (influence on teachers), and targets as a separate sub-theme. The study revealed that the application of the framework increased collaboration between staff, and it was positively received by parents. It influenced teachers' ability to set targets and improved their mind-set and practice.

Qualitative studies

The qualitative studies explored a variety of topics including standing frame use (Goodwin *et al.*, 2019), development of residential school inspection (Franklin & Goff, 2019), children's opinions of drama lessons (Lloyd, 2015), health promotion (Davies,

Carter & Myers, 2018), communication (Greathead *et al.*, 2016), implicit professional practice (Crombie *et al.*, 2014), and how post-16 individuals with autism had their views and aspirations put forward during the EHCP process (Gaona, Castro & Palikara (2020). Three studies explored physical activity in disabled children (Downs *et al.*, 2014; Pierce & Maher, 2020; Maher & Fitzgerald, 2020).

Personal and Physical Factors

In the exploration of views and experiences of parents and teachers of children with cerebral palsy who use standing frames (specifically within the education setting), Goodwin, Lecouturier, Smith, Crombie, Basu, Parr, Howel, McColl, Roberts, Miller & Cadwgan (2019), conducted five focus groups. Three were with single stakeholders including physiotherapists, teachers and parents; and two were with mixed stakeholder groups. Multi-stakeholder groups included health professionals (paediatricians, physiotherapists, orthopaedic surgeons and occupational therapists), educational professionals and parents. Data were analysed thematically against a framework matrix and exposed four subordinate themes: young people's autonomy, balancing education and therapy, competence and confidence, and working within logistical boundaries. These subordinate themes were fitted into a single overarching theme of 'flexibility'. The researchers discussed the situation being a 'delicate balance' for using standing frames in schools. The issues of staffing, space, time, and differentiated activities all acted as barriers to standing frame use within an educational setting. Staff of education establishments also highlighted that confidence in operation was often a problem and a barrier to use. The researchers identified the need for individualised approaches to assisting children in the use of a standing frame. Some children would improve their engagement and peer interaction whilst using a frame, where others could become more segregated. Training and confidence were required to adapt an individualised approach for each child for them to gain the therapeutic benefits of standing frame use in the education setting.

Whilst investigating the views of young people with autism regarding participation in drama lessons, Lloyd (2015) conducted interviews during which various methods of communication were used. Ten pupils from a specialist further education unit participated. The young people were observed for a period of 34 weeks, with interviews taking place in week 17, to give the researcher and the young people time

to build rapport whilst allowing the researcher to become familiar with the young people's methods of communication. Interviews were broken down into sections, with 16 core questions overall. The first seven questions involved likes and dislikes in drama, school in general, and feelings about performance. Each of the questions was posed as a sentence starter, with the young people having three options to complete the sentence. The second section included five questions. Photographs of the young people in their drama lesson were presented to them, and, again, the young people completed sentences begun by the researcher. Section 3 of the interview involved a video of the young person in performance for them to discuss. Section 4 involved two theory of mind tests. Symbols were used where verbal communication was not the young person's main method of communication. Pupils were able to communicate their likes and dislikes about the different elements of drama education, with all expressing that they enjoyed drama. All pupils were also able to define goals and different activities in drama, as well as communicating their feelings about drama.

In a study attempting to consider different approaches to providing health promotion to disabled young people, Davis, Carter, Myers & Rocca (2018) adopted an action research approach to enhance the development of the school nurse team's health promotion programme. Preliminary data were collected from school records, discussion notes from working group meetings, group feedback about access to current school health information, and then a purposely developed staff questionnaire. There followed two open-ended questions to which teachers could give their responses discussing the topics included in the programme and suggestions for topics that may be relevant to include for future interventions. The working group utilised www.e-bug.eu, a website of health information and resources for education. Staff provided feedback from the access to the developed resources and overall, the feedback was positive. Staff became more aware of ways to promote health to pupils positively, and a more integrated working approach was adopted. Whilst the project is innovative and produced positive results, further validation of the approach is needed. The questionnaire used was short and purpose written for the project so no validation of this as a measure had taken place. The measure only reflected what staff had had access to during the provision of the health promotion programme. The creation of a more general measure to be used prior to the provision of the health promotion scheme would benefit and inform research further.

In an exploration of how three young people with severe-to-profound learning difficulties communicated, and how they were supported by adults, Greathead *et al.*'s, (2016) ethnographic study utilised structured observations to gather knowledge. Methods included a researcher spending 'a day in the life' of each young person, from their morning routine to their return to their residential care into the evening, taking field notes of observations and informal discussions with staff. Structured observations were completed for 60 second intervals of specific activities throughout the day. Both child-initiated and adult-initiated communications were coded, together with whether these communicative bids were successful and led to an exchange. A Social Communication Emotional Regulation and Transactional Support (SCERTS) checklist (Prizant, Wetherby, Rubin, Laurent & Rydell, 2006) was completed by the researcher following the child completing activities. The children each had their own personal methods of communication, and the staff working with them had a comprehensive understanding of their methods and most of their communication bids. The researchers highlight that children's communicative bids will differ according to context. They indicate that during certain activities that bring them more joy, for instance, they may make more bids for communication. Similarly, levels of communication differ when the children have more physical needs, as distal communicators may be missed by supporting adults.

Downs *et al.* (2014) explored teacher perceptions of facilitators and barriers to physical activity (PA) for disabled children. The researchers held three focus groups which were audio- and video-recorded then later transcribed. Participants were 23 specialist school staff, including teaching assistants, PE teachers, sports specialists, and class teachers, all with experience of teaching children with intellectual disabilities. The researchers utilised a previously devised semi-structured focus group guide for the sessions. Data were analysed both inductively and deductively using NVivo software. These were later transformed into pen profiles. The researchers identified four main themes; skills linked to PA; access to PA; fitness component of PA; and environmental factors. There were also nine sub-themes; facilities, and activity type were the most cited of these. Participants acknowledged their role in child engagement but suggested that ultimately the majority influence on this was from parents. They suggested that

children enjoy more unstructured physical activities that allow them a sense of independence and the opportunity to make progression with skills.

In a similar study, Piercer and Maher (2020) interviewed two PE teachers and two learning support assistants, to explore PA for children with intellectual disabilities. Data from the semi-structured interviews were thematically analysed. Indoor space was found often to be a barrier to PA, and an individualised approach improved engagement as the child made their own choices about PA and engaged in self-regulation during the activity. Lack of specialist equipment was also seen as a barrier to engagement as the school had no place to store it. The researchers recommended that teachers and teaching assistants should use time for PA creatively to gain the best of limited space and to improve children's engagement.

Investigating the culture of PA in special schools, one study utilised semi-structured interviews with 18 staff members using probe, clarifying and expansion questions (Maher and Fitzgerald, 2020). Data were then thematically analysed to result in findings about the broad, balanced curriculum; a needs-based approach; cross curricular approaches to PA; and PA as a preparation for life outside school. The special schools involved approached PE lessons with an individualist method, in which PA is tailored to the children's needs and preferences, providing enjoyable learning experiences. Boundaries between subject areas were also more fluid, so that PA could be incorporated into other lessons at times. PE lessons were also seen as opportunities to teach basic life skills and prepare children for life outside school. The researchers highlight the aspirations of special schools to develop the 'whole child', with PE lessons serving as a complementary vehicle to doing so.

Professional Practice

Franklin and Goff (2019) detailed the UK arm of a European study to develop a methodology for inspection of residential children's care for children with complex needs and communication difficulties. The study utilised various methods including observations of the culture of the care setting, interviews with staff members and young people, and reviews of documentation and reporting procedures. The project trained 31 'monitors' who already worked in some capacity with disabled children in

order to gather the relevant data and ensure rigour, and these monitors then completed visits to the care homes. Visits were made for one full day, during which the monitors would observe and conduct interviews using adapted communication methods suitable for each child. With regards to analysis the researchers state that data were triangulated, discussed and evaluated during a full monitoring group. Only positive aspects of practice were reported, although the researchers highlighted that there were various concerns, from isolation of some children to gaps in services needed to support the children. Key aspects of positive practice that were recorded were individualised approaches to communication, the use of technology to facilitate communication, a respectful culture of communication for young people, involvement of staff in decision-making at all levels, seeing behaviour as a form of communication and facilitating communication with parents. This report highlights the need for positive relationships between staff and the young people they support in residential care homes. Time spent attending to the children's different methods of communication and hearing their views in decision-making activities aids the formation of positive relationships.

Crombie *et al.*, (2014) investigated the implicit practice in a specialist school that might not be examined by OFSTED. The research adopted a case study approach in five stages: identification of professional values, observations of professional practice by the project educational psychologist, parents' observations and views, and staff consultation. The researchers also state that staff observed their own practice. This may have been better reported as reflection, or appraisal of their own practice. Through this procedure the researchers identified shared values of staff, gained views from parents, and assessed staff practice. Parents reported that the school and its staff's approach to the education and care of their children was excellent. A focus on staff-pupil relationships was key to producing positive outcomes for the children. Recognition was given to the elements of practice that are learnt experientially rather than during staff training sessions. Such elements of practice can be developed when the staff members feel that they are supported by senior staff, when any values or principles are developed as a shared process, when rigorous frameworks are adhered to, and when staff have opportunity for reflection. The researchers highlight these key points in an attempt to share knowledge with other institutions that may be working towards outstanding OFSTED results or maintaining an already outstanding result.

DISCUSSION

The research presented in this review provides varying evidence both of interventions directly for disabled children and young people, and frameworks to enhance their education and care provision. The quality of these studies varies, with some studies producing high quality rigorous evidence utilising mixed methods to approach their research (Rees, Tully & Ferguson, 2017; Young, Dagnan & Jahoda, 2016). Of the studies assessing the efficacy of frameworks, that by Rees, Tully and Ferguson (2017) provides the strongest evidence, with large effect sizes from empirical data, backed by qualitative evidence. Although the framework referenced in this study is specific to an area of Scotland, the positive results of its implementation provide avenues for other authorities to implement comparable structures. Similarly, the framework at the Mulberry Bush school was assessed with a longitudinal approach providing evidence of the effects and outcomes for children (Gutman, Vorhaus, Burrows & Onions, 2018). Although the research was robust, the participating school funding the research might have influenced research outcome. Evidence is provided regarding the ineffective outcomes that may often be listed in a child's EHCP (Castro, Grande & Palikara, 2019). Similarly, Goana, Castro and Palikaro (2020) highlight the discrepancies in the ways views are elicited from young people during the EHCP process. Although there is a need for further and more extensive research into this subject area, the value of this research as an indicator for change is high. For those investigating professional views and approaches, Van Herwegen, Ashworth & Palikara's (2019) study provides a sound research basis and identifies the need for more thorough methods of data collection from professionals. Franklin and Goff's (2019) study provides high quality evidence with a variety of approaches to data collection in order to create an inspection method for care home efficacy in the care of children with complex needs and communication difficulties. This study is valuable research for those investigating this subject.

When assessing the research into PA for disabled children, evidence suggests that teachers should take responsibility for creative approaches to PA and that suitable space is often a hindering factor to providing PA curricula to suit disabled children (Pierce & Maher, 2020; Downs *et al.*, 2014). The research also suggests that parents have the most influential role in the amount of PA taken up by children (Downs *et al.*, 2014). Maher and Fitzgerald (2020) highlight that the need for individualised

approaches to PA, as well as utilising the time during PA to teach life skills that work to develop the whole child. There are no disparities in the quality of these studies, and each are good background information for future research in the area. The research backs the need for PA within special education, however varied, as is supported by empirical evidence of poor levels of fitness in children with autism (Place, Dickinson & Reynolds, 2015). For those researching behaviour and engagement convincing evidence is available. Black *et al.* (2019) offer the most robust evidence with the largest sample size. Further research should be conducted following Pilling and Little's (2020) study investigating the use of a colour tent for children with cerebral palsy, as results were not sufficient to show distinct improvements from the first intervention session to the last. Lloyd's (2015) reporting of the study investigating young people's views of their drama lesson participation was detailed in terms of the ways in which information was elicited from the young people. The methods of data collection are well explained and could be easily replicated and adapted for other situations involving young people with Autism. However, the report states that the young people were observed for a period of 34 weeks, with interviews taking place at week 17. No further data or reporting of activity is given after the interviews at week 17, therefore no details of the purpose of the secondary 17-week observation period.

When assessing the results of this review, it is evident that there are various factors affecting research with disabled children and young people. However, the overall quality of the reported research is good. For all studies, both empirical and qualitative, where disabled children and young people were active participants, relevant adaptations were made to enable all young people to participate fully. The fit of research with the social model of disability (Oliver, 1983) is clear. Intervention studies all evidenced their effect upon a positive outcome for disabled children, along with evidencing the connection between behaviour and physical or emotional needs. Vision interventions provided evidence of improved behaviour because of improved visual care and provision. Interventions for both communication and engagement were successful, along with utilising frameworks in a rigorous manner. Reviewing the qualitative data reported, it is evident that professionals working with disabled children and young people are empathic to the needs of their pupils, that there is a general understanding in special education that the approach should be individualised, and that there are experiences that can aid them in best practice that may not be learnt

from staff training. When reviewing research pertaining to framework and policy, it is salient to note that frameworks have positive effects when implemented and adhered to by all professionals involved. With reference to this, cohesion of professionals involved with the EHCP process also appears imperative.

LIMITATIONS

This review, although comprehensive, is not without limitations. The review is selective in its reporting as only UK studies and practice are discussed. This is not to refute global research and its results but rather to inform this thesis as to the views and practices within the UK. This serves as an informative base, given that the research detailed within this thesis is UK based, and subject to UK education policy.

CONCLUSION

This review focused on practice and approaches to the education and care of disabled children and young people. A range of interventions was detailed, and each was efficacious and could be utilised to improve outcomes for disabled children and young people. Views of professionals working with these children suggest that communication between all parties is key, that there should be a focus upon staff-pupil/supported young person relationship, that an individualistic approach is necessary for each child, and that support from their institution benefits practice and reflection. A research gap still exists with regards to identifying expert practice in the education and care of disabled children and young people that is to be addressed by this thesis, enabling a replicable framework of excellence.

Future Research

The synthesis of such an array of literature creates avenues for several topics of future research. With regards to intervention studies for disabled children and young people, research should work towards a collective framework of approaches and guides for AAC. Similarly, the EHCP process should be reviewed in terms of the disparity in outcomes. Castro, Grande and Palikara (2019) highlight the need for improvement in formulating desired outcomes for children and young people through the EHCP process, akin with Goana, Castro and Palikara (2020) who suggest that the voice of young people is often assumed and not properly heard. Here the EHCP process would

benefit from an extension of provision allowing educational environments and parents a guide to fully communicating the young person's views.

The inclusive literature also highlights the need for a global consensus of terminology. Although the reported research is conducted in the UK, publishing in journals overseas changes terminology.

The lack of existing evidence in identifying both implicit and explicit practice is yet to be addressed. Whilst research exists regarding implicit practice (Crombie *et al.*, 2014), there is a need to address the ways in which these implicit practices are applied whilst adhering to both internal and external guidelines within special schools. This study was designed to address this gap in research, thus creating a replicable framework that would enable other organisations to thrive, giving their children and young people the most positive and wholesome outcomes possible.

CHAPTER THREE

STUDY DESIGN

‘Research is to see what everybody else has seen, and to think what nobody else has thought’.

(Albert Szent-Györgyi)

INTRODUCTION

The systematic review revealed a distinct lack of research evidence about the means of achieving positive outcomes for children and young people with severe intellectual and physical disability and/or autism through special education and care services. Despite changes to policy and subsequent implementation, little has been established about the effectiveness of expert practices currently in use in the education and care of children and young people with disability, and whether they work for the people they are designed to help. The question of what works, for whom and why remained unanswered. The efficacy of the Birtenshaw approach was repeatedly hailed as being particularly successful, yet the process of how this approach provides personal positive outcomes remained unreported. This chapter details the study design and research methods employed to begin to fill this gap in the evidence base.

STUDY AIM AND RESEARCH QUESTIONS

Study aim

The study aim was framed as follows. Through a realist evaluation approach, the study established the degree to which a service can improve the positive outcomes of those who are supported; resulting in them leading fulfilling, independent lives to the extent that this is possible. It identified the factors (mechanisms) that are important to this, together with the context in which achievement is made possible.

Research questions

1. What evidence is there of the sought-for achievement of improved academic attainment, personal fulfilment, and increased independence?
2. What mechanisms are essential to this achievement?
3. How do contextual influences impact on the ability of these factors to be fulfilled?
4. What is the learning for the organisation, for other providers, and for further research?

RESEARCH APPROACH

The transformative perspective

The transformative research approach became a paradigm of its own after discontent with extant paradigms that previously governed research. During the 1980s and 1990s

the shift began as the dominant paradigms such as positivism, post positivism and constructivism were seen as lacking (MacKenzie & Knipe, 2006). These were developed from the “*white, able-bodied male perspective and was based on the study of male subjects*” (Mertens, 2014, p.17). Researchers such as Creswell (2003) believed it necessary for research and enquiry to be connected with political agenda and reforms, as it was thought that the dominant paradigms omitted the social injustices of people in marginalised groups. The shift towards the political marries well with the social model of disability (Oliver, 1983). The transformative paradigm fits with the world view of this study given that the study investigates services provided only to a group of marginalised people; namely those who are disabled. In one way, it can be said that those working with disabled pupils and/or supported residents are also a marginalised group. Not every person has experience of disability, whether personal, familial or work orientated. The experience of staff who work with pupils or residents with disability is unique to a marginalised population. The staff of independent providers who provide education and care to disabled young people have a role unlike many others. State funded special schools do not work in the same way. Staffing levels are different, as are the levels of need that the pupils have. Although state-funded special schools provide for pupils with severe disability, there are children who simply do not thrive in these placements, and the placements struggle to provide for them adequately. These pupils are referred to independent organisations like the focus organisation in which the staff have a lived experience unlike many others, hence their marginalisation.

The employed approach to the study

The approach to SEND education and care is a complex intervention and indicates the need for thorough exploratory research before experimental studies can be considered. At the time of the study, external affirmation of high quality was gained consistently by the organisation. However, a dedicated, embedded doctoral student engaged in rigorous realist evaluation of which practices worked best, why this was the case, and what essential contextual factors were at play was a means to raise this to the level of strong research evidence of national and international importance.

Realist Evaluation

A realist evaluation approach was adopted, engaging ethnographic methods, to achieve this. Realist evaluation goes beyond establishing whether or not a policy or practice is successful to establish the reasons for the success (or failure), and to identify crucial factors or contexts that are required for the outcome to be realised. Pawson and Tilley (1997) identify the notion of programme mechanisms: that by identifying the mechanisms of a programme, researchers are able to move towards understanding what it is that makes the programme work. Three key elements that identify a mechanism were posited. A mechanism should reflect fixity of the programme within social reality. It should take the form of a suggested plan of action or scheme that indicate how both micro- and macro-processes will establish the programme. A mechanism should also demonstrate that the outputs are affected by patrons' individual choices and their ability to evidence this in practice. Kazi (2003) highlights that integration of internal and external evaluation can effectively influence future programme development.

In this instance, the focus organisation is externally evaluated by organisations such as Ofsted and CQC (Ofsted, 2023; CQC, 2020), along with awards bodies. The study reported here merged internal and external facets, or in research terms, emic and etic positions. It attempted to access the (internal or emic) perspectives and unconscious knowledge of practitioners, together with analysis of company documents, while also subjecting this data and additional data from observation to external (etic) scrutiny and analysis from the perspective of the researcher. It adopted the realist approach to investigate what mechanisms lay behind the efficacy of the company programmes (in this case, the provision of education and care).

Ethnography

Arising initially from anthropology, ethnography is a research approach or method that seeks to study people or groups in their own physical and social context, understanding the culture under study and the importance or meaning of actions (Brewer, 2000). Classical ethnography viewed such groups, often remote tribes in undeveloped countries, from a colonial perspective, and with the concept of othering heavily at play. Othering is the identification of self or the in-group, with the other or out-group seen as unequal, and the attribution of inferiority assigned to the out-group

(Brons, 2015). This created a focus on difference and an etic viewpoint. The etic viewpoint is an outsider perspective, looking for universal behaviours and applying psychological theories to any culture. The focus upon similarity and difference between cultures acts to assess the susceptibility of individual thinking and action to cultural influence (Helfrich, 1999). This evolved into critical ethnography (Crowley-Henry, 2009), with explicit political and ideological perspectives and emancipation as the objective. The post-modern or post-structural approach highlighted the issues of this data collection and came to focus more on discourse, power, and the primacy of participants' authentic voice (Richardson, 2000). The emic perspective was prioritised. Combined or hybrid approaches are now more common. Van Maanen (2011) indicates that modern ethnographers should combine ethnographic genres, giving realist and confessional tales as examples. Although this advice may more generally refer to the reporting and writing of ethnographic studies, the connection via realism is made to the realist evaluation approach of this thesis.

In an earlier treatise on the application of ethnography, Hammersley and Atkinson (1995, p1-2) declared that:

"We shall interpret the term 'ethnography' in a liberal way, not worrying much about what does and does not count as examples of it. We see the term as referring primarily to a particular method or set of methods. In its most characteristic form, it involves the ethnographer participating, overtly or covertly, in people's daily lives for an extended period of time, watching what happens, listening to what is said, asking questions – in fact, collecting whatever data are available to throw light on the issues that are the focus of the research... In particular, we would not want to make any hard-and-fast distinction between ethnography and other sorts of qualitative enquiry."

This indicates that key aspects of prolonged exposure to the population in context, gathering varied types of data, and engaging participants directly in broadening the researcher's understanding of central issues may be labelled ethnographic. In this sense, this study utilised an ethnographic approach.

Johnson et al (2001) argue that while qualitative research methods may be used in their original or pure form, far more commonly amended or flexible forms of the method

are adopted. Moreover, it was concluded that rigid adherence to the original process was unnecessary and offered no additional benefit in terms of rigour or validity of outcomes. *“In particular it is possible to demonstrate that all published qualitative methods are subject to their own underlying relativist philosophy. The implication of this is that all are social constructions and that their execution will necessarily be negotiated in time and context”* (Johnson *et al*, 2001, p243).

The design of this study, then, was based on a realist approach, utilising ethnographic principles as espoused by Hammersley and Atkinson, without claim to follow a pure ethnographic approach, however that might be defined.

PREPARATORY WORK

The first year of the three-year study was a preparatory phase, beginning with the systematic review reported in chapter 2. This was followed by active orientation to the care services, including an enrichment service, a short break centre, a domiciliary care agency, supported tenancies, a sports and recreation programme, and education services at two schools and further education college. An animal small-holding, an agricultural project, and a community café were in situ at one of the sites, however due to restrictions and regulations around COVID-19, the café was inactive throughout the first year of the study. Similarly, the animal small-holding population was reduced to rabbits and guinea pigs. Throughout the pandemic other animals that were previously kept were rehomed for their quality of life. Exploration of what was done and why was undertaken through direct (participant and non-participant) observation of education and care, review of documentary evidence (such as practitioner reports and organisational policy), and review with practitioners of their actions and the rationale for decisions that were made. This was all designed to establish the factors that would require further review in during the main realist evaluation in the second year. This work was compatible with an ethnographic approach, though not forming a formal part of the data collection.

DATA COLLECTION

The main phase of realist evaluation was pursued through a raft of data collection activities, often intertwined, and often used to illuminate further the data secured through other means. For example, documents (policies, for example) might be

studied after a discussion with a staff member about statutory processes or standard practices, while learning from observation of an episode of care might be pursued further through an informal discussion with one or more staff members. Examples of high-quality practices and processes that improve outcomes for the children and young people were sought out, and the essential factors that contributed to this, together with contextual features that made the achievement possible were explored in detail. A feedback loop of confirmation and further analysis with staff members deepened understanding.

Data collection for the realist evaluation began in November 2021 and continued until May 2022. During this time the methods indicated in this chapter were employed. Voice recordings were made by use of a Dictaphone throughout the data collection period. Planned use of video recording was inhibited due to changes in the focus organisation's media team meaning that I was unable to access this facility. School and college days were observed during the data collection phase for the realist evaluation. One day per week was spent in each of the educational settings (two schools, one college). During these observations I noted situations and staff methods of practice that were then discussed with staff and sometimes pupils if they were comfortable enough to do so.

Access to care settings was limited due to staff interaction with the project and lack of informed consent from staff working in these settings. Access to the enrichment service however was welcomed. The service falls into the bracket of adult care services due to its nature, and therefore represents the care provisions of Birtenshaw with the collected data. Days with the service were observed including trips out into the community with the young people in order to understand how staff practice affects outcomes for young people when taking part in life fulfilling activities.

Some scheduled interviews were conducted with service managers in order for them to provide data regarding the way that their service worked and how they aimed to enrich the lives of the young people accessing their service. An interview with one children's home manager was conducted following the home winning an award. The organisation's CEO referred me to the manager in order to obtain data regarding how

the establishment had improved, and the outcome for the young people living at that residence.

Observation

The primacy of reviewing practice

Overt observation, both participatory and non-participatory, was employed to witness and understand the daily practice of education and care methods by staff. In order to determine how the organisation arrived at successful outcomes for the pupils and residents who accessed its services, prolonged observation of daily activities and routines was necessary. The complexity of educating students in general necessitates a plethora of training and experience. This need is magnified when educating children and young people with severe learning and physical disability and with autism. Experientially learnt practice has been evidenced as a key factor when working in special education (Crombie, Sullivan, Walker & Warnock, 2014). Therefore, understanding how this experience benefits staff in their expert practice is essential. Observations enabled me as an outsider to investigate the culture of the organisation and understand how members of the organisation interact (Strudwick, 2019).

Accessing unconscious reasoning

The complexity of the nature of the education and care of pupils and/or residents with learning and physical disability might mean that staff members are often unaware of the reasons for carrying out tasks in a certain way (Hegarty, 1994). In essence, their practice may become second nature as an everyday working method. Staff may find it difficult to express their reasoning for working or responding in a certain way, or to explain how they arrived at the desired outcome. There are also issues regarding communication with pupils with learning and physical disability and the researcher. Staff members who have experience of working with such children are often able to understand the children's thoughts and feelings through their behaviour, which is a means of communication (Chiang, 2008). Observation allowed me to view practice as an outsider, prompting further questions or facilitating reflection by the staff member on the nature of practice and their reasons for otherwise subconscious decision-making. During the course of this study, I became almost an insider given the time spent embedding into the organisation. Both staff and pupils/residents became familiar

enough be comfortable with my presence but maintained the knowledge that I was not a staff member of the organisation.

Overt or covert observation

Decisions have to be made whether to engage in overt or covert observation, though overt observation is clearly more commensurate with an ethnographic approach. Overt observation implies that the activity is undertaken openly and explicitly, usually with those who may be observed being informed of the nature and purpose of the episode. In contrast, covert observation, in which those included in the study are unaware of being observed, may involve simply omitting to declare the activity or even using subterfuge or deception.

Covert observations can be beneficial as researcher impact can be reduced. Observing covertly will reduce the 'Hawthorne effect' (Vehmas, 1997; Bowling, 2004), a concept that explains that participants act in a certain manner due to the knowledge that they are being observed. Similarly, the 'Halo effect' (Asch, 1961), which is demonstrated when participants alter their actions and behaviour so that the researcher sees them in a favourable light, may also be reduced. Much like demand characteristics (Nichols & Maner, 2008), participants may attempt to exhibit behaviour that they perceive to be desired by the researcher. Some researchers may justify their choice to conduct covert observation by referring to the protection of the participants themselves. In some studies, it is essential that participants remain unaware of their being involved, since the change in behaviour prompted by being aware of the study would invalidate the data.

Usually, ethical approval is gained only on the basis that potential participants are informed of the study or the particular aspect of data collection afterwards, with the choice to have their data removed if preferred. The necessity of deception when using covert observation is ethically dubious and often a key reason for researchers to opt for overt observations, and simply attempt to the best of their ability to reduce the researcher influence. When conducting clinical research, it is rarely possible to conduct covert observations in organisations such as the National Health Service (NHS) (Strudwick, 2019). Covert observations involve more time and effort and accessing groups of which the researcher would not normally be a part. When

observing children and young people, an attempt to conduct covert observations can result in upset to the young people, particularly in non-participatory covert observations (Speed, 2019).

Overt observation is used more often. This allows participants to understand the purpose of the research, and to respond more helpfully to the desired focus. For example, if a particular episode of care were to be non-standard, this might be made known to the researcher by those being observed. Despite the greater likelihood of researcher influence, the absence of deception and reduced ethical implications may be thought favourable. Ease of recording and note-taking when not attempting to remain unknown as the researcher is a further benefit. Researchers are able to remain open about the origins of their investigations, what they are investigating, and their reasons for doing so. The ability to take notes synchronously during observations rather than after events reduces the possibility of recall bias. Recall bias could reduce the accuracy of the recorded information (Speed, 2019). Overt observation was used in this study, for a variety of reasons. First, it is difficult to be covert within the settings with small classrooms and even smaller care facilities. Arriving at a shared understanding of key factors and essential context required open dialogue. The embedded nature of the studentship meant that time spent becoming known to staff and students/residents was calculated to allow for alteration in behaviour and settling back into normal behaviour. In addition, the ethnographic approach relied upon trusting relationships and efforts to minimise any power differential.

Participatory and non-participatory research

Participatory research involves the researcher being present in the field, interacting with participants, and occasionally taking part in participants' daily activities whilst being mindful to fully observe what is happening. The careful selection of tools of a qualitative nature to ensure views are heard is key, with participants often being either from a targeted group, or from an open invitation to participate. Despite the link to other qualitative research, participatory research involves linking discussion to priorities of the local group (Mayoux, 2006). In this project the local group was characterised by members of the focus organisation, both staff and pupils/residents.

Conversely, non-participatory research involves the presence of the researcher without researcher-participant interaction. This may be conducted covertly or overtly. Non-participatory observations may be conducted for various reasons. Specifically, the researcher may not have access to participatory observation within their group of participants. The researcher may be observing participants in an unfamiliar field and would both struggle to fit in and significantly alter the dynamics of the situation. Moreover, participatory observation is more demanding of the researcher, needing to fit in with the observed group, responding and engaging with individuals, while also ensuring rigorous and focused data collection. For a study with an especially complicated observation schedule, the choice of non-participatory observation could be unavoidable.

Planning for observations episodes

Throughout this study, both participatory and non-participatory observations were conducted. Participatory observations tended to be within the school and college settings given my history of employment in education. All episodes of observation in this study were undertaken openly, with prior consent by all participants (staff, parents or legal guardians, and including children and young people to the extent that this was possible). Observations were completed across the school and college day. Episodes of observation were planned with the heads of services. Class teachers and learning support assistants (LSAs) were made aware in advance of any planned visits to observe their class, and information regarding the purpose of the observation was made available.

The application of observation in this study

Typically, I spent the full day with a class, observing the day-to-day activities. More focused periods of observation were undertaken during particular activities such as work experience, focused therapy sessions and periods of behaviour escalation. Episodes of observation varied in length dependent upon their nature. Observations of escalation of agitated behaviour lasted typically from 5 to 30 mins. For more severe agitated or aggressive behaviour such as smearing, observation lasted longer than other episodes as these events necessitated further follow up and physical reactions (such as cleaning) than a typical outburst. For simple challenging or anxious behaviour displays, observations were shorter, characteristically up to ten minutes or so. These

were then followed by short discussions with staff regarding the reason for the behaviour and their choice of response and action.

This method was not without difficulties, as there were instances for which I could not always be present, for example, personal care routines. I did not observe any such activity to preserve dignity for the pupils and people supported. In these instances, if there were any questions regarding the personal care routine, these were directed to the class teacher, LSA or support worker following the personal care episode. For episodes observing certain behaviours, the observation may have been ended abruptly if it was felt by the staff or myself that researcher presence was directly affecting the behaviour at that time. When recording of episodes took place, the agreement to recording from staff and pupils/people supported was obtained prior to commencement. For staff who had provided written consent, this was ensured verbally on the day. For pupils or care residents who had provided consent either personally or had consent affirmed by a parent/guardian, this was checked using their usual method of communication. For those who regularly used them, PECS symbols were supplied to agree or decline the observation. For pupils who did not use these, their designated staff member would communicate the reason for my presence and determine their response from their behaviour or use of sign. This process in itself was a focus for follow-up with staff regarding how they elicit responses from the children and young people.

Interviews

Interviewing participants can take a variety of structures depending on the research question and the desired outcomes (Adhabi & Anozie, 2017). Interviews can be conducted both individually and in groups. They may lie on a continuum from highly structured to completely unstructured, though a form of semi-structured interview is much more common. Structured interviews are controlled by an interview schedule of set questions that are posed to participants consistently with exact wording and in the same order (Adhabi & Anozie, 2017). This can be seen as seeking data that is more reliable and replicable. The interview schedule should not be confused with the interview guide. The schedule is stringent and contains predetermined questions, whereas the interview guide allows for exploration of differing matters around a specific topic (Barrett & Twycross, 2018). Although researchers might view this as a

positive in terms of rigour, there are negative aspects that will encroach on the quality of the data. Structured interview questions may not be fully understood by the participant, yet the researcher cannot rephrase or clarify the question. There are also questions that may be irrelevant to some participants, therefore the participant cannot provide a response. Regardless of these points, with a structured interview the schedule does not allow the researcher to further explore any unexpected points that might be spoken about, though they may be highly relevant. This then lowers the validity of the data.

Semi-structured interviews are less rigid. They may use an interview guide for the predetermined topics of conversation, but they will allow for tangents to be taken through unexpected responses (Barrett & Twycross, 2018). This approach is more flexible with question wording, often containing open-ended questions, and allows the researcher to clarify responses with further questioning (Berg, 2009). The degree of structure may vary widely, and there are recognised sub-categories of semi-structured interview. For example, in focused interviews the researcher has a list of broad topics in mind that need to be covered (Merton, 1987). So long as the respondent is addressing one or more of these the conversation is allowed to continue naturally. If the respondent wanders onto topics that are not of interest in the research, the researcher brings them back to a relevant point gently with phrases such as “That’s helpful. Thank you. Could you tell me something about X?”.

Unstructured interviews are much less about question and response, and more discussion based, where the researcher and participant will converse about a subject as the response to a broader-focus open-ended question. The researcher will allow the participant responses to guide the direction of the interview (Moyle, 2002). The interview may use a guide in order to provide directive themes, but a schedule of questioning is not used at all.

Individual interviews are usually conducted face-to-face, and the researcher is able to pick up on certain non-verbal social cues such as gestures, facial expressions and general body language. This enables the researcher to judge when further questioning might be appropriate (Adhabi & Anozie, 2017). More recently, interviews have been conducted through online platforms particularly due to the COVID-19 pandemic.

Despite the safety and convenience of this method, it is not without disadvantages. These include the possibility of technological failures such as internet connection issues, and distractions within the home setting (Dodds & Hess, 2020; Jones & Abdelfattah, 2020). The lack of personal contact during the interview process could be a disadvantage for some, yet for others this may be an advantage. Not having the personal contact may reduce feelings of discomfort as the interview may feel less intrusive (Dodds & Hess, 2020; Jones & Abdelfattah, 2020). The use of online interviews could exclude certain groups. A lack of internet for disadvantaged groups would eliminate them from participation whether they consented or not. The unexpected presence of others could also skew data collected. Presence of any other person could have a detrimental effect upon the quality of data the participant provides.

Group interviews are also usually conducted face-to-face, offering a means to gather individual opinions in a group setting. Although “focus group” has become the largely utilised term for group interviews, there is a difference, in that a focus group is a mediated group conversation about a specific subject (Gibbs 2012, Stewart, 2018). A focus group ought to be distinguished by group consensus being considered as important as the individual opinion. Group interviews on the other hand, do not necessarily seek consensus, but a variety of perspectives surrounding a specific subject. Group interviews also have advantages and disadvantages. Dependent upon size, a group interview may help or hinder the individual’s response. A group setting may result in a participant’s increased confidence to speak as others relay thoughts and feelings similar to their own. Alternatively, the group setting may result in the individual feeling less inclined to share their opinion if it does not fit with group consensus.

In all interview methods there is a distinct importance of active listening (Nemec, Spagnolo & Soydan, 2017). The researcher must listen actively throughout the interview, maintaining an open posture, using suitable facial expressions and eye contact. Additionally, allowing the participant to speak openly without interruption, responding as and when is applicable with further probe questions and comments is imperative (Adhabi & Anozie, 2017).

During this study, both informal unstructured and more formal semi-structured interviews were conducted with individual staff members and mixed groups of staff. During the initial phase of the research, interviews were somewhat conversational. Conversational interviews are a compelling method of understanding an individual's perception of their social reality (Boje & Rosile, 2020). This allowed me to build the interview questions based on participant responses to previous questions. During group interviews, questions were posed to the group and all participants were given time to answer and discuss prior to further questions. Group interviews took a funnelled approach beginning with a broad focus of questioning that led to more focused discussions regarding specific subjects (Mindthoff & Meissner, 2023), as they took place more than once. This allowed for development of questions of functional content to be posed during subsequent group interviews. The semi-structured approach to the interviews aided the progression of conversation as participants naturally elaborated and diversified the subject in question.

Individual interviews allowed for more focused and structured questioning. These were conducted with regards to events within the setting, therefore a funnelled approach to questioning was not necessary. Samples of the questions used during the interview process are detailed in appendix 4.

Data Preparation

I personally transcribed all recorded sessions verbatim by hand. It was felt that this was the most appropriate and accurate way to complete transcripts due to a variety of factors. Dialect was a primary issue along with use of terminology specific to special education and care. Several abbreviations were often used in conversations that transcription software may not accurately translate from speech to text. Another reason was to provide context to the transcript. When conversing with young people with learning and physical disability and autism, transcripts might often contain one-word answers and/or closed option answers to questions. Transcripts might appear completely one sided from the researcher should no speech be audible from the child or young person responding.

Transcripts were anonymised at first writing with pseudonyms in place for each staff member and young person included. A small background introduction was placed at

the beginning of each transcript for my own benefit to aid recall of the context of the conversation at the data analysis phase. The context also assisted with data analysis in placing transcripts within the framework.

Documentary analysis

According to Jupp and Norris (1993) documentary analysis in social research was highly influenced by the work of Thomas and Znaniecki (1927) in their publication of a study of Polish immigrants based on personal documents. Documentary analysis is seen as a beneficial means of data triangulation (Denzin, 1970), through which the researcher aims to increase reliability of the evidence (Eisner, 1991). Clarity of reporting means of data triangulation is key, as Denzin (1970) proffered four different types of triangulation: data, theoretical, methodological and investigator triangulation. Data triangulation refers to the use of several data sources, not placing importance on any one more than the other and being simply a means to increase rigour. Noble and Heale (2019) acknowledge the limitations that occur with triangulation, and state that not only does it impact on the complexity and time consumption of research, but that there may also be issues with consistence, both in methodological combinations, and in data provided by different sources.

The use of different data sources and clarification of convergence between the data sources reduces the possible impact of bias. In its truest form, documentary analysis is the systematic review or evaluation of documents. During this process, meaning is extracted, and understanding is gained (Bowen, 2009). Merriam (1988) states that *'Documents of all types can help the researcher uncover meaning, develop understanding and discover insights relevant to the research problem'* (p118). Bowen (2009) indicates five key functions of documentary analysis: providing context, indicating further questions of the research and key observations, providing supplementary evidence, tracking development, and verification of information.

There are clear advantages to documentary analysis, just as there are disadvantages. Documents are often available within the public domain free of charge, and the process is more selection than collection. Documents do not react to researcher presence as human participants do; therefore, documentary analysis is a beneficial addition to qualitative research (Bowen, 2009). Documents may also include specific

details and references to events, as well as a broad coverage that may be valuable to the research project (Yin, 1994). Potential flaws of the method include instances where documents are not readily available, possible bias in the selected documents that an organisation makes available, and the fact that the documents are not designed specifically to address a research question, and so may not offer a response (Bowen, 2009). Moreover, documents are usually compiled by humans, and the data that is entered is as fallible as human performance.

The purpose of documentary analysis in this study was to illuminate data from other sources (interview and observation), linking practice to policy, and to identify any further questions the researcher should ask of participants. As observation and interviews revealed pertinent data about aspects of the phenomenon, time was taken to cross-reference this data with those found in documents (both printed and electronic) such as policies, regulations, reports, and EHCPs. Although documentary analysis was conducted, for the purpose of this project it was not conducted with strict adherence to traditional approaches. The documents reviewed were identified through the observation process and were reviewed for their possible underpinnings of the practice observed. Where documents and practice were linked, the relevant documents were further analysed to assess their impact upon observed practice.

SAMPLE AND RECRUITMENT

Participants consisted of students and staff members of the Birtenshaw group. This included the schools, college, children's care services, adult supported tenancies, the enrichment service and the short breaks service (these students accessed the other indicated services as detailed above).

The school in Bolton provided special education to 3–19-year-olds, as did the Merseyside based school (although the Merseyside cohort was younger on average). The college provided further education for 15–25-year-olds. The children's care service provided support and homes for those under the age of 18, and those over the age of 18 were supported by adult supported tenancies. The enrichment service was part of the adult care services, providing a day care facility for young adults (aged 18+). The short breaks service offered overnight stays (often multiple and sometimes both multiple and consecutive) and activities for children and young people who lived

with parents or guardians and not within children's care services. Staff roles varied from the senior executive team to those working actively on site. However, the majority of the participating staff consisted of frontline workers such as class teachers, learning support assistants, senior support workers and support workers.

Student Recruitment

Class sizes were small, consisting of no more than 10 pupils. The schools had a high, stable, staff to student ratio, based on the students' individual needs. During the preliminary investigation phase, 58 pupils were observed at the Bolton based school, seven pupils at the Merseyside school and 25 at the college setting. Ages of the young people involved throughout the schools and college ranged from 8 to 24. These pupils were observed during their daily routines within their education setting. From this sample of pupils, 3 accessed the short breaks service and 12 accessed the enrichment service, and they were observed within these settings in addition to their education setting. Eight pupils from the total sample were observed within their home (care services) with support workers. Young people accessing the enrichment service were observed during both on-site and off-site activities (n=20). Where applicable, children and young people participated in further discussion about their outcomes since joining the school, college or care services.

Prior to engaging in active research, the sites were visited regularly. For familiarising myself with the settings and vice versa, routine, weekly visits were facilitated. I took field notes during the visits pertaining to the environment, daily routines, and events. Following initial observations to understand the differences between classes, to minimise disruption only two classes in the Bolton based school were engaged with. This was to minimise unexpected visits to individuals who were deemed most likely to struggle with social situations and changes to routines. This approach allowed me to integrate myself into the settings in a structured routine manner, visiting once weekly. Key pupils were selected from the college population who accessed one or more service.

For pupils and residents of the children's homes formal consent was sought from those with parental responsibility (parent, foster carer, legal guardian, Local Authority

representative – as identified by the organisation). Overall, 29% of pupils in the host group were “looked after” children in the care of the Local Authority.

A dedicated Participant Information Sheet (PIS) and associated consent form was sent to parents/guardians of the chosen classes within the schools, and to the parents/guardians of the focus pupils from the college. I provided this information to the host group, both in hard copy and electronically. The organisation then disseminated this information to the relevant parents and guardians. This was to comply with General Data Protection Regulations (GDPR). It was also hoped that informing parents and guardians of the organisation’s collaboration with myself and the university would promote further trust in the study.

Each method of data collection was explained to parents and guardians. The consent form provided alongside the PIS was fragmented to correspond with the method of data collection. This allowed parents and guardians to consent to or decline their child’s participation in different aspects of the research.

Though some of the college students (aged 16-25) had reached the age of majority, they were not considered competent (by the organisation) to provide sole consent. The informed consent was allocated to parents/guardians with a designated space for the young person to sign (if capable) or make a mark to indicate their willingness to take part.

Each child or young person relied on their dedicated workers to explain in their usual form of communication what was being done and why it was being done. To the varying degree that it was possible, their view of whether or not they wished to participate personally was elicited and acted upon. The welfare of children as judged by the staff was always prioritised. If a young person displayed discomfort with researcher presence, even after providing consent (both via their consent form and agreement on the day) any active recording ceased. This was recorded by the organisation and by me as a researcher. Sustained memory of this event by all pupils is not expected, but their workers remained aware.

Staff Recruitment

The same staff members remain with a class for the whole year. Within the Bolton based school two focus classes were identified, along with key pupils from the college. One class was selected from the Merseyside school site. The staff working in these classes and with key pupils of the college were invited to take part alongside the young people they were supporting. They were presented initially with the study information by way of staff bulletins and meetings.

Staff members were recruited from various roles within the company (n=34), these included managers, head teachers, teachers, learning support assistants and support workers. A single PIS was provided for each staff member through the organisation, clarifying the study purpose and the means by which the results were obtained (including varied means of participation, as well as the means to decline either in total or for discrete activities). An accompanying consent form to inclusion in the study was used, though ongoing consent was ensured verbally as the study progressed, and for individual specific activities. Consent was confirmed with signature in person by me as the researcher (not by the organisation). The staff were informed that they may ask for further information and/or clarification at any point during the study. It was made clear that I may be collecting data at any time when present on the premises, and that it would always be acceptable for staff to ask or negotiate what the research would capture as data at any time.

DATA ANALYSIS

The third year of the study was focused on raising the findings to a conceptual level through modelling and case studies, all validated with staff members. During the data analysis process several concept maps were devised based upon researcher impressions and interpretations of the data collected. The initial concept map (concept map 1. Appendix 5) was created using researcher early impressions and predictions of concepts reflecting on the observations reported in chapter four. After familiarisation with the data, and initial coding of transcripts, additional more detailed concept maps were developed to understand emerging themes and subthemes. Final concept maps were developed understanding the relationships between themes and subthemes, and how they evidenced and explained expert practice in the context of the focus organisation. Separate concepts maps were developed for data relating to the

education and care provisions of the organisation. All concept maps can be viewed at appendices 5-6.

Transcripts were initially coded using NVivo software to assess emerging themes and subthemes. Themes and subthemes were established using Braun and Clarke's (2006) six recursive phases of reflective thematic analysis. These include, familiarising yourself with the collected data; producing initial codes; probing the data for themes; review of initial themes; definition and final naming of themes; and producing the report. Following this, data were further analysed by cross referencing concept maps and NVivo codes to determine relationships between themes, and to identify concepts that serve as mechanisms, contexts and outcomes in line with realist evaluation (Pawson & Tilley, 1997). When reporting individual case studies, data were often merged between cases. This method was used to ensure that children and young people were not identifiable from the reading of case study information specifically relating to them.

ETHICAL CONSIDERATIONS

A risk-analysis approach was adopted, identifying and addressing potential ethical issues (Long and Johnson, 2007). There was the potential for perceived coercion: staff feeling that they had no choice but to participate in research at their place of employment. A perception of power differential between the "professional" researcher and unqualified or lower-grade staff might exacerbate this. The risk of breach of confidentiality could be of concern to participants, particularly regarding apparent criticism of the organisation or quality of services. Clearly, too, children and young people with impairments or special educational needs could be considered vulnerable, with their routines disrupted or their personal lives invaded by the addition of a researcher and discussion about their care or education.

These risks were eliminated, minimised, or subject to advanced plans for remediation should they materialise. I was subject to an enhanced disclosure and barring services check prior to study commencement. Upon receipt of written confirmation that these checks were clear, evidence was provided to the host to allow the freedom of movement around its sites. Due to my previous experience as a teaching assistant, safeguarding training had already been completed and skills were transferable to this

role. Other relevant training such as Prevent training had already been completed with evidence available. Prevent training is a training course to increase awareness amongst professionals in line with the prevent duty linked to the Counterterrorism and Security Act (2015). The training aims to provide the necessary knowledge in order to prevent people from being drawn into terrorism and/or affected by radicalisation. These were updated annually as staff members completed their annual training update.

The risk of imbalance of power was minimised to the highest degree possible as I was never left on a 1-to-1 basis with the children and young people as they had their dedicated staff member with them at all times. The vulnerability of the children and young people was mediated by their dedicated staff members' experience and ability to judge their temperament and alert me to any arising distress. As a result of their condition or disability, many of the children are given to difficult or challenging behaviour, with sudden outbursts of emotion or frustration. This was not unexpected in the pupil population, and staff were expertly trained to avoid, deflect, or manage this. Any such episodes were addressed immediately by the staff (not by me), and there was a robust internal reporting mechanism within the organisation which was also subject to Local Authority and Ofsted review. Restricting frequent access to only a few classes helped to prevent stimulation by the presence of strangers, as I had become a routine part of the environment. In the event of distress, I did not continue with data collection at that time and allowed staff to follow company procedure. The first year was spent embedding myself as a researcher into the organisation to reduce any adverse effects of my presence. The children and young people and staff involved were all familiar with me prior to any formal data collection, however as behaviours of distress are a common occurrence in the setting, staff are well equipped to both predict and manage these behaviours given the diagnoses of the children involved.

Both staff and children and young people were able to withdraw from the research. Staff were able to withdraw until one month following consent being provided. For children and young people, parents or guardians were able to withdraw their consent until one month following informed consent, and the children and young people were able to withdraw from data collection on any given day should they become distressed. Data collection would then be repeated at a better time for the children and young

people during another activity. Participants were not paid in any way for their participation, and no deception was used at any time during the study.

The need for debriefing was not thought necessary. If this were to relate to an incident or episode with a pupil, then the organisation's internal processes would have addressed any need. I had explicitly been included in access to this support as a researcher in the establishment.

Ongoing feedback through the organisation was an integral part of the study. For example, the systematic review that was completed was published during the second year of study, and a summarised version made available to staff as part of their programme of training. Similarly, greater insights into research methods and the possibility to incorporate these with help from the university was promoted through the project. There was continuous, informal, two-way feedback between the staff and me as the researcher as the study progressed. There was presentation to staff groups and the provision of an executive summary designed specifically to be digestible to all staff grades to formalise feedback. There was no risk of harm to me either physical or psychological throughout the study.

Data was stored using my own dedicated password protected One Drive account on the university server. Only I and the two university supervisors had password protected access to the raw data. Data were anonymised and participants were identifiable only if they consented to professionally edited videorecording undertaken by the organisation's media team. During data reporting some elements of case study information were merged to maintain anonymity for participants. Full ethical approval was gained from the University of Salford's ethics committee on the 7th of May 2021. There were no other ethical concerns for this study.

In addition, the issue of this study being part of an industrial studentship was an ethical consideration that was mitigated in a number of ways. As part of the partnership contracts, regular management case meetings took place that included me as the researcher, a representative from the partnership office (UoS), the CEO of the partner organisation, and at least one member of the supervisory team. These meetings allowed for any arising conflict to be identified, and to ensure rigour and adherence to

the academic handbook. Similarly, monthly supervision sessions took place with details of discussions recorded. The production of the learning agreement, along with the academic handbooks and industry PhD guidelines ensured correct governance of the study.

EFFORTS TO ENHANCE RIGOUR

The assumption that rigour in qualitative research is entirely different to that of quantitative research is often unhelpful, as the two can often exhibit similar issues in their quality (Meyrick, 2006). Several factors were considered to enhance rigour during this study. Researcher reflexivity was key to ensuring rigour throughout each phase of the study. The process of embedding myself into the organisation and prolonged engagement increased trust in the relationship between myself and the participants (Johnson, Adkins & Chauvin, 2020). This allowed for rich data despite the often-sensitive nature. Care was taken to maintain anonymity of participants throughout the study.

Member checking was also used to enhance rigour. A selection of transcripts was revisited with participants to ensure researcher understanding (not to validate the accuracy of what was said). Participants viewed their transcripts and clarified that the transcript was a true reflection of what they *meant* to express during the conversation, and they were given the opportunity to discuss points further if they so desired (Kuper, Lingard & Levinson, 2008).

CHAPTER SUMMARY

A complex study design was necessary to address the complexities of the topic. The preliminary or preparatory phase was essential and succeeded in gaining trust from potential participants. Access and cooperation were secured, rich data was elicited, and no unforeseen ethical issues arose. The stages of research are simplified in figure 3 below.

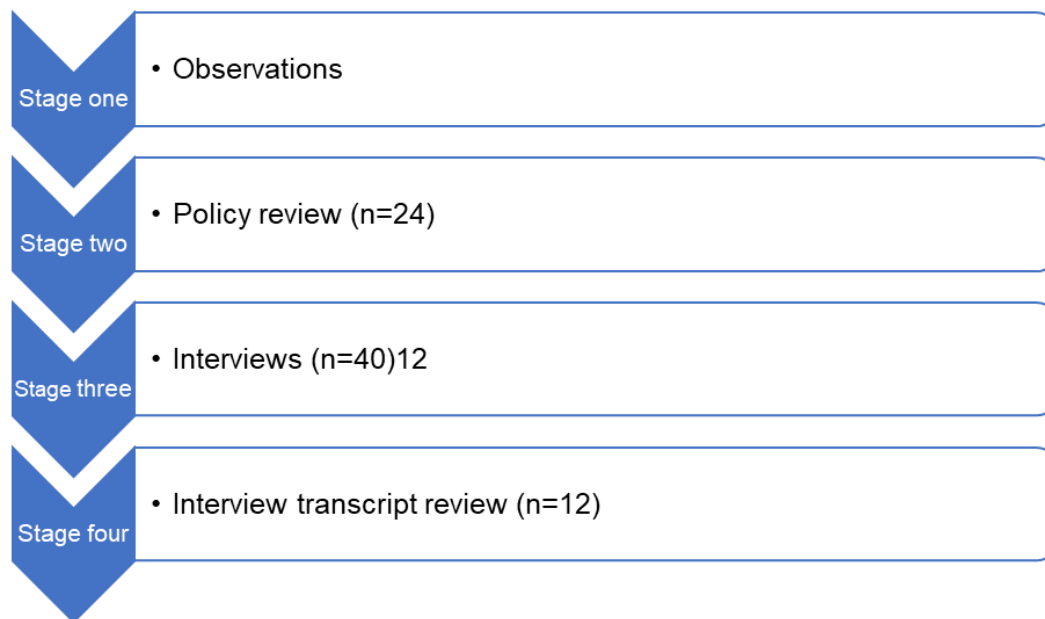


Figure 3 Observation Stages

CHAPTER FOUR

LEARNING FROM PRELIMINARY FIELDWORK

'You have to do the research. If you don't know about something, then you have to ask the right people who do'.

(Spike Lee)

INTRODUCTION

This chapter details the outcomes of the observations and documentary review conducted during the preliminary phase of the study as a means to orientate me to the practices, values and activities of staff in providing care and education for the children and young people. These methods of inquiry were employed to inform the realist evaluation by providing areas for further investigation. Conducting observations and documentary review allowed an insight into the daily working of the organisation in all areas of its provision.

OBSERVATION

In line with the broadly ethnographic approach highlighted in chapter three, a mixture of structured and unstructured, participatory and non-participatory observations took place. In line with comments from Schubert and Röhl (2017), this phase of the study aimed not only to understand the organisation, but to provide a platform for the voices of those not often heard. For this setting, this would be both the young people accessing services, and the staff providing them. These were conducted over a period of three months from early May 2021 to July 2021 during term time. From October 2020 to May 2021 when ethical approval was granted orientation visits took place to familiarise myself with the organisation, the staff, and the young people accessing the services. No data was collected during this time, and these were preparatory informative visits allowing me to organise a mutually suitable schedule for future observations and data collection, and to formulate an interview guide for ethical approval. Perhaps most importantly, the development of trust between myself and the young people was the aim of these visits due to the levels of young peoples' need and the risk of unfamiliar faces causing distress and disruption. These visits worked to reduce the negative affect of researcher presence.

Data collecting observations were conducted for the duration of the school or college day for educational settings. Observations within the children's homes, short breaks centre and adult supported tenancies took place in the evenings, for up to two hours at each site.

Observations conducted within the care sector were purposefully shorter. This was to ensure minimum infringement on individuals' privacy boundaries. It was important to

remember that my presence within the home would have more of an adverse effect upon the young people than researcher presence in school, college or enrichment. The home is their place of comfort and relaxation, therefore awareness of the presence of people who are not staff could result in an escalation of agitated behaviours. This could also result in lower responses to researcher questions during the subsequent phases of the study. Some residents in the children's homes or supported tenancies may have had me observing or working with them during the school or college day. To then be together in the home environment may have been overwhelming. For this reason, observational visits to home environments were restricted to shorter hours.

Non-participatory observations took place within the classrooms and the residences. I observed activities and conversed with staff, and children and young people. Understanding Speed's (2019) key points regarding positive and negative elements of observation techniques, non-participatory observations were minimal, and took place during the earlier visits to services. During these observations field notes were taken regarding the setting and activities taking place. These field notes included any details of researcher questions and responses from staff and students or residents, which at this stage were informal conversations rather than formal interviews. Inquiry during initial observations pertained to the setting, rules and routines, and staff approaches to education and care. This was to understand better the daily working methods of the organisation in each of the areas of provision.

Once initial observations were completed and I had greater knowledge of daily routines and working approaches of staff, inquiry turned to detail the needs of the children and young people to understand how staff tailored their approach to the individual. To maintain anonymity, when observation notes are recorded and reported in this chapter a role title was used without any connecting information such as the class or home in which they were working at the time. Pseudonyms were later assigned to all participants during the final analysis detailed in chapter five to offer a less clinical approach to identification than participant numbers when quotes were used. During visits later in the observation phase, I conducted participatory observations, including myself in the class or home activities. The move to more

participatory observations in later visits allowed for greater acceptance from both young people and staff.

Services and Visit Frequency

As the aim of the research was to establish the degree to which the host organisation's approach improves academic, social and personal fulfilment of those who are supported, observations were carried out in each provision. These were supported tenancies and enrichment in adult care services, homes and short breaks in children's care services, schools and college (education), and sport and activity in complementary services.

I was able to observe education and care practice in each of the different provisions at least once, and in some instances, up to four times. Table 5 displays the frequency of observational visits. Within the organisation, supported tenancies and children's homes are identified by the street name. To maintain anonymity of home addresses, they are subsequently referred to as the primary letter of the street name. The classes observed in the school were named after birds at the time of observation (this then changed at a later date), and those observed in the college were grouped by number. These labels were retained at this stage of the research as they were void of personal identifiers.

The frequency of visits was prohibited due ongoing COVID-19 restrictions. As evident in Table 5 (appendix 3), no observations were conducted in Group 1 of the college establishment. This was due to the cohort having PMLD and comorbid physical health issues and therefore still adhering to shielding guidelines.

From observations in each provision, aspects of practice for further inquiry were identified.

Table 6 Observation Frequencies

Service	Provision	Group	Frequency
Adult Care Services	Supported Tenancy	D	3
		L	2
		M	3
Children's Support Services	Enrichment		2
	Children's Homes	A	1
		C	3
Education	Short Breaks		1
	School	Buzzards	2
		Goshawks	1
		Kestrels	3
		Kites	2
		Merlins	1
		Ospreys	1
		Owls	1
		Sparrows	4
		College	
		Group 1	-
		Group 2	1
		Group 3	1
		Group 4	3
		Group 5	3
Complimentary Services	Sport and Activity (following gym team's day)		1

Adult Care Services

Observations were conducted in supported tenancies and enrichment provisions under adult care services. Figure 4 shows the aspects of practice drawn from observations in each service.

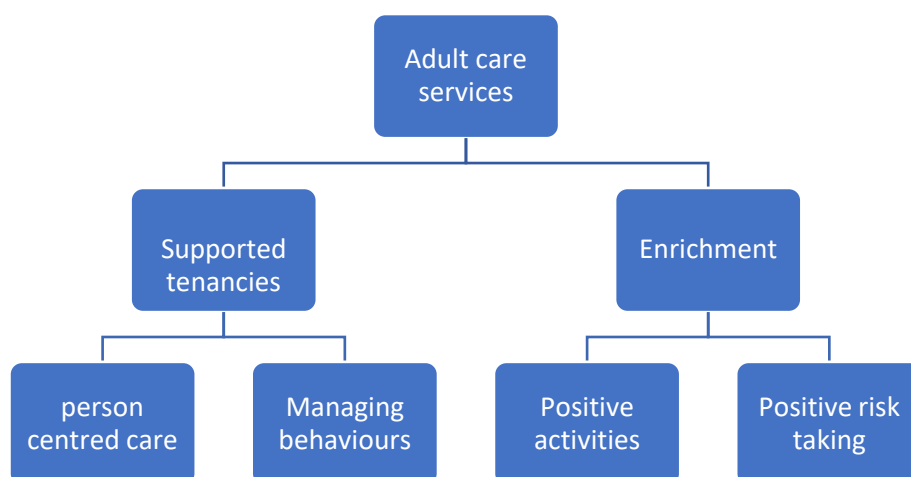


Figure 4 Aspects of practice - Adult care services

Children's Care Services

Observations were conducted within a selection of the children's homes and the short breaks centre. Figure 5 shows aspects of practice drawn from these observations.

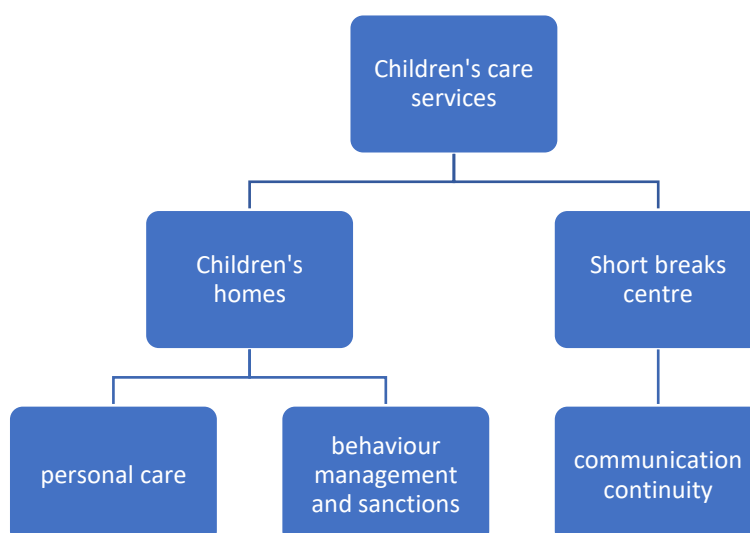


Figure 5 Aspects of practice - Children's care services

Education

Observations were conducted in the schools and college. Figure 6 shows the aspects of practice drawn from these observations.

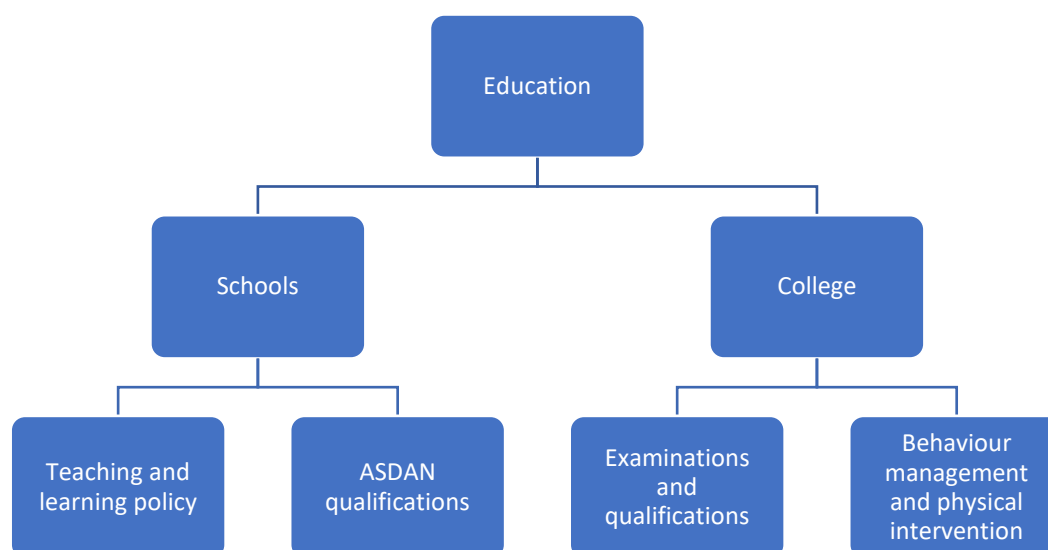


Figure 6 Aspects of practice - education provisions

Complementary Services

Observations were conducted within some complementary services. Figure 7 shows the aspects of practice drawn from these observations.

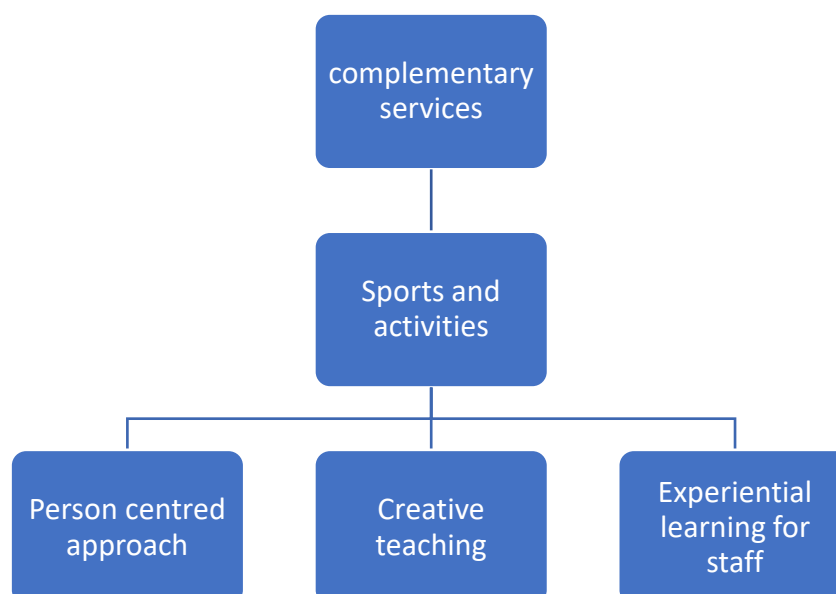


Figure 7 Aspects of practice - complementary services

FUNCTIONAL STRUCTURE OF SCHOOLS, COLLEGE AND COMPLEMENTARY SERVICES

The first block of visits planned were to the school in Bolton and the college. Due to COVID-19 restrictions these visits were each one week apart in order to minimise risk and crossing the groups that were then termed 'bubbles'. At the time, groups were not to come into contact with each other. Therefore, researcher presence was limited and so as not to cross bubbles within the incubation period for COVID-19, seven days were left between visits to different classes, with me carrying out COVID-19 testing three times during the week. Detailed within these findings is the information sought from initial visits regarding the daily operations of the organisation at its different sites. The aspects of practice drawn from observations follow.

The School Day

During the first three visits to the school, I visited three classes. Learning about the school day and routine was one of the first goals to understand how the latter stages of research would flow. This also allowed me to compare experiences of the different classes. The school day generally began around 9.00am, with pupils arriving by various modes of transport from 8.45am onwards. Most pupils were usually present at school by 9am, however there were pupils who arrived slightly later who may live further afield, or simply need more time in the morning to adjust to the day. Once pupils arrived at school time was given to adjust to the setting called 'choose time' when the pupils could take part in an activity of their choice to allow for calming and adapting to the different stimuli in the school. The school did not use a school bell to signal the beginning or end of the day or lesson times. Not only was this an unnecessary stimulus that may trigger behaviour changes, but the day was also not as strictly structured as other provisions. The morning usually consisted of one or two focused lessons depending on the ability level of the class. These two learning sessions were separated by snack time when staff provided a small selection of food in the class and an allotted choose time. Choose time was then given again before lunch time. At the time of the initial visits, classes were eating in their classrooms, and staff were going to the school kitchen to collect meals, therefore choose time was relaxation prior to sitting to eat the afternoon meal. Pupils were encouraged to be independent in many areas, and all classes were encouraged to clear their own plates and cutlery of any

leftover food, before taking them to the sink areas to be cleaned. Once pupils had eaten, they were allowed a choice of activity for the rest of their break time.

Time warnings were given verbally to both pupils and staff to prepare for the afternoon's lessons. For example, '*five minutes and then literacy*'. Staff had lunch with the children to maintain continuity of the one-to-one support. Afternoon sessions consisted of focused lessons during which each pupil would work to tailored curricula designed to meet their individual targets. Work was differentiated for pupils based upon their personal and academic targets, then recorded both in exercise books and using an online system ("Solar"). This system allowed all staff working with a pupil to monitor the individual's targets and how close they were to being met. Then they could tailor the approach to meet the targets. Thereafter, more complex targets could be set. Although the school provided generalised elements of curriculum across the classes, the ways in which these were implemented differ vastly not only from one class to another, but also at an individual level. Whilst a class may be working to the same curriculum plan, each individual student would have this taught and assessed in the way most applicable to them, and in a way that enabled individual success.

The schools each had a full-sized hydrotherapy pool for pupils. Swimming sessions were built into the timetable. During these sessions the pupils were accompanied by gym team members who provide sensory stimuli, and sensory lighting is also used. LSAs accompanied pupils to the pool, assisting the changing process for those who required help dressing and showering. Personal care needs were also met during this process for those who used incontinence pads.

Speech was reinforced across the schools using sign language, and the organisation predominantly used Signalong and Makaton. Picture Exchange Communication Systems (PECS) were used around the school to support timetables, room/area signage, and other things such as activity instructions. Some children and young people used augmentative and alternative communication (AAC) methods such as Go Talk pads or equivalent programmes on iPads.

The College Day

The overall structure of the college day echoed that of the school with a 9am start and staggered arrivals. Learners were given time upon arrival to complete activities of their choice to be calm and ready to start their day. This was usually the case until approximately 9.30am. Some learners had the opportunity to operate the main reception before learning activities began if this fit with their aspirations and abilities. These would often be pupils who were expected to be able to live semi-independently within the community and hold either paid or voluntary employment positions. Those who were able to accept the opportunity were tasked with contacting each class as the learners arrived at college, so that the classroom staff could come to reception to collect them.

Lessons were delivered in creative ways, with less group work as the young people were each working to achieve their own individualised target. Some learners were working to achieve employability skills, and others worked to pass formal exams. Some learners worked simply on personal independence and understanding the social world. The staff supported learners creatively to meet these targets both in the classroom and off campus. Learners were often taken out of the college grounds and into the community in order to reach some of their targets. As in the school, speech was reinforced where necessary with sign.

There was a clear focus within the college curriculum on life skills and employability skills. Although there was focus for some learners on specific academic elements of curriculum, there was less emphasis placed upon examinations and results than in other provisions. The main goal was to assist learners in achieving their optimum potential personally and socially as well as academically. The college was equipped with its own café in which the learners worked together with staff to prepare food and drinks. The food and drink were available to all learners at no extra cost at break times. Learners who were entitled to free meals were provided with food from the college kitchen that was again run by both staff and learners. Some learners worked in the kitchen as part of their employability skills programme and gained qualifications in this area. Learners sometimes took part in local competitions preparing baked goods and meals as entries and had success in recent competitions. The college kitchen sold

meals to staff and learners, but learners also had the option to bring their own lunch should they or their parents/carers so wish.

The college had an animal small-holding which at the time of initial visits housed only rabbits due to the animals that previously resided there having to be rehomed during the national lockdowns that took place during the COVID-19 pandemic. This later expanded during the course of this study to include 3 alpacas, 6 chickens that were rescued from battery farms, 4 rabbits and 2 guinea pigs. This developed to the extent that that one of the senior LSAs from one of the classes became a full-time farm supervisor working with learners from each class on a daily basis to care for the animals and look after the farm equipment and buildings.

The Gym Team

The gym team were all employed directly by Birtenshaw and were staff from a variety of academic and employment backgrounds. The gym team supported all sports activities throughout the organisation, working in both schools, the college and enrichment service. The gym team organised each physical education lesson delivered within the schools and provided a range of creative methods to enable all children and young people to engage with the lessons, often creating circuits of activity or multiple activities at one time. A major difference to mainstream schools and other specialist provision here was that in mainstream and state-maintained special schools, class teachers, or subject specific teachers deliver P.E lessons to pupils. Whereas at the host organisation there was a dedicated team of professionals with a variety of sports qualifications that delivered all aspects of physical activity. The team also ran/managed the gym, where college, school and enrichment members had access to training with specialist equipment in a fully equipped gym. Sessions in the gym were tailored to the individuals' needs or targets, and gym staff engaged with the young people in a fun and positive way that enhanced their experience of the gym. Gym team members also delivered the swim sessions at each of the school sites, providing sensory activity and supervision throughout.

Children's Homes and Supported Tenancies

Observational visits to both children's homes and adult supported tenancies were shorter visits that took place in the evenings. The reason for the shorter duration was that I had often been at the school or college with some of the young people from that

residency for the day, therefore shorter observations were conducted to lessen the effects of researcher presence. It is salient to note that the home is their safe place and place of rest and relaxation. Prolonged researcher presence would affect this and could be a possible trigger for behavioural changes and escalation of agitated behaviour or upset.

Within the children's homes and the adult supported tenancies, the structure of staffing was the same. There was a registered home manager responsible for overseeing the staffing, expenses, and all home matters including care plans, medical appointments, and familial contact. There was a senior support worker on shift each day, and several support workers. Staffing was 1-to-1 as it was within the schools and college. Support workers took care of the home in terms of cleanliness and food supplies in addition to supporting the residents with their day-to-day needs. Support workers ensured the residents were cooked for each day and there was always a variety of healthy food available. Personal care needs were met by support workers for those who required the assistance and were overseen and encouraged for those who were able to do this themselves. There were activities for the children and young people outside of their school, college or enrichment days. There were vehicles that belonged to each house, and this enabled staff to take the children and young people out for various activities, from walks and parks to day trips and family visits.

Enrichment Service

The enrichment service was a unique service amongst SEND service providers. The term used throughout the enrichment service for the young people who access it was 'participants', therefore when referring to the enrichment service users in this thesis, the term participants will be used in line with this. The service offered a wide range of activities to participants. From assisted shopping trips, to walks around country parks and trips to the Anderton Centre for outdoor activities and learning, the range was vast, and activities were tailored to the participant's own interests and abilities. Staff were all together in a communal area as the participants arrived in the morning, and some were collected from their homes by staff members dependent upon need, transport availability and whether the participants lived with family or in supported tenancies. The participants and staff would spend some time together in the communal area (except for a small number of participants for whom the noise stimulation of that

environment would be a trigger) each morning before dispersing into small groups to partake in their set activity for the day. This could even include a trip to the Liverpool school to use the large modern hydrotherapy pool there for sensory swim sessions.

OBSERVATIONAL OUTCOMES

A large proportion of the introductory conversations between myself and staff throughout initial observational visits centred around the topic of the research, and how it would be conducted. When introducing the concept of realist evaluation, I explained to staff that this method investigated the concept of what works, how it works, who it works for and in what context. Some staff were keen to offer their thoughts as to what they considered key reasons that the organisation is so successful in creating positive outcomes for the children and young people involved. I recorded some of these manually within field notes to maintain these for the latter stages of the research as points to return to. In conversation with one senior LSA they said:

‘I think what makes us work is how personal we are. We’ve got a lot of people with a lot of heart.’ (Lorraine – Senior LSA)

Other staff members from one class were also keen to air their views as to what made the provisions a success during a group conversation regarding the aims of project and what makes the organisation work so well for the young people:

‘The freedom. It’s the freedom, it’s not sit at a table, do you your work, if you wanna sit on the floor then sit on the floor’ (Carol – LSA)

‘It’s the provision as well, the space. I’ve worked in special schools before, and it was nothing like this.’ (Shelley – LSA)

‘Provision that’s needed. It’s easy to say child centred but actually implementing it isn’t so easily done.’ (Derek – LSA)

Throughout the observed sessions various situations were subject for further questioning. Whilst some observations were conducted as non-participatory observations, others were conducted in a more participatory manner in line with the

partially ethnographic approach of the research. In some instances, I was included in class activity not only as an additional adult in the room, but in a LSA role. On occasions there is the need for staff to take pupils to complete an activity on a 2-to-1 basis, therefore leaving a young in the classroom without a LSA to work 1-to-1 with. Usually, the class teacher will then work with the child in place of the LSA, however, I did this on two occasions in the school with two different children, and for a number of short episodes during visits to the college. Due to my employment background and the experience of providing learning support, these observations were within my knowledge and experience boundaries.

Non-participatory Observation

During the non-participatory observation episodes, I would observe the setting and the interactions between the young people and the staff. During observation questions were posed to staff regarding their practice, the rationale for their working methods, and/or reactions to certain situations or behavioural changes. To understand better the practice that I observed, I would often pose these questions shortly after an activity or specific observed episode, or at the end of the school or college day once the young people had left for the day.

During observed episodes there were elements of practice that I witnessed that were subject for further inquiry. An example of this is when observing a class during group work, one pupil was asked by his assigned staff member whether he felt the need to use the safe space and was taken out of the group work. Once out of the room Harim went to the safe space room and spent some time alone in there with staff supervising from outside the door (safe space is a small room with cushioned padding on all walls and the door). As I had seen no obvious signs of behaviour change from the child, only that his cheeks had become flushed, questions were posed to the LSA working 1-to-1 with him as to why they had given the option to use safe space. Sharon (LSA) explained that she could see him '*bubbling*', she explained that the redness in his face appears when he is ruminating and/or there has been a trigger. Sharon (LSA) also explained that the vocals of another pupil in the class had become as trigger for Harim. He had begun to mimic the other child and his own rumination causes comments and behavioural changes that further disrupt the class. The offer of the use of safe space

came because Sharon understands the child and knew that he needed an outlet to allow this situation to diffuse and '*get it out of his system*'.

Upon reflection, I could see that this was not the boy's usual behaviour. However, this reflects the experiential learning of staff that allows them to provide the best service to the young people. This is in line with previous research from Crombie *et al.* (2014) that recognised that there are areas of expert practice that are only learnt through hands on experience and not necessarily learnt via staff training. This situation was one of many that evidenced not only staff experiential learning, but staff-young person relationships being essentially beneficial to best practice. Whilst it might be possible to criticise the use of a safe space and question the intention (i.e., Is this really safe space or just a form of seclusion?), it is important to note the element of choice. The choice to use the space is there for all pupils, and not a forced action.

During another non-participatory observation in the college setting, I witnessed a young man go into crisis. During this time, he became extremely agitated, vocal and aggressive towards staff and the setting property. Staff were extremely reactive and handled this well without a mass of physical restraint. As the crisis behaviour subsided, a member of staff who had worked with the young man a lot during the national lockdowns at his supported tenancy went outside to talk with him. Despite the young man being non-verbal his receptiveness to language is good and the difference in his behaviour and even facial expression upon her arrival was nothing short of heart-warming. He moved across the bench he was sitting on to allow room for the staff member to sit down and gestured for her to sit, following a short conversation he began to smile more and gestured to the other male staff in the surrounding areas that he was feeling better (with a thumbs up). Staff then cleared the corridor pathway to his classrooms nearest quiet room where he was able to spend some time alone and calming, prior to returning to the group class.

The relationships built between staff and young people are clear indicators of the commitment and care offered by the staff. These are beneficial to the young people in all aspects of their education and care, as trust is built, and the young people know that their staff understand them and can attend to their needs, be these personal, emotional, or educational.

During non-participatory observations it became apparent that the level of commitment and resilience of frontline staff was often remarkable. I questioned whether it requires a certain personality type or resilience level for the staff to continue with their role and provide the best support to the children and young people, or whether this was simply a case of the rewarding nature of the job. On several occasions it seemed that the LSAs both in the school and the college were genuinely having fun with the children and young people throughout the day. Selected staff members from teaching, LSA and support worker roles had stated how rewarding their role could be, and that this was their reasoning for their work. This became an aspect of practice solely from observations and formed a pathway of inquiry during the subsequent realist evaluation. A quote from a senior LSA resonated with me with regards to this facet during a discussion about staffing and retention of staff: '*You're either Birtenshaw, or you're not*'. This was echoed by the organisation senior management team who themselves stated that during recruitment the organisation sought certain qualities in prospective staff. Exactly what these qualities were and their impact upon the recruitment process was deemed an aspect of practice.

Each of the observation visits to the enrichment service was non-participatory. This was due to the nature of the service. The enrichment service tailored activities to the individual participant's needs. There were often trips out for lunch, shopping trips and general positive activities. The service followed the details in the participants' EHCP or personal healthcare plan, providing personal care at the same level as other services, and also working towards the personal targets laid out in the young people's care plans. These were often targets relating to the social world and independence. The service focused on fun activities and entertainment for the young people to enhance their quality of life. Because of the full support offered by the enrichment service, the young people were able to access activities that might otherwise have been impossible. For participants whose needs inhibited them from being in group situations for extended amounts of time, the enrichment service provided the space and support to access a variety of activities with full support on-site. There were also the same opportunities to visit country parks and other sites for walks and trips. Staff were assigned to support a participant each day on a one-to-one basis (or two-to-one for some participants) during their activities, and worked closely to ensure their safety, wellbeing, and enjoyment.

Enrichment staff worked to further and enhance the skills that participants may have learnt elsewhere. During an observation of one young man's access to the service I gained knowledge of how the services worked cohesively. The enrichment staff members working on a two-to-one basis with the young man informed me of the changes to the young man's rigid routine structures (dictated by his autism and sensory needs), and that these had been gradually introduced with the help of the enrichment service. The enrichment staff member informed me that through the additional work of the enrichment team the young man had learned to cope with the smaller things that may previously have been triggers. For example, the young man was using water for sensory activities and had a paint brush that he accidentally dropped whilst using it. The enrichment staff member stated that in months previous that situation would have triggered an escalation of agitated and frustrated behaviours, possibly resulting in crisis behaviour that would then last longer and affect the rest of his day. The way that the staff had approached these situations had clearly been effective if triggers were lessened. When I inquired as to how these changes had occurred, the staff member informed me that this was done with consistent calm reactions from staff and a persistence in reassurance to the young man that he was fine, it was not a bad thing, and that he could manage his behaviours and reactions. This is echoed through the organisation with other young people as I had seen the consistent calm reactions to behavioural changes. This action reinforced the notion that whatever happens and however the young people reacted, the organisation could deal with this and continue to provide the highest quality education and care.

Participatory Observation

Participatory observations were conducted on an ad hoc basis and never strictly planned into the schedule on a predetermined basis. The more participatory and ethnographic observations were often due to staff shortages in the classes of the focus organisation, or simply the staff in the observed classes being keen to include me in activities.

During two separate observational visits to the school, I was able to be involved with the classes in the capacity of a learning support assistant. In one class I was assigned to work one-to-one with a pupil as two LSAs were required to take out one young person for a drive to meet sensory needs. Along with the class teacher I worked as

the young man's staff during a food technology lesson within the usual classroom. The pupils were given written instructions to follow with the addition of SymWriter symbol support for reading. I was able to see how the LSA approached the formal work with the young people during lessons and was able to gain understanding of the SymWriter symbols as this was something I had not used before. SymWriter provides small picture symbols beside each word to assist young people with recognising the words and their meaning. In addition, I assisted the young man during the P.E lesson delivered by the gym team. Although the young man did not need physical assistance during this lesson, I helped by repeating instructions and modelling tasks to enable the young man to attain the best of the lesson.

During another participatory observation I worked with a pupil in a different class due to short staffing. This allowed the class teacher to maintain their regular teaching responsibilities and organise the workload for the class. During this episode I once again worked in the role of LSA with the young man. Assisting with food technology activities and completing photographic records for evidence and writing up the comments in the pupil's book, I was able to gain an understanding of the administration work that the LSAs put into each learning task completed. The LSAs will complete a section in the pupils' books after each learning task, describing the task and how the pupil approached it. Details are recorded as to how the LSA taught the task and gained the pupil's input, how much assistance the pupil was given, and the efforts afforded by the pupil. The LSA will also complete a short section containing a '*what went well*' statement, and an '*even better if*' statement. These sections enable the LSAs to keep track of how the pupil is working and what to encourage further in future tasks.

Given that I had spent time in the class on more than one occasion and had visited the young man's home (Birtenshaw children's home), the relationship was well established so that working with me in place of another staff member was not detrimental to the young man's experience of the lesson. Following the food technology lesson, I assisted the young man in obtaining his lunch.

There were also times when the learners themselves requested my involvement during tasks if they were aware I was watching. During an observation at the college setting, one learner was working through a mathematical task and was following her

instincts when noticing there was a mistake on the printed worksheet. The LSA had not realised that the worksheet contained the mistake and began to try to work through the questions with the learner which then caused her confusion. Upon noticing that I was in the room and not working one-to-one with another pupil as other staff members were, the learner then called me by name and requested that I look at the sheet. I then worked through the fractions and percentages with the learner with the approval of the LSA paired with the learner. This highlighted the accepting nature of both young people and staff across the organisation and how well I had managed to integrate into the host organisation's community.

One thing that was evident throughout observations was the individualised approach to education and care. Staff were very adaptable to everyone's needs and they themselves told me on various occasions that no two days were ever the same. Even working with the same young person from one day to the next could present different scenarios, challenges, and successes. Each young person had their individual needs and preferences catered to daily across the organisation.

Difference was not just catered for but celebrated. Across the organisation, the young people were taught that to accept difference and how to successfully navigate life alongside people that have very different needs, likes and dislikes to them. Difference was strongly celebrated during the college leavers ceremony. On the penultimate day of the summer term 2021, I attended an observation visit at the college and made it a participatory observation. The day was well thought out with a great deal of effort from the staff. The largest room in the college was transformed into a formal dining room for a three-course meal and presentation experience. I took part in preparing the room and serving meals to the young people leaving the college that academic year. I then witnessed the presentation ceremony, during which the class teachers delivered short presentations about the learners from their class that had completed their education journey with the organisation. During these presentations the teachers spoke of each individual's strengths and successes during their time at the college and included some of their favourite pictures of the leavers. The leavers were each presented with a small, personalised trophy with comedy value. For example, one leaver received a trophy for being 'the best chicken chaser', with reference to how he would often chase the chickens back into their coop in the animal small holding. Another gained an award

for being the best singer. This young man rarely spoke and yet would often sing his favourite songs regardless of having an audience. Following the awards and meal the learners were reunited with the rest of their classes for an outdoor disco. The whole day was a joyous experience both for young people and staff. It was during this day that I inquired with staff as to how the process of deciding which of the learners are at the end of the education journey with the organisation and which learners receive additional years. The college assesses learners based upon their needs and their progress during their years with the college. This was based not only upon the learners' academic progresses but their social, independence and employability skill progress amongst several other factors. This was assessed annually and only once the organisation feels that the learner can make no further progress with the college will they finish their educational journey with the college.

Learning From Less Than Expert Practice

As with any organisation, there were observed instances of less than expert practice, however, within the host organisation these instances were extremely minimal. Reflecting upon these instances enabled identification of circumstances that resulted in the absence of the later reported mechanisms important for successful expert practice established during the study. A point more effectively described in the contextual example below.

During an observation at an adult supported tenancy, I entered a living area where a resident and a staff member were both sat with the television playing. The resident (supported individual) was comfortably lay paying no attention to the television as the staff member watched a television programme. Noticing my presence, the resident began to vocalise. The staff member became uncomfortable and told me that the resident was unhappy with me being there. Whilst I valued that staff member's opinion, I was also aware from previous observations that the vocalisation being made by the resident was not one of despair, but of happiness and their method of interacting with me. Here, the issue was simply that the staff member in question was new to the house and had less experience of the young person. As the staff member acquired the support of another member of staff to take the resident to the bathroom, learning occurred as his vocalisation was confirmed to be happy. This relates to the subtheme

reported in chapter five, *person-focused knowledge*. The staff member required additional time and experience to develop that knowledge regarding the young man's vocalisations, and their preferences for activities.

It is important to note that whilst not all practice within the organisation was positive expert practice, there are processes in place to learn from both the positive and negative aspects of practice that might occur. For example, any instance of crisis, or increased agitated or aggressive behaviour displayed by young people is documented and reported. This is then reviewed by senior staff and all staff involved are part of reflective discussion to interpret what they might have been able to do differently to avoid the situation. This links to behaviour being a means of communication, as staff policy states that a problem never begins with the young person, but the staff's understanding of their communication.

Identifying the Need for SEND Observation Protocol

Observation practices required to meet the aims of this study fall between established observation approaches for the purpose of assessing children's learning needs, assessing and improving the quality of teacher performance and classroom environment (O'Leary, 2015; Connett, 2020) and observation of work as done, rather than as reported (NHS, 2022). Therefore, a bespoke approach was required. The initial principles for conducting observations were adapted from the work of Speed (2019) who critiqued usual practices for observations and the use of the classroom observation schedule by educational psychologists in local authority education settings, in order to derive principles for wider use of classroom observations for a range of professionals. Although Speed's work is focused on observation of Children, and mine were focused on identifying expert staff practice, by definition, my observations needed to focus on the dynamic interaction between staff and children in order to understand the aspects of staff approaches and interactions that make positive difference to the children, meaning that Speed's principles were an appropriate starting place. During the preliminary observations and orientation, there were instances during which my previous employment experience impacted the method of observation. As my positionality changed to becoming more 'insider' than 'outsider' with the adaptation of some observations from non-participatory to

participatory, in order to meet the needs of the child, the influence of my personal experience was apparent only upon reflection. To incorporate the required adaptations for a SEND environment or provision, observations should be governed by ethical principle of 'do no harm', and justice and fairness for young people. The practical application of this principle denotes attention to young people's arousal and comfort levels, prioritising actions that respond to their needs over the focus on non-participation.

Reflecting upon the positive impact of my tacit embedded knowledge, the need for a formal SEND observation protocol was identified. Whilst not originally an aim of the study, , the principles I applied from the literature have been combined with articulation of my tacit knowledge that underpinned my approach to observation, to develop a draft protocol (Appendix 7). This has been structured in accordance with NHS guidelines for conducting workforce observation (NHS, 2022). In accordance with good practice principles derived from literature regarding classroom observation approaches for quality improvement and teacher assessment, it focuses on the process for ensuring success and safety for the students and does not use a prescriptive or structured approach to directing the observer on what to look for (O'Leary, 2015). It is my intention to further develop this in a following study, which will include consideration of other forms of workplace and workforce observation practice from health and social care settings.

DOCUMENTARY ANALYSIS

The aspects of practice were drawn from the observations and from specific organisation policies that were identified for further review. The purpose of documentary analysis for this study was to unearth new questions for the research as Bowen (2009) states is a function of documentary analysis. Observational notes were indicative of a selection of the company policies. These were then assessed during documentary analysis to provide links between policy and practice. The aspects of practice were established from the observations during the study and documentary analysis. The observational data were the decisive factors in which of the company policies should be reviewed.

Policies were selected to be reviewed further as part of the documentary review stage. The selected policies that were further reviewed are displayed in table 4. Whilst aspects of practice were indicated from each provision separately, there are areas in which the policy that links the closest overlapped with that from another line of inquiry. Therefore, the policies included in table 4 are connected to all aspects of practice collectively.

The policies that were reviewed were all operational policies that were linked to the practice of staff in their daily role. These policies of governance aid the successful practice of staff. Policies were analysed to obtain themes that linked to the practice witnessed during observations. Where observation had highlighted an element of practice to be further investigated, the policies were reviewed with these in mind to establish connections between policy and practice. The policies are detailed as to their content and further synthesised with observational findings below.

Table 5 displays key points from the reviewed policies, and links them with episodes of observation where practice reflected the policy writing. A selection of the policies has a specific layout containing rationales, aims, key approaches and strategies. However, this is not consistent and is not determined by their origin (care or education).

Table 7 Reviewed Policies

Service	Provision	Policy
Adult care	Supported tenancies	Alcohol Policy Birtenshaw Care Services Behaviour Management Person Centred Planning
	Enrichment	Positive Risk Taking Positive activities and interaction
Children's care	Children's care home	Birtenshaw Care Services Behaviour Management Policy Birtenshaw Children's Services Permissible Sanctions Policy Education Policy Person Centred Planning Spending Time Alone with Children

Education	Schools	Autism and Behaviour Policy 2020
		Autism Policy
		Careers and ASDAN Policy 2020
		SEND Policy 2020
		Teaching and Learning Policy 2020
		Transition and Induction Policy 2020
		Personal Care Policy 2020
		Curriculum Policy 2020/21
	College	Deprivation of Liberty Safeguards Policy 2020
		Examinations and External Accreditations Policy

Table 8 Policy – Practice Links

Policy Name and Key Aspects	Policy in practice
<p><i>Birtenshaw Care Services Behaviour Management</i></p> <p>This policy details the steps to be taken in various situations where children and young people display behaviour that some may find challenging. The policy indicates the elements of practice to guide, including (but not limited to) intervention and behaviour management, promoting positive relationships, de-escalation techniques, consistent approaches and anticipating triggers.</p>	<p>Birtenshaw staff always display positive behaviour management. I had seen examples of how behaviour is managed and anticipated on various occasions. Staff know the young people well enough to anticipate triggers and behavioural changes prior to them becoming a cause for concern. An example of how Birtenshaw anticipates and caters to everyone was seen during a visit to the college. When one young man had been given some negative news at home, the college staff anticipated that this may affect his mood and behaviour throughout the day. In anticipation of this the staff arranged for a familiar member of staff to work in a separate room with the young man to lessen over-stimulation, reduce the risk of crisis behaviour and look after his mental wellbeing.</p>
<p><i>Person Centred Planning</i></p> <p>The policy details steps to be taken to ensure person centred planning from time of transition to Birtenshaw services. The policy directs to the templates for relevant paperwork and indicates the need for each service user to have the following documents completed:</p> <ul style="list-style-type: none"> • Individual initial assessment plan • Care and support plans • Personalised health plan 	<p>I viewed the various documents as each child and young person has a file with copies of these at each of the Birtenshaw provisions that they access. Staff can view these documents to familiarise themselves with the young person's needs. These are live documents that are regularly reviewed and updated.</p>
<p><i>Positive risk taking</i></p> <p>The policy provides a definition of risk, and positive risk taking. It then details the correct protocol to follow to assess and minimise risk to allow all children and young people to access all areas of life. The policy provides guidance for staff to see and assess the possible benefits of risk, and to act according to the positive risk-</p>	<p>Risk assessments are available to view in each service users personal file. The risk assessment covers most eventualities for a specific activity or situation that may be triggering for the young person. When beginning a new course of activity or an outing a new risk assessment will be completed for the group who will take part. There are details of the potential risks and benefits for each situation.</p>

Policy Name and Key Aspects	Policy in practice
<p>taking framework provided. The policy also provides details of how to report incidents</p>	
<p><i>Positive activities and interaction</i> This policy highlights the 'ordinary life' principle that Birtenshaw operate under. The policy indicates examples of positive activities both inside and outside of the home. There is also indication of a caravan holiday for the young people each year, and Duke of Edinburgh activities. The guidance in this policy states that staff are expected to support each service user at their required level maintaining a positive relationship</p>	<p>I saw evidence of this in the various provisions. The children's homes and adult supported tenancies each provide regular activities and opportunities for the young people to engage in activities outside of the home and are equipped with resources for entertainment and positive activity in the home. The education provisions each provide a wide variety of positive activities, and the enrichment service provides nothing but positive activity for its participants.</p>
<p><i>Birtenshaw Children's Services Permissible Sanctions Policy</i> This policy details the appropriate use and range of sanctions to be used with the children and young people across the Birtenshaw children's care services. The policy indicates the procedure for recording and agreeing sanctions and highlights a variety of examples of prohibited sanctions.</p>	<p>Whilst I had not seen any specific sanctions enforced, there was evidence of warning of the enforcement of sanctions. There were odd occasions during which I had seen staff warn young people when displaying undesirable behaviour, such as '<i>no spitting, spitting has finished, if you keep spitting then no iPad</i>'.</p>
<p><i>Education Policy</i> This is a care provision policy that indicates the active interest of the home staff in the children and young people's education and progression. This is taken from the children's homes regulations. With regards to adults aged 19-25, staff are to participate in reviews to determine the most appropriate provision and support any ongoing education.</p>	<p>This was evident when exploring the relationships between the staff in the schools/college and those in the homes. There is a constant interest in not only how the young person's day had been, but in the activities taken part in. There is also a continuation of working towards different targets from home to school/college and vice versa.</p>
<p><i>Autism and behaviour Policy 2020 (care)</i> This policy outlines the key approaches that the organisation takes towards autism and managing behaviours resulting from autistic traits and triggering stimuli. The policy also details the</p>	<p>I had seen evidence of multiple key approaches that are outlined within this policy. Staff are consistent in their approaches to education and care for all the young people. Evidence of the consistency in approach was seen during each observation, the</p>

Policy Name and Key Aspects	Policy in practice
<p>aims of the organisation in their provision for children and young people with autism.</p>	<p>most poignant subject is understanding the progress young people have made because of these approaches.</p>
<p><i>Autism policy (education)</i> This policy indicates the organisations principles and steps taken to ensure high quality provision for young people with autism.</p>	<p>The evident progression of pupils from the time of transition is testament to the effectiveness of Birtenshaw's approach. The experiential learning and knowledge gained by staff enables them to provide very high-quality education and care to all the young people. Examples were seen during preliminary observations on multiple occasions.</p>
<p><i>Behaviour policy (education)</i> This policy indicates the key approaches to be taken by the education staff and lists the responsibilities of staff in various job roles for the implementation of policy. Although this is not largely different to the care provision behaviour policy, examples and language is setting specific.</p>	<p>As highlighted in observational understandings, the management of behaviour is well controlled and consistent. Well established staff-young person relationships aid this as staff are able to anticipate behavioural changes.</p>
<p><i>Careers and ASDAN Policy 2020</i> This policy details the curriculum of work-related learning and externally moderated qualifications accessible to all Birtenshaw learners. The qualifications will relate to personal progress, personal and social development and employability skills. The policy details how this is achieved, delivered and assessed.</p>	<p>I saw evidence of the policy in action during multiple observation visits. The college and schools formally assess learners against the criteria for each accredited qualification. There are several external opportunities for learners to fulfil these criteria with work experience conducted in varying ways. I accompanied some learners on their work experience placement at a local riding farm as they completed various tasks and worked to achieve their personal targets alongside their curriculum targets.</p>
<p><i>SEND Policy 2020</i> The policy outlines the educational provision and broad curriculum at each key stage. At each key stage education is separated into three different pathways. The pathway that a pupil is placed on will depend upon their abilities in all areas, and their</p>	<p>This policy is evident in the everyday routine of the organisation. Teaching and management staff ensure the high quality of provision for learners working on each pathway. During observations the learning pathways were explained to me by a member of the teaching staff. Pathways are reviewed during pupil's time in the</p>

Policy Name and Key Aspects	Policy in practice
<p>prospects. The policy details each pathway and the accredited qualifications associated at each level</p>	<p>school/college to ensure progress is accounted for and the learner remains aligned with the pathway most suited to them achieving their fullest potential.</p>
<p><i>Teaching and Learning Policy 2020</i> The policy details the organisations approach to SEND education. Aims, objectives and approaches are outlined. Further detailed are learning styles and the links between learning and behaviour, and planning and progress. The policy provides information for teaching staff to consider when planning and delivering learning sessions.</p>	<p>This policy is in practice daily in both the schools and the college. The individualised approach ensures each learners personal preference is catered to and that their teaching is delivered in a manner suitable to them. A variety of teaching methods are used in each provision, and these may often differ within the same class group to allow the highest attainment from each learner.</p>
<p><i>Transition and Induction Policy 2020</i> This policy outlines the key processes undertaken when young people transition to Birtenshaw education services. The organisation believes the transition process is key to ensuring learners/pupils settle quickly with appropriate support to make progress. All of the key documents to be obtained and created are detailed within the policy and roles and responsibilities of staff are outlined. There are sample templates for each of the documents contained within the policy</p>	<p>I observed a small number of pupils during the latter stages of their transition to Birtenshaw services. The transfer of legal documentation is evident within pupil's personal files as is the creation of new documents by Birtenshaw. Documents are live documents subject to change upon the organisation learning more about the young people with regards to their likes/dislikes, learning styles, behaviour, and possible triggers.</p>
<p><i>Personal Care Policy 2020</i> This policy outlines best practice guidance for education staff providing personal care. The policy details how staff are to approach personal care and the correct documentation to be completed. The policy is in use in conjunction with the organisations safeguarding policy. The policy also outlines the guidance for completing medical procedures and providing massage for those pupils who benefit. For both situations only appropriately trained staff may provide assistance.</p>	<p>I witnessed young people be taken to have their personal care needs met. Education staff are trained and attentive in ensuring the young people's needs are met with dignity and respect. Staff complete a daily body map for the pupils to ensure there are no unexplained marks or injuries between school and home. Personal care is noted within handovers from school to home, with any concerns expressed.</p>

Policy Name and Key Aspects	Policy in practice
<p><i>Curriculum Policy 2020/21</i></p> <p>Akin to a number of other policies the policy contains a rationale behind the policy content (pertaining to the provision and improved outcomes for young people), aims of the curriculum, and how the curriculum is intended to impact the young people. As with the SEND policy the pathways of curriculum are outlined, with the addition of specific curriculum content. Roles and responsibilities of staff in delivering and monitoring curriculum are also detailed.</p>	<p>During observations I witnessed curriculum targeted at each of the different pathways. Monitoring of curriculum is consistent and reviewed regularly. Teaching staff can evidence this through both pupil's exercise books and the online recording system, SOLAR.</p>
<p><i>Deprivation of Liberty Safeguards Policy 2020 (adult care services)</i></p> <p>This policy outlines the roles and responsibilities of staff in working with other organisations to promote adults accessing services and safeguarding them from any deprivation of their liberty. The policy provides a definition of the term and details who this applies to and in what situation. The policy details how to approach obtaining Deprivation of Liberty (DoL) safeguarding authorisation and highlights the responsibility of staff for their own actions. The policy also details the accompanying legal frameworks that should be read alongside the policy to ensure best practice.</p>	<p>During no observation did I witness any DoLs issues for any young person. Nor was there any paperwork reviewed that contained information pertaining to DoL. This may be because the organisation uses all necessary means to avoid any situation where DoL is a necessary step.</p>
<p><i>Examinations and external accreditations policy</i></p> <p>Outlined within this policy is the way that the variation of examinations align with the organisations aims. The policy indicates the commitment to registration and certification, assessment, internal verification, appeal processes and identifying malpractice. Additionally, staff roles and responsibilities for the examination processes are defined.</p>	<p>During observations I observed the roles of class teachers and senior learning support assistants in ensuring that pupil/learner targets for assessment were continuously being met, along with completing the relevant documentation evidencing progress for externally verified qualifications.</p>

SYNTHESIS OF LEARNING FROM FIELDWORK

During observations I noted various situations or elements of practice that warranted further exploration. Using information from these observations facets for exploration were created. These informed the selection of company policies to be reviewed and were later compared with policy document content to assess whether practice is reinforced within policy. During the 39 observational visits, I was able to note multiple episodes of practice that were then explored further with questioning. Once documentary review began, I was able to relate sections of the policies to specific episodes of observation. By providing an overview of each of the reviewed policies it was possible to ascertain from observational field notes examples of policy in practice. Within table 8 (pg.86) links between practice and policy are made with examples of observed practice.

Area for Further Investigation

With this evidence, the areas for further investigation for the final data collection for realist evaluation were produced. Areas for further investigation were not specific to setting (i.e., school or college), however some were specific to care provision and others to education provisions. The established areas for further investigation were designed to ensure focused context, mechanism, and outcomes from the realist evaluation.

The areas for further investigation for the final phase of data collection were as follows:

- How is teaching and learning delivered and differentiated within each pathway?
- What are the qualifications available for pupils/learners to attain? How are requirements for externally accredited qualifications met, and how are these requirements merged with the organisation's approaches?
- How do staff understand and react to behavioural changes?
- To what extent does experiential learning benefit interaction between staff and young people?
- How does the approach to behaviour management affect long term outcomes for the young people?
- Does the approach to positive activity provision for young people with SEND create positive outcomes, or the access to activity itself?

- What do staff/young people believe is different at this organisation to other specialist provisions that allows them to provide continued high-quality education and care?
- What elements of unconscious practice are evident in daily routine that positively impact young people's outcomes?

These areas for further investigation were further investigated throughout the final phase of the project during recorded episodes with staff and young people.

CHAPTER SUMMARY

This chapter has provided an informative insight into the practice and policy that are evidenced throughout the focus organisation. Significant pieces of information from multiple observations are detailed. Overviews of the company policies that were subject to documentary review are provided in table 5 (pg.86) with examples from observational data that align with the policy in practice. Synthesising the data from observations and documentary review allowed me to assess the facets for exploration and establish areas for further investigation for the subsequent realist evaluation.

CHAPTER FIVE
REALIST EVALUATION

‘The whole is greater than the sum of its parts’
(Aristotle)

INTRODUCTION

Chapter five details the main findings from the realist evaluation conducted. Notable themes and subthemes are reported, supported by evidencing verbatim quotes from the data. Recurring and co-occurring themes are discussed with reference to the related context, mechanism, and outcomes. Whilst there are intricate links between themes and subthemes, each are reported separately in this chapter. Example data to depict the relationships between contexts, mechanisms and outcomes are then provided diagrammatically. The chapter is then summarised.

THEMATIC ANALYSIS

Themes and subthemes were established from the data sets for both care and education provisions. Establishing themes and subthemes as contexts, mechanisms and outcomes was complex, with many being interrelated or dependent upon one another, particularly outcomes. Concept maps revealed the complexity of data and the relationships between themes (appendices 5-6). Figure 8 depicts the themes and subthemes established during analysis.



Figure 8 Themes and Subthemes

CONTEXT THEMES AND SUBTHEMES

Organisational Ethos

Organisational Ethos refers to the ways in which the organisation worked: how policy was applied to practice, the expected practice of staff and the holistic and trauma-informed approach of the organisation. This became a theme due to the links to data that discussed these aspects either directly or indirectly. Subthemes within this area were varied, with links occurring between these themes and those derived from other themes.

The Total Communication Approach

Subthemes within the theme of *Organisational Ethos* commonly presented as contexts. This was due to the organisation itself, and its working methods, being a contextual setting. The *Total Communication Approach* presented as a subtheme from the data.

Staff spoke of understanding each individual's behaviour as means of communication, and the organisation's approach to the interpretation of these behaviours to comprehend triggers and causes. The *Total Communication Approach* is used amongst other organisations in therapies, education, and care in order to give disabled children and young people a means of communication. It is designed to ensure that staff consider all methods of communication to be equally important, including facial expressions, pictures and reference objects, gestures, sights and sounds, symbols and written language, as well as assistive communication, such as electronic aids. The organisation not only effectively implemented its communication strategy to young people utilising the *Total Communication Approach* but also used this principle to understand the outwardly displayed behaviour of the young people. This data extract indicates the detailed understanding of young people's behaviour and actions that relate to the *Total Communication Approach* as we had been discussing the staff member's reaction to a vocalisation from the young person they were supporting.

She's very much, where, you have to get to know her, to get to know everything. So, she'll just have like a little, high-pitched voice sometimes and that can be her triggering. (Alwyn – LSA)

Safe Spaces and Communication

Directly related to the *Total Communication Approach* was the organisation's use of safe spaces and communication. Within the context of this thesis the term 'safe space' has dual meaning. All buildings within the organisation were designed purposely with built-in designated (and named as such) 'safe spaces', where children and young people could go when in crisis, needing time to self-regulate, or to simply expel anxious energy, to achieve and maintain calmness for learning activities: essential given the connection between emotions and the ability to learn (Immordino-Yan & Damasio, 2007). These specific rooms were named 'safe space' as they were rooms with soft padded walls and floors to ensure physical safety of children and young people should they wish to expend anxious energy or gain sensory feedback. The name also retains positive reinforcement.

Whilst this was the literal meaning in the buildings, the term also metaphorically referred to the schools, college, enrichment services and care homes promoting positive attachments to secure bases (Bowlby, 1979). In this organisation, these safe

spaces were manifest in many forms. One safe space might be a physical location in which children and young people used designated areas to express a range of emotions that might not necessarily meet social norms, without concern of consequences. Other safe spaces could come in the form of staff, to whom children and young people might express these emotions, without staff aiming for behavioural conformity. When children and young people sought to exploit metaphorical safe spaces, staff did not seek to correct the behaviour in line with social norms. Instead, they aimed to work collaboratively with the individual to identify the underlying trigger. This method allowed staff to identify possible crisis triggers and to work to reduce reactionary behaviour, as described by the below quote from a conversation regarding staff action in response to verbal cues.

So, when she came in, she was still saying the words. So, it was like, 'home, bye'. So, obviously I looked at her and thought this is my time now to use the picture (of safe space), and she just took herself using the picture symbol of the safe space. She took herself in and now she's just having time to calm down. I reassured her that she was a good girl for listening to the instructions, and she's asked for the door to be closed. And now she's having some time to herself.
(Lee – LSA)

The Holistic Trauma-Informed Approach

The Holistic Trauma-Informed Approach of the organisation presented within the data consistently. The trauma-informed approach is now widely used and referred to in care practice and policy. The approach seeks to understand the impacts of trauma and its effects upon the individual and prevent re-traumatisation. The approach is a preferred method due to the positive nature of it, framing care as what a person needs, as opposed to what is wrong with them. Closely linked with other themes such as *The Total Communication Approach* and *Behaviour Management*, this aspect of the data explained how every individual was perceived holistically by staff. At an organisational level, the notion that each child and young person has experienced some level of trauma was filtered from policy to practice. This might, at times, be subconscious practice, but through understanding the home life background of the child or young person, and experience of previous settings (both education and care), staff were able to adapt to provide the best service possible for that individual. This is highlighted in the following quote that describes a classroom situation in which the teacher had

identified that a pupil was uncomfortable utilising their knowledge of their behaviour and their previous trauma:

The look means that there's something wrong. But just through getting used to him. So, before I used to have to go "is it something in the room?" You know do the process of elimination, but I twigged nothing had changed, except for you coming in the room and sitting down. So, I just went like that to come here. I said "is it Laura?" He went "Yeah. I've forgotten what she does".

So, because he's had so many social workers, and his instant, erm so his in-sort of instant panic, anybody, it's they're gonna make me live with my mum, they're gonna change things. (Lawrence - Teacher)

In addition, as a further sub-theme of the *Holistic and Trauma Informed Approach*, it was noted that *Policy in Practice* was evident. Staff were seen to be appraising their own actions with a focus on accountability. This was evident in the data from multiple interviews, and is described by this quote from a conversation regarding reflective practice:

Work out where we went wrong, what we could've done better, and where we can better our day-to-day or how we handle situations going forward. (Leo – Teacher)

The staff response to crisis situations consistently showed their understanding of accountability, something that the organisation instilled through policy (indicated in the Autism Policy and Quality Assurance Policy) and practice (inclusive in staff training). The knowledge developed over time spent with the children and young people allowed staff to further understand triggers and avoid them, or even work to reduce them. However, regardless of triggers or stimuli, staff were vigilant in assessing their role in managing escalation of behaviour that some may find challenging. Whilst this closely related to other themes that served as mechanisms, the very essence of the staff practice championed by the organisation was contextual.

Focus on the Individual

The theme *Focus on the Individual* was also established as being a context. Whilst its sub-themes presented as mechanisms, the theme itself was seen to be a context of the organisation. The *Focus on the Individual* was evident at an organisational level and was well evidenced throughout different levels of staffing, remaining at the

forefront of each service. Whilst discussing the changes to school curriculum, this was indicated as the central question guiding the personalisation of learning for each individual:

What does this child need to succeed? (Karl - Head of Service)

The *Focus on the Individual*, although not a concept unique to adoption by the organisation in this study, was managed effectively and implemented using a person-centred approach. Previous research has indicated that the person-centred approach is weak in its method (Ratti *et al.*, 2016) with reference to its original application in the health and social care sector. Following the education policy changes in the UK in the Children and Families Act 2014 and the SEND Code of Practice (DfE 2015), the notion that the person-centred approach, more specifically person-centred planning, should be utilised especially in relation to SEND has been widely upheld. Previous evidence suggests that the use of person-centred planning is applied well to transition periods (Gray & Woods, 2022), yet practitioners appeared to evidence this consistently throughout the time of a child or young person accessing education and care provision. With SEND policy change came the requirement to increase inclusion of the pupil voice. Whilst the process of EHCP reviews includes this now across SEND education, there is a lack of evidence indicating how effectively SEND education providers take consistent, small, and measurable steps to enable pupils to meet their goals (Clarry, Wood & Long, 2022). Evidence for this was highlighted in the data from multiple conversation with senior staff particularly regarding educational personalisation.

Post-16 is completely individualised. Every child's got a completely individual timetable. (Karl – Service Manager)

We also do focus on the EHCP outcomes. The long-term outcomes, and we break those down termly to individual learning plans. So, they have around three targets: a term that they'll work towards and that is more on their independence, communication, behaviour, things like that. And for me it's those termly targets that really make those big steps in developing them as a person. (Annabelle – Service Deputy Manager)

Those long-term aspirations, that is the absolute key focus. (Karl – Service Manager)

Person-Focused Knowledge

Closely related as a subtheme of *Focus on the Individual* was *Person-Focused Knowledge*. The complexity of the data means that *Person-Focused Knowledge* can be seen as both a context and a mechanism. *Person-Focused Knowledge* is dependent upon other mechanisms at times; however, the organisation's driven *Focus on the Individual* is contextual.

MECHANISM THEMES AND SUBTHEMES

Multiple themes presented as important mechanisms in achieving positive outcomes for the children and young people, with intricate links between many of the themes.

Time

The theme *Time* was seen as an imperative mechanism as, during both preliminary observations and the realist evaluation data collection, staff consistently spoke of experience, both with and of the young people. Across each provision data showed that time was an important concept. Whilst this could be the additional processing time, dedicated learning time, time dedicated to social and emotional wellbeing, and time given directly to sensory needs, it was more than just lapsed chronological time. The notion that the resources provided were precisely allocated to achieve the best outcomes for young people is indicated. The one-to-one time afforded by this staff ratio (one staff member per one pupil) was central to the organisation's achievements. This staff ratio appeared to be an enabling factor for many of the other mechanisms seen to be in place in the organisation. Discussing how teachers are able to individualise learning, and understand the needs of their pupils, one teacher described the process referring to time in its purest temporal form.

So, Haley, I know I can push Hayley far more than I can push some of the others. I know that, so I do. Because she's capable of it. Whereas there's a lot of things I wouldn't as the likes of Mary to do but I can ask Hayley to do because I know where their limits are. And I think it's just that, yeah... Spending the time with them and sort of reading what they're telling me whether that's verbally whether that's body language, whether that's where they are, whether they're regulated or not, and being able to pull that information into a ball of knowledge. (Leo – Teacher)

Consistency

A subtheme of *Time* was *Consistency*. *Consistency* was identified as a subtheme as data indicated the importance of consistent approaches. Whilst the organisation made positive changes on large scales, at a personal level the understanding that consistency is often one of the most important aspects of the young person's life was abundantly evident. This is not to say that the organisation adopted a single approach for certain young people and was reluctant to change. Rather, there were small elements of a young person's day when they benefited from consistency, whether this was the staff with whom they were interacting, the journey to their provision (school, college, or enrichment) or simply the terminology used in conversation with them. Despite the complexity of the claim, consistency can also lead to and aid positive change. The following data extract describes an example of staff understanding of the effects of consistency on the young people. This originated from a conversation regarding a change of language during a teaching session.

I said "No it needs to be on the left. The day needs to start on the left, not in the middle. And she said "what?". And I said, "Put your Zachary head on, your autistic head on. You start at the left, and you work across, and you finish at the right". Now it's only a little thing but if morning routine, touch screen, reading was in the middle, he'd be like "well what's happened with all that time?" But you wouldn't think about it unless you knew how regimented or routine that the kids were. (Lawrence – Teacher)

Persistence

Closely linked to *Consistency*, and also under the theme of *Time*, was the subtheme *Persistence*. *Persistence* served as a mechanism that led to outcomes. The persistence of staff in giving time and attention to one individual, the persistence of staff in understanding an aspect of behaviour, and in striving for positive achievements for the young people, were all evident within the data. Staff were persistent in working to create in-depth knowledge of each individual young person. In creating this knowledge staff were more able to help the children and young people academically, physically, socially, and emotionally. Discussing the concept of behaviour as communication being effectively understood, the implicit concept of persistence was evident in the approach as detailed here:

You know, we talk about what's the function of the behaviour rather than - forget everything else. What's the function of this? They're getting something from doing this, whether it's communication, its sensory, you know whether they're upset, they're in pain. There's always a reason for a behaviour, so let's get to the bottom of that. (Annabelle – Service deputy manager)

Instant Reset

Another key factor witnessed during observations and discussed in the realist evaluation data, was a notion that through this study has been termed *Instant Reset*. This refers to the small amount of time and attention given to negative situations. If a child or young person begins to display behaviour that some may find challenging, staff assist the young person to regulate their mood. In other organisations or settings, behaviour that may be challenging to staff may be met with delayed consequences (such as removed break times or choice activities, or perhaps after-school detentions) that take place sometime after the event. In contrast, the approach made explicit during this study was that such behaviour is a means of communication, and the underlying issues should be addressed immediately. Returning to the situation with delayed consequences would prolong the trauma of the situation. This practice is a subtheme of both *Consistency* and *Persistence* due to the necessity of these elements to create the ability to reset instantly following incidents.

Yeah, so the, well the plan is for the provider, for them to come over here. And obviously see Rowan in his own environment like for good few weeks. And, you know, see what it's like on activities going out in the community. And see what he's like in the home, how independent he is. You know what he can and can't do for himself and his communication really because he is, he does use, he is verbal, but it's limited verbal speech. So, and sometimes it's difficult to understand what he's saying. If you don't know him. So, I think it's the staff getting to getting to know him really erm. And obviously the staff here are really experienced with Rowan because they've worked with him a long time so they would you know any questions that the new staff have got they'll be able to answer them and you know they've worked with Rowan when he was, quite challenging and aggressive. (Rebecca – Service manager)

Reflective and Reflexive Practice

Reflective practice has long been discussed with reference to teaching and education (e.g., Sergiovanni, 1987; Clift, Houston & Pugach, 1990; Van Manen, 1995). It has also become an integral part of teacher training and evidenced as beneficial in enabling higher standards of teaching (Pang, 2022). Reflective practice involves the notion of looking back over personal action and assessing potential areas for improvement. Conversely, reflexive practice has more recently become an increasingly referenced point in teaching (Ergas, 2019). Reflexivity refers to the ability of teachers to act and change practice 'in the moment'.

Staff displayed both reflective and reflexive practice each which was often conscious, learnt practice that stemmed from the organisational ethos:

Like going back and reviewing things. So, when there has been an incident, being able to go back and evaluate it. (Leo – Teacher)

During documentary review the high level of expected practice was apparent. From review of the data, translation of this aspect of policy seemed evident. The whistle blowing policy was available to view by both the education and care provisions, and staff were supported to report any practice deemed unacceptable or detrimental to the young people accessing these services.

This subtheme was linked closely to the subtheme of *Policy in Practice* relating to staff accountability. However, here, *Reflective and Reflexive Practice* served as a mechanism in creating improved outcomes for children and young people.

Relationships

A closely linked mechanism that worked in conjunction with *Reflective and Reflexive Practice* was the theme *Relationships*. *Relationships* was an imperative mechanism in ensuring positive outcomes for the children and young people. Staff worked hard using reflection, in particular, to develop positive relationships with the children and young people with whom they worked. For some of the children and young people with severe disability and a high level of need this could be complex. The mechanisms of *Persistence* and *Consistency* worked to assist in development of relationships, indicated during a conversation regarding behaviour and focus on the individual:

Staff get to know the people that they work with so well, like, it's you surprise yourself. You know it's a look on the face. It's a glint in their eye, and you know

something isn't right because you worked so closely with them. (Annabelle – Service Deputy Manager)

The positive relationships that were developed directly influenced each of the positive outcomes for the children and young people. Working closely with quality staff who understand them aids all forms of outcomes that they go on to achieve.

Behaviour-Management

Behaviour-management relied upon the quality relationships developed between staff and young people. The understanding that was created enabled positive behaviour-management strategies that reduced instances of crisis situations. Utilising the *Total Communication Approach*, staff were able to reduce the number of behavioural interventions that became necessary. The relationships that were developed enabled staff to constantly employ de-escalation techniques throughout the day to lower the frequency of crisis situations arising from agitated or aggressive behaviour. De-escalation refers to the constant monitoring of behaviour and wellbeing, employing various verbal and non-verbal techniques to avoid negative situations that include aggressive or agitated behaviour. Whilst factors influencing the implementation of behaviour-management strategies might appear simplistic; small, simple elements are often overlooked. Something as simple as how well the child or young person had slept, or what they wanted to wear that day, was indicated by a staff member as could have a marked impact on their mood and behaviour that day:

It could be something as simple as they get up in a morning and their favourite top is in the washing machine. You know that's how simple it could be. (Jack – Support Worker)

During the forming of relationships and the acquisition of experiential learning by staff, the required knowledge was developed to assist in de-escalation techniques specific to each individual child or young person. The *Focus on the Individual* was also interrelated with this theme. The two themes related as each individual's behaviour was managed according to their norms, their triggers, and their routines. The person-centred approach to behaviour allowed children and young people to establish rules and norms whilst still being able to express themselves fully in any way they chose.

Choice

The element of choice in both education and care was a theme linked to *Focus on the Individual*. *Choice*, like *Time*, appeared in various forms. Children and young people were afforded choice with regards to their education activities, leisure activities, work experience activities and planning that related to them directly. When children and young people were more able, they were also encouraged to have choice in their behaviour-management plan. The following extract from the data occurred whilst discussing the specific approach used with one pupil regarding learning to self-regulate aggressive behaviour:

We've called it a behaviour agreement where we've basically said 'right what do you want us to do? When you're in this state, what do you want us to do?' And we've typed it up, erm and we agreed it together. (Lawrence – Teacher)

Involving the children and young people who had the capacity to participate in their own behaviour-management taught them self-regulation and reflection. Lower-ability children and young people, or those with less capacity still showed evidence of being able to self-regulate some behaviour changes following intervention. Utilising the previously reported mechanisms in a cohesive way brought about positive behaviour outcomes in various forms for the children and young people accessing the organisation's services. *Relationships* and the *Total Communication Approach* were key factors in behaviour-management, particularly with those who did not communicate verbally. The understanding developed by staff of the young people with whom they were working enhanced their ability to assist the young people to develop self-regulation techniques and reduce reactions to triggers. This understanding was evidenced during a conversation with a learning support assistant as I discussed her reaction to verbalisations and specific movements of a young person, and how the young person had learnt to use the PECS symbol to indicate her needs:

She just took herself using the picture symbol of the safe space. She took herself in, and now she's just having time to calm down. I reassured her that she was a good girl for listening to the instructions, and she's asked for the door to be closed. And now she's having some time to herself. (Lee - Learning Support Assistant)

Creative Teaching and Learning – Broad Curriculum

The interrelation of several key mechanisms was evident in the organisation's approach to teaching and learning. The *Broad Curriculum* that was offered enhanced academic, social, and general life skills. There was a multitude of opportunities for children and young people to engage in activities that benefitted at least one of these skills at any given time. For school pupils, life skills were interwoven into the curriculum at key points during the day. These might include smaller tasks such as understanding the need to tidy their lunch trays away, understanding how and when to wash their hands, or even the understanding of their bodily functions to promote independence with toileting. They might also be more significant tasks such as contributing to the preparation of meals, taking up small work experience-related tasks organised in conjunction with other services, or (for older pupils) working towards employability skills and understanding their social benefit entitlements. For college pupils, the focus on employability was key. For those who were able, paid employment placements were sought that related to the pupil's interests. For young people who were not expected to have the level of independence to enable them to work in either paid or voluntary employment, there was a focus on meaningful activity. This involved accessing activities that they enjoyed and that would give them some sense of purpose and achievement. For instance, those who were animal lovers were encouraged to access the animal small holding at the college site to care for the animals. These learning activities, especially those that focused on life skills, were often continued within care settings. The staff in children's homes, adult supported tenancies and the enrichment service continued to work in conjunction with the schools and college to ensure continuity of learning in different environments. From a conversation regarding the handover and reporting methods utilised, and how they might impact outcomes, the following quote was extracted that indicated the transfer of knowledge of the individual between staff for the positive impact on young people's outcomes:

I think we fall onto each other really well, no matter the department, whether it's school, care, wherever, you know. (Annabelle – Service Manager)

OUTCOME THEMES AND SUBTHEMES

Themes that presented as outcomes were logically all related to the outcomes for children and young people that the organisation helped them to achieve. The reported

mechanisms each had a role in ensuring the positive outcomes seen in observation and interview data.

Behavioural Outcomes

Using several of the mechanisms reported staff worked to improve behavioural outcomes for the children and young people. Although the organisation was more understanding of behaviour that some may find challenging, they worked to assist children and young people to reduce the number of aggressive or agitated behaviours that were displayed for the young person's benefit. The total communication approach allowed staff to work with the children and young people to help them to understand better their own needs and how to communicate them. Over time, this led to a change in displayed behaviour and enhanced communication of needs from young people.

Enhanced self-regulation was central to outcomes in this field. Staff also worked with the children and young people to achieve reduced reactions to triggers. Through various mediums such as graduated exposure, staff helped them to understand their triggers and to reduce the frequency and/or extremity of reaction. This data extract highlights the use of graduated exposure to aid self-regulation. Discussing why the young person was not yet engaging in the offered activity, the support staff indicated the impact of the young person's adherence to routine, and explained their actions in a situation where the usual routine had been negatively impacted:

We've got a 'now and next' board, and 'later' chart as well. But at the moment she wants me to put drive on it, and because I can't offer the drive, I've left it blank and told her that once Harry comes back, we'll discuss it. (Lorraine – Support Worker)

Academic Outcomes

Whilst positive academic outcomes in other provisions are gauged only by exam results, within special education provisions there was much more to academic success. There were still formal exams and qualifications gained by the young people attending the organisations provisions, yet there was a wider range of these available than in mainstream settings. The school uses ASDAN curriculum (specialised curriculum for children and young people with SEND) to guide student learning, however the approach is more person-focused, aiming to equip young people with a

variety of life skills. Conversations regarding the curriculum, and varied assessment methods indicated the organisations approach to academic outcomes:

We're not teaching them to get the qualification. We're using ASDAN as a curriculum, if you like, because it's so broad and balanced, and it covers loads of different areas for the preparation for adulthood outcomes.... But as a by-product of them learning in school they may achieve an ASDAN qualification, but our outcome is not to achieve an ASDAN qualification. It's to prepare them for life after Birtenshaw. (Karl – Head of service)

The provision of a range of work experience activities enhanced the variety of qualifications gained by the young people. The young people had access to work experience placements that related to their interests, which increased their engagement. The varying qualifications to which young people had access promoted the ability to gain formal and meaningful qualifications that they could utilise in the future.

Where the young person's needs were of a level that presented barriers to them obtaining paid or voluntary work, work experience was focused less on gaining employment. In this instance, there was a focus on meaningful activity: activity that the young people could enjoy and from which they could also gain some life skills.

Social and Emotional Outcomes

Like the behavioural regulation learnt through behaviour management, many young people were able to have improved social and emotional outcomes as they developed the skills to regulate some of the emotions they experienced. Staff reported in many cases that young people had developed relationships not only with staff, but with their peers. This was reportedly something that many young people had problems with at previous settings. During observations and interviews, peer relationships were evident between young people of varying ability. Witnessing young people of so many different levels of ability find mutual communication methods to understand each other was testament to the supportive and nurturing environment they were in, as well as their own developmental achievement. During one instance of data collection, the class teacher had organised for me to conduct a circle time activity in order to gain data from the pupils, discussing their perceived changes since their move to the host

organisation's school, one pupil told me:

At my old school, I, I used to be bullied a lot and I would be, I would have, I would get made fun out of me because I was autistic. People would make fun of me. And because I was autistic and the kids knew at my old school, so I used to lash out at people at my old school. And since I've come into this school, I've not done that.....This school has really helped me. And everybody in this school has really helped me come from the kid I used to be to a really brand-new kid. (John – School pupil)

The approach used with access to outings, work experience variety and real-world learning, enabled many young people to feel they have established a meaningful place in society.

Life Skills

A key outcome that staff focused on was life skills. Staff adapted the life skills dependent upon the level of need to enable the children and young people to reach their full potential in gaining independence. For some of the young people this could be smaller daily tasks such as assisting in their own personal care, or the ability to communicate their needs to staff and/or family. For others, greater independence was possible, and the organisation focused on skills for employment, independent living skills and benefit-management.

The organisation incorporated life skills into the curriculum for formal sessions, but support staff also worked to encourage life skills throughout the day in each of the different settings.

Improved communication skills were a frequent positive outcome that was seen amongst many of the children and young people. Some young people were able to increase their verbal ability and communicate with peers and supporting adults in a more confident way. This extract from a conversation regarding the improved life skills outcome for one individual illustrates this point:

Like even, whatever they are teaching him at home, he seems to pick it up quicker and just be more verbal. Because when he started, it was also like, we didn't understand him as well of course, we learnt to know him. But his

communication's just, comparing to when he started, it's just blowing everybody's mind. (Ulrika – LSA)

Other young people who were non-verbal developed their own tailored ways of communicating. Verbal speech was supported with sign by staff and a number of the young people were able to learn to sign efficiently to aid their communication. Where this was not a skill that some young people could master, staff assisted the young people to develop communication skills in a variety of ways. This ranged from electronic AAC devices to symbols and picture exchange systems (PECS). Children and young people were encouraged to develop their own personal communication style that they were capable of using independently in other environments. I discussed the impact of some smaller and more inconsequential actions relating to life skills with a service manager, and the fact that some of these skills weren't taught in mainstream:

I know that the service we provide is outstanding, because the changes that we make to pupils and their families lives is amazing. You know they learn to manage their own behaviour. They form relationships with peers, which they've never done before. They're doing things that the families never dreamed that they would do. (Annabelle – Service manager)

CHAPTER SUMMARY

This chapter detailed the thematically analysed data from which several key themes and subthemes were identified. Themes and subthemes were categorised as contexts, mechanisms, or outcomes and reported. Evidence from the data was presented to support the categorised themes and subthemes. The most imperative themes and subthemes were those that presented as mechanisms such as *Time*. The reason for the importance of these themes is that they are the key working principles and approaches that enable the best possible outcomes. The evidence presented indicates key findings to be discussed and conceptualised in further chapters.

CHAPTER SIX

DISCUSSION

“Discussion and argument are essential parts of science; the greatest talent is the ability to strip a theory until the simple basic idea emerges.”
(Albert Einstein)

INTRODUCTION

This chapter provides an in-depth discussion of the research findings, using four case studies to demonstrate the unique ways in which the organisation meets the needs of its pupils/residents. These four young people were chosen to reflect the different services. Two male and two female participants were chosen to be the focus of these case studies, all of varied ages from eight to twenty-two. The young people were chosen based on their access to the different services. Original contributions are discussed along with implications of the research. The chapter is then summarised.

DISCUSSION

This study has proffered a systematic elaboration of practice that occurs, but is not always obviously seen, or conscious to staff. Through observation and realist analysis, an understanding of the complexity of efficacious practice has been concluded. The focus upon what might be deemed mundane, or inconsequential elements of practice highlighted just how integral these elements were. Previous research has indicated the importance of the often-invisible elements of care, highlighting the impact on both staff and young people (Foster & Smedley, 2019). Considering the established mechanism *Time*, the complexity of time in this context is apparent. Appreciating the intangible details was the foundation of this research. Whilst common sense would offer that all things take time, this only refers to time in its chronological sense. *Time* is a complex and imperative mechanism that is intrinsically linked with other mechanisms.

Jürges and Khanam (2019) indicate the importance of allocating time to educational activities at home for the development of skills. The overlap of services for a number of young people accessing the focus organisation's provisions enhances the continuity of time allocated to learning activities, regardless of whether that learning is purely academic, or is related to other areas of learning (such as life skills or emotional development). This study has established that the value of time lies in the quality of the way time is utilised, as opposed to simply allowing more time to pass. The value of creating consistency and persistence in the time given to educating and caring for children and young people with SEND is explicitly associated with other mechanisms that are integral to achieving positive outcomes, such as relationships.

Considering individual cases, evidence of the imperative nature of quality time input is clear. An example of this would be the persistence of staff. The quality of the time given

during their persistence to improve outcomes for the young people has a direct effect upon the outcome. Similarly, the use of time where staff engage in reflective and reflexive practice is valuable to obtaining positive outcomes in each of the outcome domains identified (Academic, social and emotional, life skills and behavioural). Further complexity of time was evidenced during analysis. When assessing consistency and some of the individual cases this applied to, pace was clearly indicated as a factor. Where necessary, consistent change is made at a pace that suits the young person and their level of need. Previous research has evidenced the complexity of time in care settings, and the value of understanding the need to maximise efficiency in order to best utilise time (Katzman, Kinsella & Polzer, 2020). This previous research links to the findings of this study when developing an understanding of the complexity of time as a mechanism, and its many elements.

Reflecting on the mechanism *Relationships*, the development of relationships is reliant not only upon time, but other factors of staff practice and personal attributes of staff. Although the concept of attunement is historically applied to the mother-infant relationship (Bornstein, 2013, Winnicott, 1960), the concept is far from lost in the setting of special education and care. Staff attunement to the needs of the young people mirrored that of a maternal relationship. The understanding of non-verbal cues and behavioural changes develops through the mechanism of time in its complex form as indicated above. Yet context of the setting, and the staff practice allowed for the development of a maternal-like relationship, with non-familial care givers. With reference to Winnicott's (1960) description of this understanding of the child's needs and putting oneself into the position of the child; this was also evident in staff practice. In discussion with a teacher, they described a situation in which they had been in conversation with another staff member and had advised:

Put your Zane head on. (Lawrence – Teacher)

This quote indicates a prime example of how this understanding was evident: the ability to think themselves into the situation of the child or young person who may not be able to communicate their needs well verbally. This ability was an indicator of the level of care, and relationship development experienced between staff and young people.

During the earlier stages of this study, observations and documentary review unearthed a plethora of information that not only guided the latter stages but provided stand-alone new and valuable views. Some of these were later established as contexts in the realist analysis of services, and others were extensions and/or examples of the importance of the context. The environmental structure and security offered in the setting was an example. The settings are safe and familiar, with multiple elements of support built in, that then become normality to staff and young people. For example, the use of PECS and symbols. Staff carry a selection of PECS symbols to assist young people who are minimally- or non-verbal. These young people are aware that this is commonplace and know that they are able to simply point out symbols to make requests. Similarly, staff are able to use the symbols quickly and efficiently in situations where behaviours might be subject to change such as in response to triggers. Staff can offer the symbol for safe space for example, when a young person may not be able to divide their attention to respond to verbal prompts and communication. Whilst this is a small element of practice, the enormity of its effects is visible when assessing the mechanisms in place. Staff using seemingly everyday aspects of care to speak to aspects of young people's more fundamental underlying needs that 'as yet have no words' (Alvarez 1999).

CASE STUDIES

Case Study One – Bradley

Bradley's journey with the focus organisation began when he was enrolled with the school and progressed with him later accessing four of the services: adult supported tenancy, the college, the enrichment service and the gym service. Bradley has specific support needs arising from his diagnosis of autism. In order to access the school, he moved into one of the children's homes maintained by the organisation and had lived supported by the organisation since then. During this study, Bradley attended the college, as well as living in one of the adult supported tenancies and attending enrichment sessions, all provided by the focus organisation. Staffing recommendations from previous settings were of a high ratio as they often are when young people first arrive at the focus organisation's services. This is often because of the fear of behaviour escalations that may challenge staff. However, the focus organisation had been able to reduce this to a two-to-one ratio, and this had remained the case throughout his time accessing the various services provided by the organisation.

The context theme *Focus on the Individual* was a key factor in Bradley's story. The effective implementation of a person-centred approach because of company policy in practice was the unique contextual setting. Staff across the organisation worked to understand the young people on a personal level to provide the best care and education possible, tailoring each to the individual's needs. Bradley accessed three different services on a regular basis, and each had their own copies of documents detailing each of his targets, his preferences, support needs, fears/triggers and his frequent behavioural tendencies. The documents were tailored to each of the settings (i.e., College – education, adult supported tenancy – home, and enrichment – leisure) with reference to the activities undertaken at that setting and how that setting assisted Bradley to meet his personal targets. This could be understood as an example of how knowing the young person in depth acts as a risk reduction strategy, through provision of relational safety and security for the young person.

An imperative mechanism enabling the reduction in staffing ratio was *Time*. *Time* given on a two-to-one basis (staff to young person) had allowed Bradley to access another mechanism; relationships. *Relationships* with staff were an integral part of Bradley's progress, as he needed familiarity to work well and remain calm. In addition to time in its chronological sense and the distribution of time from staff to young people, the mechanism theme *Consistency* was vital in Bradley's journey. He had transitioned from children's services to adult's services and had maintained access to complementary services such as the gym. Whilst *Consistency* was given in terms of staff whom Bradley worked well with and were familiar with him, *Consistency* was also given in terms of working towards change. Whilst observing Bradley staff stated that the work they had done on introducing change (slowly and consistently) had been effective. For example, Bradley's fear of specific noises and animals was for a long time a trigger for behavioural changes often resulting in crisis. Steady exposure to these specific triggers for small periods of time and carefully controlled by staff had led to the development of understanding that they are not a threat to him. Bradley was then able to frequent parks and other places for walks as he liked to, and although he may still become slightly agitated at the sight of his trigger animal, he could tolerate passing one in public. Staff remained calm and reassuring each time he encountered the animal in the community, and also provided positive praise to Bradley for being able to regulate his behaviour during the encounter. These outcomes and findings also indicate that pace may be a further element associated with time.

Reflective and reflexive practice had positively impacted Bradley’s progress with the focus organisation. The constant reflection of practice, information sharing and understanding of Bradley’s needs had led to improved cohesive working between services. This links with the consistency of staff practice. Together these mechanisms had assisted positive outcomes for Bradleys in several areas.

Bradley had successfully achieved a social and emotional outcome of reduced reactions to some triggers. The life skills focus from the various services had helped Bradley with consistent and progressive exposure to triggers, accompanied by communication in a way Bradley could understand that the trigger was not a threat. Together these mechanisms of practice had resulted in reduced reactions to some triggers and increased self-regulation in some situations. The importance of these outcomes lies in the ability to be part of the wider community with more ease and comfort than he had felt previously. This would impact Bradley’s quality of life as he aged. Given that Bradley’s high level of need meant that he would not live or work independently, his ability to enjoy being out in the community would be important for his physical and mental wellbeing. Development of the capacity for self-regulation in childhood and adolescence can predict achievement, interpersonal behaviour, mental health, and healthy living in later life (Robson et al, 2020)

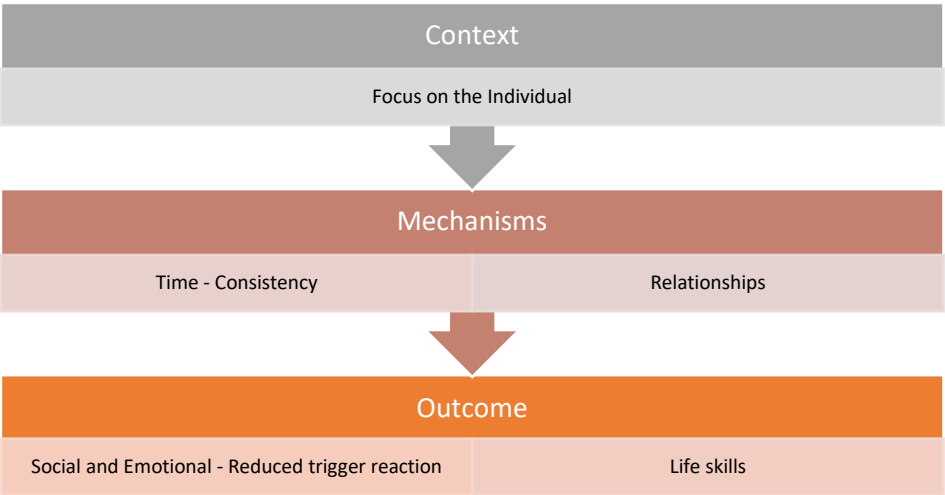


Figure 9 Contexts, mechanisms, and outcomes - Bradley

Case Study Two – Sherry

Sherry’s journey with the college began during adolescence as her placement with another special education provider in a different local authority ended. In addition,

Sherry was given a place in one of the children's homes initially, then transitioned to adult supported tenancy once of age. Again, as with all of the young people accessing the focus organisations services, *Time* was an influential mechanism in her progress. Sherry's transfer to the focus organisation's services and her personal situation necessitated *Time* in its chronological sense in order to build trust. With the subtheme mechanism of *Persistence* from staff, this fed into the mechanism *Relationships*. The building of trust and relationships were results of staff *Persistence* and chronological *Time* committed to understanding Sherry and her needs.

Applying these mechanisms in the unique context of the organisation, particularly under the over-arching theme *Organisational Ethos*, the theme of the *Trauma Informed Holistic Approach* was an impacting context. The staff working with Sherry at each of the services understood her personal situation and past family trauma. They were also aware of the effects this would have upon her specific support needs. The *Trauma Informed Holistic Approach* impacted the support provided from both care and education provisions, with staff sharing information between not only the company provisions, but other service providers to enable Sherry to progress and develop life skills and emotional regulation. Sherry was assisted in positive social and emotional outcomes and had progressed academically and with skills for living. Sherry was supported to complete work experience in an area she enjoyed, gaining work skills and other academic qualifications through her time at the college.

Sherry's outcomes were evidenced in her work experience record and academic progress, with staff able to evidence not only her progress up until that point, but her potential to make further progress and achieved funding for additional time at the college placement. These outcomes had the utmost importance in enhancing Sherry's quality of life. Personally meaningful activity has been evidenced to improve quality of meaning and positive mood (Hooker, Masters, Vagnini & Rush, 2020).

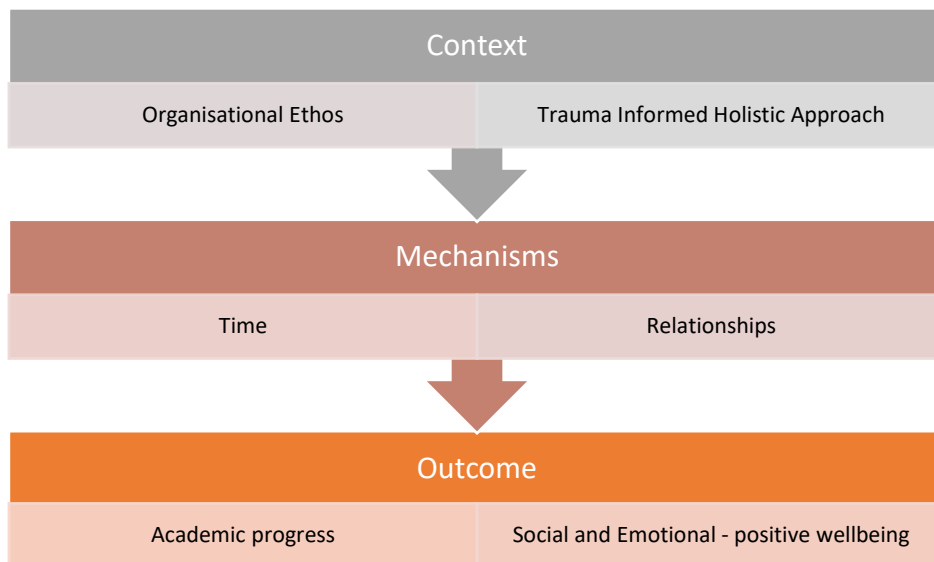


Figure 10 Contexts, mechanisms, and outcomes - Sherry

Case Study Three – Peter

At the time of the study Peter accessed the school provision but not care services. Peter had come to the school following failed placement with another provider in his local authority. Initially Peter, like all children, required some *Time* in its chronological sense to adjust to the new setting and routine. He received one-to-one attention from staff who got to know him and came to understand his specific support needs. The contextual theme the *Total Communication Approach* was evidenced with Peter and was implemented from his transition date. This along with the *Trauma Informed Holistic Approach* enabled staff to understand Peter and his exhibited behaviours. Peter had a tendency to display aggressive behaviour, and often exhibited risk taking behaviour to put himself in harm's way. Staff were aware of his family background and his early childhood experience due to documentation and the passing of information between the organisation and other services, as well as family information sharing. Under the theme *Time*, the subtheme *Persistence* was an influential factor in Peter's story. Staff *Persistence* with developing understanding of Peter and his support needs in a person-centred way, allowed the development of *Relationships*. Due to attachment issues the development of relationships and trust was difficult for Peter but of vital importance to positive outcomes. *Time* and *Persistence* enabled staff to develop a bond with Peter that resulted in his trust. Following this development of trust, Peter began to engage in academic activities along with social activities. He also developed positive peer relationships and was able to partake in group work as well as work independently with the support of his staff. Although Peter had made academic progress, the mere engagement in academic activity was progress alone. At his previous placement, Peter

had spent lots of time out of the classroom, or on multiple occasions, locked inside one as the rest of the class were removed as a result of his aggressive behaviour. Peter was able to spend more time in the classroom or education environment and enjoyed his schooling more. He played an active part and was given choice in how to regulate and deescalate his own behaviour having written his own behaviour contract collaboratively with staff. Having choice in his own behaviour management aided positive social and emotional outcomes.

The positive outcomes in these areas were not only beneficial to Peter at that time. These improvements would hopefully serve to improve his outcomes in later life. The impact of choice and developing understanding of his behaviour and actions would be positive during the remainder of his time in academia, but also his transition to adulthood. Facing the transition out of childhood care, there is an expectation for young adults to be able to support themselves (Agnihotri, Park, Jones, Goodman & Patel, 2022). The skills learnt during his time in the focus setting should serve as the basis for further development as an adult as his support may lessen.

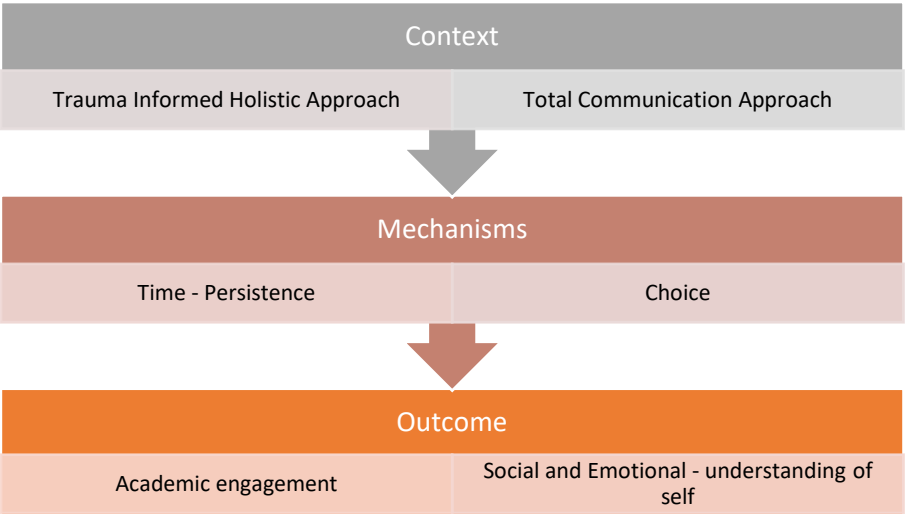


Figure 11 Contexts, mechanisms, and outcomes - Peter

Case Study Four – Tessa

Tessa’s journey began with a school placement. Due to her distance from the school, she was also provided with a place in one the organisation’s children’s homes. Since then, staff had worked to meet her specific support needs in the context of the person-centred approach. The organisation had worked alongside other services (health services and children’s social services) to monitor Tessa’s health conditions and

maintain relationships with family as they were not able to have frequent contact in person. As Tessa approached adulthood, the organisation's services worked cohesively sharing information to increase her skills for living. Although Tessa would never be able to live independently, the organisation had worked to equip her with independence skills to the highest level she was able to achieve and continued to do so. The context of the *Total Communication Approach* was also evident in Tessa's story. Tessa was able to communicate verbally on a minimal basis and staff relied on facial expressions, body language and behavioural changes to understand her communication. They had utilised the mechanism of *Time*, specifically *Consistency* and *Persistence* to assist Tessa to achieve her positive outcomes. Tessa had developed improved independence skills such as assisting staff with her own personal care and communicating her personal needs to staff. Tessa had also developed positive behavioural outcomes and was able to self-regulate on a more regular basis. With minimal prompts Tessa would take herself to safe space to remove herself from triggers and take time to regulate her mood and remain less agitated. The mechanism of *Relationships* also played a positive part in Tessa's development. Tessa had formed positive relationships with staff and was more open to new staff working with her, developing trust more easily than in previous years.

The development of relationships and openness to new staff was an important change for Tessa. Tessa's level of specific need meant that she would always require support both in education and in the community. The receptiveness to care and assistance would be beneficial as she continued her education and care journeys. The input of staff in this setting with Tessa was almost akin to the psychoanalytic approaches of Alvarez (2012). Alvarez cites three levels to working with children with autism or chronic disassociation: the explanatory, the descriptive, and the intense revitalising. The explanatory level refers to understanding why the child is feeling a certain way, whilst the descriptive level refers to understanding what it is they are feeling. The intense revitalising refers to the 'gaining access' to feeling for the child. The connections Tessa had been able to make despite her level of need and diagnosis of autism was important for staff to effectively care for her, educate her, and assist her in understanding her own emotions to assist self-regulation. This is particularly important for young people with autism and learning disabilities due to the increased prevalence of co-morbid mental illnesses (Totsika, Absoud, Adnams, & Emerson, 2022) as these relationships can mediate the risk of developing additional mental illnesses.

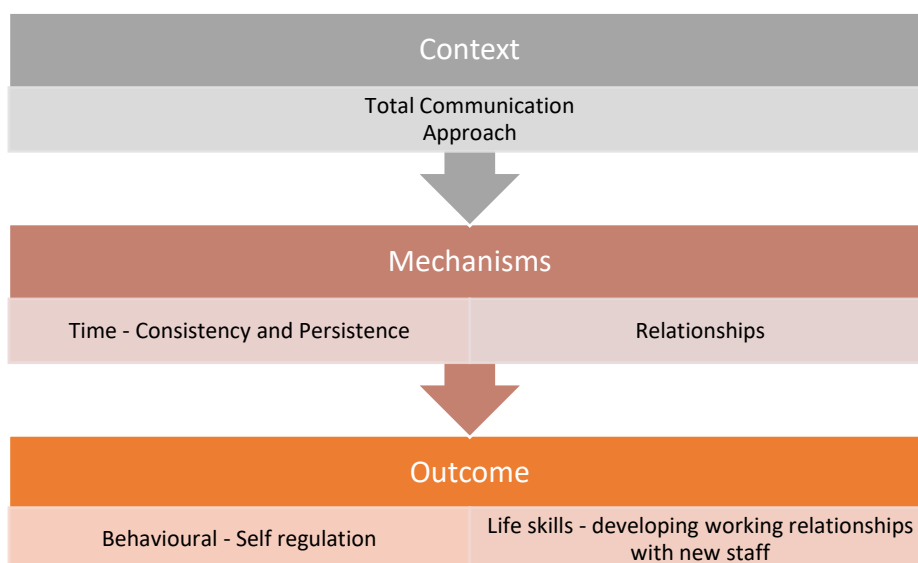


Figure 12 Contexts, mechanisms, and outcomes – Tessa

Principal Findings

The evidence obtained indicates several effective mechanisms and how they are reliant upon or linked with one another. Case study data conceptualises the themes and subthemes reported in chapter five and provides examples of how the mechanisms work and in what context. In addition, the concept maps created (appendix 5) are logicalized and explained when referring to specific case studies. A range of examples of positive outcomes are also more effectively highlighted when considering individual cases. The realist evaluation approach to analysis enabled the investigation of practice that was, at times, unconscious or subconscious to staff. Data themes established were categorised into contexts, mechanisms or outcomes and their functionality in practice evidenced. Established mechanisms were derived from data from staff interviews detailing reasons for specific elements of practice.

To further clarify the functions of the themes identified as mechanisms, figure 8 depicts examples sampled from the above case studies. The figure depicts how the mechanisms rely upon or are linked with others pictorially.

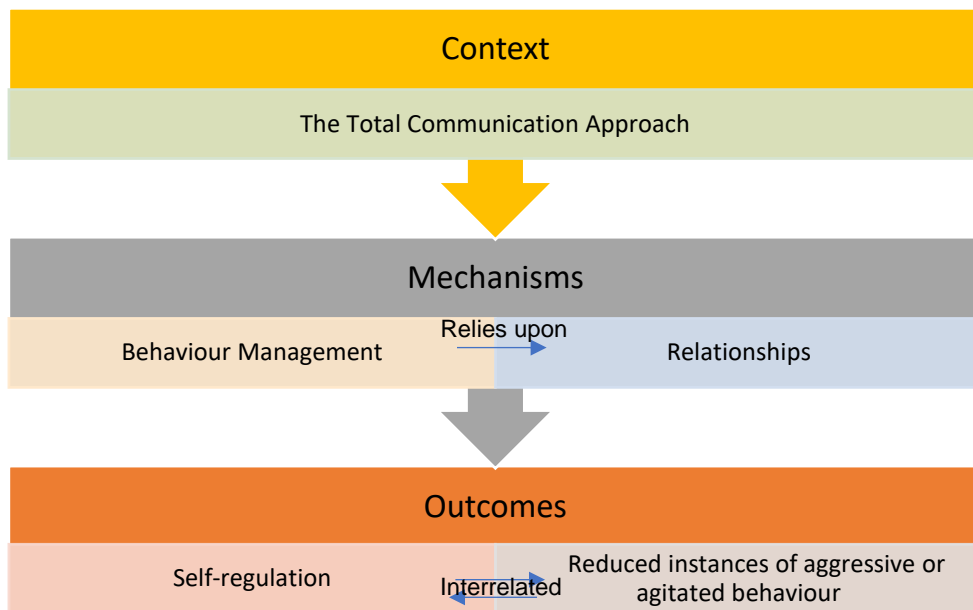


Figure 13 Context, Mechanism, Outcome Relationships

The initial stages of this study and the methods used were pertinent to the success of the subsequent stages. During the time spent conducting observations, trust and relationships were formed between myself and staff, and also young people that promoted open communication during the final data collection phase. This importance was evidenced during the thematic analysis, where relationships was identified as a mechanism. The method of researcher embedment unknowingly underpinned subsequent findings and was key to the success of the research.

The significance of the main findings of this study could have powerful impacts on the practice delivered in other organisations delivering education and care for children and young people with SEND.

SITUATING THE STUDY IN THE CONTEXT OF EXISTING KNOWLEDGE

Previous Studies

Previous research focuses on interventions provided for disabled children and young people with some studies highlighting frameworks for working methods in special education (Rees et al, 2017; Gutman et al., 2018). Although organisations had previously investigated the efficacy of implemented frameworks, the research lacked the realist approach to understanding how and what worked for whom in what context. Similarly, Stelmaszczyk (2018) reported the efficacy of a curriculum and assessment model that enhanced the individualised approach to education for children with SEND.

Despite this, there was a lack of detail into the additional elements of education such as the caring elements.

Accounting for the lack of existing literature, the aims of this study were to assess the factors essential to achieving an improved academic attainment, increased independence and fulfilment. Additionally, to understand the contextual influences and their impact on said factors, and to understand the key learning points for the focus organisation along with other providers.

This study was successful in achieving the key aims and objectives via the realist evaluation approach. The information gained from observations and documentary analyses were sufficient to infer the necessary factors to achieving improved positive outcomes for children and young people with SEND. The policies adhered to by the focus organisation specifically ensure the children and young people's quality of life is central to their working methods. Several policies detailed the ways in which staff were to approach choice activities when working with the children and young people. For example, the deprivation of liberty safeguarding (DOLS) policy. This policy details the procedure to be followed where deprivation of liberty is necessary for the health, safety and/or wellbeing of the young person. This may require the element of choice being redacted; therefore, the policy is strictly adhered to by staff when a DOLS is necessary.

Equally, during the final analysis phase of the research, the mechanisms identified in line with Pawson and Tilley's (1997) model indicated the necessary factors to achieving positive outcomes for children and young people. Additionally, the contextual factors contributing to successful mechanisms were indicated such as the *Focus on the Individual* or the *Holistic and Trauma Informed Approach*. Whilst these may not be approaches specific only to the focus organisation, the level of commitment to these contexts is evident in practice. Although the trauma informed approach was applied in other care settings such as mental health facilities prior to this study (Office for Health Improvement and Disparities, 2022), it was a much more recent addition to education settings. The devotion to implementing these contexts in everyday practice is paramount to the associated mechanisms operating successfully. These contexts inform the approaches to education and care, with no one provision applying them to any less than all areas of the child or young person's life.

Context of Findings

This study used a unique approach to understanding how education and care for children and young people with SEND can successfully provide positive outcomes. Realist evaluation has predominantly been used to evaluate medical and business intervention models, with researchers requesting more understandable methods (Dalkin, Forster, Hodgdon, Lhussier & Carr, 2021). As Dalkin *et al.* (2021) suggest is beneficial, the use of NVivo as an assistive programme to the complex analysis was used in this study to organise data. The originality of this approach to assessing education and care provision is evident assessing the lack of literature in the area. Similarly, the systematic review undertaken as a component part of this thesis highlighted that few studies have thus far included the views of both disabled children and young people, and non-familial caregivers and educators. Previous studies have lacked insight from children and young people as to what they find to be good practice, and what benefits them both at school/college, and at home. The findings from this study contribute to SEND education literature with a specific set of mechanisms that can be implemented in similar ways by other specialist provisions.

A consideration arising from the data is whether the hierarchical structure of the focus organisation contributed to the success of the established mechanisms. When considering other organisations, there are comparatively less staff tiers at the focus organisation. Mainstream and state-maintained special schools will have classroom teaching assistants ranging from levels one to four, qualified teachers, heads of departments, and senior leaderships teams consisting of assistant head teachers and head teachers. The structure within the focus organisation differed in that each classroom had a senior learning support assistant (SLSA), learning support assistants (LSAs) and a qualified teacher. The head of school or college is directly above teachers in the staff structure. This structure is also mirrored in the care provisions, with each site having senior support assistants (of which there will always be one on shift), and support assistants. The lack of hierarchical levels might assist in the delivery of practice and consistency.

A New Approach to Existing Concepts

The study has presented key concepts that enhance the provision of education and care for children and young people with SEND. An important consideration that has arisen from the research is that the concept of care, and that of education have

traditionally, and are still currently, viewed separately (DfE, 2019). During the course of this study, the idea that education and care are two separate pathways became redundant. Although the two sectors are governed by different bodies, many policies echo similar ideology. Initially, during data analysis the data were separated by the two sectors. This was soon altered to become one collated dataset due to the same nature of themes and subthemes appearing in each of the original datasets. The case studies reported earlier in this chapter evidence the continuous cross over of the two. When accessing education provisions, the elements of care were still evident. The LSAs working in the schools and college did not solely provide educational support, or only assist with academic tasks. LSAs provide personal care to many pupils, and even for those who had increased independence, less consequential elements of personal care were still provided and/or encouraged. For example, hand washing. Hand washing is often a skill or habit taught in the home by families as basic personal care. Staff in the education provisions promote independence by encouraging pupils to engage in the same basic personal care task, evidencing that the support they provide was not solely academic.

Similarly, as parents might support their child's education outside of school life, support staff working in the care provisions (children's homes/adult supported tenancies/enrichment service) also fulfilled this role. Liaising with education placements regarding the young people's personal targets, staff often incorporated these in activities around the home, in the community or during leisure activities.

In addition, medical care was well maintained across each provision, with communication being a key mechanism in upholding best practice. Each young person had their physical health maintained with the help of their personalised health plan. Where necessary, school and/or college staff would accompany the young people to medical appointments if, (i) this was deemed in the best interest of the young person and (ii) the appointment took place during school/college hours. The lack of research that reports the two concepts collectively is testament to this school of thought being a novel phenomenon for consideration in policy and practise.

Previously, accounts of educators discussing the emotional understanding required for teaching and learning have indicated the concept of new beginnings and the fear linked to them (Salzberger-Wittenberg, 1983). The diagnoses of many of the young people

accessing the focus organisation's services mean not only that they are likely to have been fearful of the new beginning, but that past experiences are behind said fear. This is linked to fear generalisation as discussed by Puddifoot and Trakas (2022). The authors state that: *'Fear generalisation occurs when a person experiences a fear response that spreads, and is triggered by items that differ, sometimes significantly, from the original object that caused the trauma and fear.'* (pg. 2, Puddifoot & Trakas, 2022).

It is therefore reasonable to assume the trauma experienced with failed placements was impactful on the placement with the focus organisation. Despite the organisation differing in both appearance and practice to other providers, the link of education and/or care could be enough to incite that same fear.

The understanding of these fears was evident in practice with the focus organisation. The trauma informed approach of the organisational ethos discussed in chapter five was essential to this understanding. This context informed several mechanisms that interlinked to assist positive outcomes for the young people. Greenhalgh and Manzano (2021) report two different narratives for context in realist evaluation: (i) As physically observed characteristics such as places, people or spaces. (ii) As interactive characteristics that shape mechanisms of the intervention. During the study and throughout data analysis, contexts of both definitions were evident.

THE REFINED MODEL OF EXPERT PRACTICE

It was clear that the staff in the organisation largely followed a model of adaptive expertise. Indeed, practice was characterised by deeply thoughtful reflection on the essential factors that brought about desired outcomes (mechanisms), though additionally guided by keen insight into individual young people's history, needs and preferences (context). Understanding behaviour as attempted communication when a child was distressed, anxious or otherwise unsettled allowed for more rapid and effective resolution of such incidences. The expected critical mindset was found to include an additional facet, that of examining staff actions rather than children's behaviour for the reason when actions failed, or additional intervention was required. Moreover, this was manifested not only personally but also collectively. "What are we doing wrong?" and "What is different about today (or what we have done)?" were the

default enquiries. This questioning was followed sometimes more formally into planned areas for further improvement. The complexity of practice and its varied contexts were embraced rather than feared.

It seemed, too, that the realist evaluation format of this study helped staff to understand more about their own practice, partly through appreciation of the nature of mechanisms, context and outcomes, and partly because it prompted expression of hitherto nebulous concepts that were held to be of vital importance. A contemporary blog reinforced this aspect, calling for more shared language between practitioners in order to maximise the benefits of wider feedback, perhaps from a more varied group of supporting staff (Knight, 2021).

REFLECTIONS

Strengths and Limitations

As an independent researcher I am aware of the strengths and weaknesses of this study. Whilst there were limitations, every effort was made to mitigate these. Accessing a singular organisation may be viewed as a limitation of the study. For this study, this actually enhanced the quality of the research through the relationships that I developed with both staff and young people from the organisation. The limits of PhD research without vast funding dictated the scope of the study. The study was met with novel limitations relating to the global COVID-19 pandemic. When the study was in its infancy, continuously changing restrictions and guidance marginally restricted access to the services provided by the focus organisation. However, the effects of said restriction was mitigated by the ongoing support from the organisation who facilitated access where safe to do so. My willingness to engage in regular COVID-19 testing enabled further access to the different service provisions. An issue also arose in gaining consent from staff in the care services. Although there was a number of participants, there was a lower concentration of engagement from staff working in care services as opposed to those in education.

A vital strength of this study was conducting member checking sessions. Whilst member checking might conventionally mean checking data with other participants (Muzari, Shava & Shonhiwa, 2022), the method was applied to this study by revisiting transcripts with participants. This was to clarify my understanding of what was said by the participants prior to analysis.

Personal reflections

Throughout this study it was important for me to utilise reflective practice myself as a researcher. One of the most pertinent points to make was that my own experience as both a mother and a teaching assistant for children with SEND had a direct impact on the study. This was not a limitation however, as upon reflection, where instincts to interact and assist in learning activities took over, there was never a negative outcome. Staff were receptive to my own knowledge and experience and were welcoming of my interactions with the children and young people. In addition, this enabled me to develop relationships with staff and young people that enhanced the fluidity of data collection in the later stages of the study. Children and young people became more comfortable with my presence and would often instigate my engagement in activities themselves.

When reflecting upon my approach to this study in its entirety, I began to think there were things I could have done differently. I wondered at times whether I should have been slightly less interactive during observations, or whether I sometimes read too deeply into the diagnoses or history of the children and young people. Perhaps at times this may have been true, however, regardless of the logical thought that this study was not investigating the concepts of diagnosis and history, the value that these aspects of knowledge had upon the study were important. This is linked to the strengths of an ethnographic approach, and the ability to provide a stronger narrative (Howard, 2021).

Understanding those concepts allowed me to further understand the young person themselves, and the staff practice that was witnessed when working with these young people. The complexity of the study itself, and of the host organisation meant that there was so much additional knowledge to be gained to help to conceptualise the research results, it would not be possible to report every small detail in one thesis.

In addition to personal attributes, there were aspects regarding the host organisation that required me to reflect on my understanding of the adherence to the social model of disability (Oliver, 1983). Goodley (2017) writes powerfully regarding inclusive education and the subject of specialist provision. He proposes that:

‘Special schools transplant mass education’s failings into the minds and bodies of disabled children. The child is deemed to own the learning problem; they are

the deficient learner who 'fails to fit in and learn'. Special schools risk colluding in the failure of all schools to accommodate difference.' (p.172)

Goodley (2017) also surmises that special education seeks to 'rehabilitate' the learner. Whilst this may be true for some organisations, the host organisation showed no evidence of following a medical deficit/individualised model. Writing from a similar position, Xiao Qu (2022) categorically states that:

'Segregated schools reduce the psychological, social, and cultural needs of the child to physical/medical problems to be fixed.' (p. 1015).

These might be valid observations of many provisions, and it might be suggested that just by existing, a specialist provision refutes the aims of the social model of disability (Oliver 1983). However, only through experience and the process of this study, I would have to disagree somewhat with these claims. The claims are generalised and sweeping and cannot be applied to all SEND provision. It is salient to note that Goodley cites research from Lipsky and Gartner (1996), taken from evidence pertaining to the American school system. Not only would the system have been different to that in the UK, the research is somewhat outdated. The cited information indicates that graduates of specialist provision report complaints regarding their experience and limited education, which indicates a very different level of need to most of the young people accessing the host organisations services.

The host organisation adheres to the social model (Oliver, 1983) to the best of their ability within their operating constraints. It is important to convey the high levels of need that the young people accessing their provisions have. At no point are the young people encouraged to 'rehabilitate'. Education in the schools and the college is tailored to the individual's interests, abilities, and goals, as are activities in the care settings with choice being seen as imperative in achieving positive outcomes. Outcomes are deemed successful when they benefit the young person in any aspect of their life, be that academic, social, emotional, or otherwise.

The conflicting views have counter points for each argument; however, the issue lies with the education systems as a whole, and their ever-dwindling funds that dictate the quality and diversity of education. The fact remains that without specialist provision, and with mainstream provision failing to meet the needs of young people with SEND, there would be a significant number of our youth left without suitable education

provision, leading to further segregation from society and reduced quality of life. The settings offered by organisations such as the partner organisation for this study provide a compromise. Specifically designed to meet the needs of young people with SEND, removing as many barriers as possible, and facilitating all areas of development, these provisions work to provide all that a mainstream provision cannot.

For me, this study was emotional, taxing, amusing, humbling, and utterly enjoyable. Developing relationships with staff not only served the study well but helped me as an individual. Feeling a part of their team following the embedding process enabled me to get so much more than data from the experience. Developing relationships with the young people I observed and interviewed was possibly the highlight of this study. Seeing them grow more comfortable with my presence during the three years not only made me happy but gave me a sense of achievement: I had to have been doing something right. The way that they welcomed me into activities, and on occasion even requested my involvement was wonderful.

The end of this study brought about a sense of decathexis (Freud, 1917). Decathexis refers to having to disengage the mental and physical energy devoted to the study, the setting, and the staff and young people and the connected emotions. Detachment from each is essential to successful mourning and progression from endings. Having to emotionally detach from the young people and indeed staff whom I had spent so much time with was not easy. I found myself pondering whether Sherry got her unpaid work placement she loved so much, or whether her care staff ever took her to buy the NASA jumper like mine that she wished she had. I wondered whether Elliot might remember me if I returned to visit and vocalise in a similar way and smile. Gradually as this detachment happened, I grew to hope that this study had impacted them in a positive way as it had me.

CHAPTER SUMMARY

The chapter further conceptualised the realist evaluation results with case study data from four individuals who accessed different services provided by the organisation. Case study data helped to provide concrete examples of how mechanisms worked cohesively to aid positive outcomes. The examples provided indicate the importance of the mechanisms in achieving positive outcomes. Furthermore, the importance of the outcomes themselves was indicated. For example, the work with young people that

achieved positive social and emotional outcomes mitigates the possibility of negative consequences in their later life. The chapter compared study results to previous literature and understanding, offering a new approach to views of education and care being entirely separate concepts. Original contributions were discussed, and implications for policy and practice were referred to.

CHAPTER SEVEN

CONCLUSION

"I think and think for months and years. Ninety-nine times the conclusion is false. The hundredth time I am right".
(Albert Einstein)

REVIEW OF AIMS, OBJECTIVES AND RESEARCH QUESTIONS

Fulfilment of the Study Aim

Through a realist evaluation approach, the study established the degree to which a service could improve the quality of outcomes of those who are supported; resulting in them leading fulfilling, independent lives to the extent that this was possible for each young person. It identified the factors (mechanisms) that were important to this, together with the context in which achievement was made possible. This study was designed with a long-term aim of creating a guide to replicable practice that would enable other organisations to thrive, promoting the most positive and wholesome outcomes possible for children and young people with SEND. The identified mechanisms will allow other organisations of a similar nature in the sector to develop their practices and understanding to enhance outcomes for children and young people with SEND.

Research Questions

The thesis addressed the following research questions.

1. What evidence is there of the sought-for achievement of improved academic attainment, personal fulfilment, and increased independence?

Both observation field notes and realist evaluation analysis evidenced that the children and young people achieved positive outcomes during their time accessing the services of the focus organisation. Case study data indicated a selection of the positive outcomes arising from the approach of the organisation for both education and care. Children and young people showed improved engagement with education because of the tailored, person-focused approach to their curricula. This enhanced academic outcomes for the young people. Similarly, the evidence for increased fulfilment was captured through conversations and observations. Young people who communicated verbally discussed their preference for their placement with the organisation over previous settings. Those who communicated in a non-verbal way evidenced their enhanced fulfilment through other means such as their behaviour: increased behaviour regulation indicating increased happiness and contentment.

2. What mechanisms are essential to this achievement?

Results from this realist evaluation study indicated the essential factors for the achievement of the reported positive outcomes. The most influential mechanisms were *relationships*, and *time*. A novel perspective on the complexity of time and its

contributing value to positive outcomes was highlighted. Observations showed the importance of specific elements of time such as *persistence* in seeking positive outcomes and *consistency* in approach. Time as a mechanism led to stronger positive relationships that were also a highly influential factor in ensuring positive outcomes whether academic, social and emotional, or behavioural. The quality relationships that were formed were instrumental in enhancing fulfilment for young people in their education, care or leisure activities. These two mechanisms were the foundation on which other mechanisms were built, such as the instant reset concept, and the nature of behaviour management.

3. How do contextual influences impact on the ability to fulfil these factors?

The contexts in which the mechanisms were successful were all linked to the organisational ethos. The *total communication approach* and *holistic trauma-informed approach* were both imperative contexts in which the mechanisms could work. Similarly, the *focus on the individual* was a context linked not only to the young people's physical or educational needs, but also their personal preferences, things that brought them joy, and their long-term goals and aspirations. Without the presence of these contextual approaches, the identified mechanisms would not have worked in the same way.

4. What is the learning for the organisation, for other providers, and for further research?

The results of this research provide numerous learning avenues. For the focus organisation, determination of effective mechanisms has the potential to impact on all future staff training, along with recruitment and retention. For other providers, the new understanding revealed by this research could be exploited both to improve outcomes for young people accessing their services and to identify further key mechanisms in other contexts. The translational properties of the research stand to impact not only on organisations of a similar nature, but also those such as mainstream education and state-maintained special schools. Future research should focus on the implications for policy in care and education, challenging the traditionally accepted discrete notions of the two.

UNIQUE CONTRIBUTIONS TO KNOWLEDGE AND KEY MESSAGES

The novel contributions of the research were highlighting through a systematic review the global disparity in terminology regarding SEND; the application of a realist approach to understanding SEND education and care practice; the development of a protocol for successful observations in SEND settings; understanding of complex mechanisms that were key to achieving positive outcomes for disabled children and young people; and the establishing of a new approach that challenges the traditionally accepted understanding of care and education being socially understood as two separate pathways. A revised working model of adaptive expert practice was developed through the study, including a shared component between members of staff, and focused on review and learning from staff actions, particularly when young people expressed communication bids through distressed behaviour. The realist evaluation design of his study, together with the associated systematic review, allowed novel and impactful conclusions to be reached which are expressed in the following key messages.

Realist Evaluation

Given the complexity of practice in education and care for children and young people with SEND, current evidence is lacking in this field since most studies address isolated aspects of interventions. Moreover, terminology is used inconsistently both within and between countries, further restricting comparison between studies.

This study was unique in seeking to identify best practice and the mechanisms that enacted this, together with the context that was essential to bringing about positive outcomes for children and young people. All study documents and this thesis were framed in the language of the social model of disability.

The implications of this are that policy review is necessary at a governmental level. Determining national consensus of terminology that implements terms aligned with the social model of disability is a primary concern. The methods applied in this study were a cumulative mixture of approaches adapted to suit the study setting and participants. Whilst realist evaluation has traditionally been used in the evaluation of health services and policy (Gilmore, McAuliffe, Power & Vallieres, 2019), this study adapted the method for use in education and care settings. The efficacy of this method was evidenced in the development of clear understanding of the complexities of SEND

education and care that are not always tangible, expressed here as mechanisms and contexts.

Deeper Understanding of the Complexity of Some Factors

Previous research has noted the limitations of time posed by inadequate staffing or the lack of equipment. This has generally been posed as a negative aspect of practice rather than an exploration of how available time was characterised, manipulated and exploited to the benefit of individuals.

A novel perspective was established on time as a mechanism of expert practice beyond simply staffing and routines. This study established the importance of time quality and the concepts of persistence, consistency, instant reset, and reflective and reflexive practice.

Such a working perspective is transferable to other organisations and practitioners, perhaps beyond the sector into other aspects of education and care (including, for example, older adults). Practice in other organisations could use the results of this research to implement improved best practice. Whilst the concepts discussed in this study may already be the focus of other organisations of similar nature, this study indicates the first research evidence for the realist approach to understanding how these mechanisms and contexts interact and contribute to positive outcomes for the children and young people involved (Clarry, Wood & Long, 2022).

Focus on the Individual

Also referred to in care organisations as the person-centred approach, the focus on the individual is not a new concept. However, effective implementation is often minimal. The social model of disability can be lost in translation when organisations are obligated to meet specific requirements for governing bodies.

This study established the necessary contexts and mechanisms for successful implementation of a person-centred approach in focusing on the individual. Understanding the person, their likes/dislikes and aspirations enables the building of care and education plans around these factors.

Depreciating budgets for SEND provision inhibit the ability of both mainstream and special education facilities to provide the best possible support and opportunities. The results from this study indicate the efficacy of practice that would be more easily

replicated with the ability to employ increased staff numbers, given that staff are indicated as a key required resource for the observed positive outcomes. This would allow increased interaction and the enhanced development of the mechanisms indicated as being effective in this study.

FUTURE RESEARCH

The EHCP process should be reviewed in terms of the disparity in outcomes. The need for improvement in developing chosen outcomes for children and young people through the EHCP process was indicated in previous research (Castro, Grande & Palikara, 2019), along with the suggestion that the young people's voices are frequently assumed and not properly understood. The findings of this study have added to existing knowledge in indicating that the EHCP process would benefit from an extension of provision in the way of a uniform guide that enables educational environments and parents to advocate for, and communicate personal views on behalf of young people, when necessary.

Still under the umbrella of communication, intervention studies for disabled children and young people should work towards a collective framework of approaches and guides for AAC.

Given the importance of relationships indicated in this study, there is scope to investigate whether there are necessary traits of staff that enable them to support children and young people with SEND successfully. For instance, resilience and empathy could be inferred as key traits enacted by staff in these roles due to the level of support they give and their ability to uphold the mechanisms explored in this study. Additionally, the mechanisms of staff support necessary to maintain the relevant traits accounting for the emotional labour expended in fulfilling their role should be investigated.

A wealth of data was identified that reported on management of young people's behaviour when distressed, together with the staff responses and detailed explanation of these. Existing and future data has been secured for further analysis and may support factor analysis to uncover correlations and to establish which mechanisms exert the greatest positive impact. This will be the focus of the next study.

FINAL WORDS

All organic matter containing carbon was originally produced in stars. If one should take anything from this study aside from the research evidence, it is the value of every individual involved, whether with SEND or typically developing, adult or child. We are all made of stellar stuff.

APPENDIX 1. Table 3 Study Characteristics

Author (year)	Methodology	Main findings	Intervention and control group/Focus group and interviews	Primary outcome measure/Objectives	Cohen's d (Effect size)
Van Herwegen, Ashworth & Palikara (2019)	Quantitative Cohort study	Professionals recognised areas of difficulty for the children they worked with, but less phenotypical difficulties were often unrecognised. In addition, there were discrepancies between the difficulties identified by professionals and the support needed.	Between groups (n=141) professionals working with children with: ASC = 77 DS = 26 WS = 38	How informed professionals were about ASD, DS, and WS and where they gained this knowledge from. Professionals' views about the challenges they encounter working with these children. Obtain their opinions about the SEND services and support the children receive.	Insufficient data
Ruddick, Davies, Bacarese-Hamilton & Oliver (2015)	Quantitative	5.3% of children showed behaviours at a clinically significant frequency and 4.1% showed behaviours of management difficulty. Primary carers were more able to identify children with significant behavioural difficulties and further needs than teachers. Children presenting more challenging behaviour have a higher service need	Not applicable	To describe the frequency and management difficulty of self-injurious, aggressive, and destructive behaviours in children with severe intellectual disabilities attending special schools in one UK city. To compare the relevant behaviours and service need of these children as identified by teachers and primary carers. To describe the extent to which the needs of children with intellectual disabilities who show these behaviours are being met by way of contact with specialist services.	Age increases support needs (Daily Life Skills) $d=0.17$ Increased frequency of behaviour necessitates behaviour intervention: Self-injury $d=0.58$ Aggression $d=0.97$ Destructive behaviour $d=0.67$ <1 HFB increases contact with professional $d=0.31$ Challenging behaviour increases contact with social worker $d=0.3$
Black, McConnell, McKerr, McClelland, Little, Dillenburger, Jackson, Anketell & Saunders (2019)	Quantitative School based observational study	Whilst a significant number of visual needs were met at follow-up, visual field deficits remained unimproved. The researchers state non-compliance with spectacles to be the most common reason for unmet needs	Between groups (some children fell into two groups due to multiple deficits) Significant refractive error and/or accommodation deficit = 76	Effect of in-school eye care upon classroom engagement and behaviours. Baseline measures: classroom behaviours and visual health assessment. Follow-up measures:	Refractive error with unmet need $d= -0.812^a$ $d= -1.282^b$

Author (year)	Methodology	Main findings	Intervention and control group/Focus group and interviews	Primary outcome measure/Objectives	Cohen's d (Effect size)
		of refractive error. Those without unmet need at baseline did not show significant improvement at follow-up. Improvements in 'off-task' behaviour were evident where parent or teachers had received advice to meet visual needs: <i>"Participants whose parents or teachers had received actions or advice to alleviate unmet visual needs identified at baseline, demonstrated significantly less 'off task' behaviour at follow-up".</i>	Reduced contrast sensitivity = 24 Reduced distance and/or near activity = 17 Ocular pathology or anomaly = 18 Visual field deficit = 4 Anomalous eye movement control = 20 Evidence of visual processing deficit = 43 Total participants = 199	Classroom engagement, eye examination and parent/teacher feedback	
Norburn, Levin, Morgan & Harding (2016)	Quantitative Questionnaire	A range of AAC approaches were identified by staff. Confidence and understanding of the reasons for using identified AAC strategies is reported as one of the key barriers to implementing AAC effectively.	Staff working with children with: PMLD SLD MLD ASD (n = 72)	A questionnaire was used to collect information about the range of AAC used by school staff during the school day. Researchers anticipated using the information gained about the range of AAC in use would help guide discussion about training needs for staff, along with developing more effective use of AAC that supports both curriculum access and communication for pupils in the school.	No effect size to be calculated
Lambert-Lee, Jones, O'Sullivan, Hastings, Douglas-Cobane, Thomas, Hughes & Griffith (2015)	Quantitative	For 23 students a repeated Vineland Adaptive Behavior Scales (VABS) assessment was available. Results revealed statistically significant improvements over time on all ABLLS domains and for all VABS scores.	Within group. Students with Autism (n= 53)	Fifty-three students with autism were tested and then re-tested with the Assessment of Basic Language and Learning Skills (ABLLS-R).	VABS composite $d = 0.62$ VABS communication $d = 0.49$ VABS daily living skills $d = 0.63$ VABS socialization $d = 0.88$

Author (year)	Methodology	Main findings	Intervention and control group/Focus group and interviews	Primary outcome measure/Objectives	Cohen's d (Effect size)
					ABLLS* total score $d = 0.19$ ABLLS learning skills. $d = 0.23$
Hedgecock, Standen, Beer, Brown & Stewart (2014)	Quantitative	Results showed that for the group as a whole, ratings were significantly ($z=2.023$, $p=0.043$) higher when working with the robot.	Within group ($n = 6$) Pupils in a special school, working with a humanoid robot.	Measured engagement using the scale developed by the Special Schools and Academies Trust (2011).	Engagement after working with robot. $d = 2.93$
Pilling & Little (2020)	Quantitative	All children except child 2 showed a change in visual behaviour on at least one occasion while in the colour tent. However, data are insufficient to demonstrate an increase in response from session 1 to session 4.	Within group ($n = 9$) <i>"Children with profound and multiple disabilities and poor or no visual awareness.."</i>	Determine if a change in visual behaviour occurs during the use of a tent. Determine if any change in visual behaviour observed while inside the tent is maintained after use of the tent. Determine the optimum time that needs to be taken inside the tent before a change in visual behaviour is noted. Determine the optimal number of sessions required before a change in visual behaviour is noted.	No effect size to be calculated
Place, Dickinson & Reynolds (2015)	Quantitative	Results showed a wide variation in fitness levels as measured by the Eurofit tests. In addition, the measure of cardio-pulmonary fitness (VO2 max) was generally poor. In boys, body mass index (BMI) showed only a modest correlation with this measure of cardio-pulmonary fitness, with the results for the girls not being significant.	Not applicable ($n = 100$) Children with ASC and no other physical conditions	VO2 max Bleep test 10 x 5m run Broad jumps Sit ups Flex test	No effect size to be calculated

Author (year)	Methodology	Main findings	Intervention and control group/Focus group and interviews	Primary outcome measure/Objectives	Cohen's d (Effect size)
Tobin & Ebbels (2019)	Quantitative	The results obtained indicate that the participants, with moderate learning disabilities and complex needs, showed significantly more progress during an intervention period, than during a preceding baseline period.	Within group (n = 11) Children with moderate learning disabilities and complex needs	To evaluate the effectiveness of a school-based intervention using visual strategies to improve accurate use of auxiliary and copula marking in singular and plural, past and present tense by students with moderate learning disability and complex needs.	Aux and cop Combined $d = 0.15^c$ $d = 1.08^d$ Copula $d = 0.06^c$ $d = 1.00^d$ Auxiliary $d = 0.41^c$ $d = 1.10^d$
Rees, Tully & Ferguson (2017)	Mixed methods	Evaluation of framework <i>"Analyses indicated that the Framework has influenced teachers in terms of their mind-set, practice and ability to set appropriate targets. Responses also suggested that the document has led to increased collaboration amongst staff and has been shared positively with parents."</i>	Within group (n=6)	This studies primary outcome measures/objectives was to evaluate the framework using an audit, a questionnaire and semi structured interviews. <i>"The evaluative study provides initial data about the positive impact of the Framework on teacher practice (clearer and more consistent curriculum planning; assessment and teaching approaches) and mind-set (increased confidence, understanding and reduced feelings of isolation)."</i>	Approaches to teaching and learning $d = -1.23^e$ Assessment, monitoring and target setting $d = -1.86^e$ Health and wellbeing and assessing and addressing challenging behaviour $d = -1.20^e$
Gutman, Vorhaus, Burrows & Onions (2018)	Quantitative	<i>"Children showed significant improvements in their socio-emotional, behavioural and academic development. The picture is more mixed for children's attachment representations, which might be</i>	Within group (n=36; boys=23, girls=13)	Socio-emotional Behavioural and academic development Attachment representations	Factors that support development $d = 0.99^e$ Factors that limit development $d = 0.49^e$

Author (year)	Methodology	Main findings	Intervention and control group/Focus group and interviews	Primary outcome measure/Objectives	Cohen's d (Effect size)
		<i>expected of the vulnerable and severely traumatised children who make up the MBS population."</i>			
Stelmaszczyk (2018)	Quantitative	Whole school curriculum efficacy <i>"Current application of this assessment model indicates that the school is achieving considerable success in all aspects of its curriculum offer, as is shown by the most recent school data."</i>	Not applicable	The development of a holistic framework <i>"the development of a whole-school, whole-curriculum approach which reflects both the short- and long-term targets incorporated in education, health and care plans (EHCPs)."</i>	No effect size to be calculated
Ebbels, Wright, Brockbank, Godfrey, Harris, Leniston, Neary, Nicoll, Nicoll, Scott & Marić (2017)	Quantitative	All participants had similar baselines however, significant improvements were made post therapy. <i>"Targets and controls did not differ pre-therapy. Significant progress was seen both on targets (d = 1.33) and controls (d = 0.36), but the targeted areas improved significantly more than the controls with a large and clinically significant effect size (d = 1.06)."</i>	Intervention (n=72)	Expressive and receptive language <i>"During the term, SLTs and students worked 1:1 on 120 targets, the majority in the areas of expressive and receptive language."</i>	Reported in main findings
Herring, Grindle & Kovshoff (2019)	Quantitative	Verbal students improved in initial sound fluency, nonsense word reading, and word recognition. However, they did not show improvements in phonemic segmentation, whether they accessed the original or adapted intervention or not	Intervention (n=8)	To investigate the effectiveness of the reading intervention Headsprout on reading skills in children and young people with intellectual disability, specifically phonemic awareness and phonics	No effect size to be calculated

Author (year)	Methodology	Main findings	Intervention and control group/Focus group and interviews	Primary outcome measure/Objectives	Cohen's d (Effect size)
				skills. To investigate whether adaptations to its implementation impacted its effectiveness.	
Castro, Grande & Palikara (2019)	Quantitative	Findings identified that outcomes for EHCP's were generally poor, although they differ across provision and the type of outcome. Questions were raised as to whether provision for children meets national and international standards. <i>"Most outcomes were considered not to be functional or high-quality; differences in quality were found between local authorities, types of school, type of outcome, and the children's main need."</i>	Not applicable	Aimed to evaluate the outcomes defined for children with education, health and care plans in England	
McKerr, McConnell, Black, McClelland, Little, Saunders & Dillenburger (2020)	Quantitative	It was found that when CYP with ID were given access to glasses or larger print their behaviour improved	Case studies of children's behaviour following vision intervention (n = 9)	Testing to find whether children with ID needed glasses or access to larger print text and whether their behaviour would alter	No effect size to be calculated
Pearlman & Michaels (2019)	Quantitative	Using AAC alongside conventional methods allows children with PMLD to express their thoughts about their school and home life. Discrepancies were seen between some of the ratings from parents and NHS professionals. Video recordings are advised for CYP with PMLD for occasions such as the EHCP annual review, as is gathering	Structured AAC assisted interviews (results quantified) using an interview questionnaire (n = 22)	How children with PMLD could contribute to their EHCP reviews using AAC and make their preferences and views known. To assess the way that the key adults around the children interpreted their communication and whether relationship affects this interpretation	Teacher to parent rating $d = -0.72$ Teacher to NHS staff rating $d = -0.63$

Author (year)	Methodology	Main findings	Intervention and control group/Focus group and interviews	Primary outcome measure/Objectives	Cohen's d (Effect size)
		information from various key people in the CYP's environment			
Goodwin, Lecouturier, Smith, Crombie, Basu, Parr, Howel, McColl, Roberts, Miller & Cadwgan (2019)	Qualitative	<p>When standing frames are used in educational settings communication and training are vital.</p> <p><i>"If a standing frame programme is prescribed to be delivered in an educational setting, strong multidisciplinary and interagency communication is essential to balance therapy versus education. Training is required to ensure staff are competent in using the standing frame with the young person understanding their individual requirements."</i></p>	<p>Focus group led (n=unspecified)</p> <p><i>"Five focus groups were conducted in 2017 in various locations around the UK, each comprising eight to nine participants."</i></p>	<p>Gathering the opinions of professionals' and parents' experiences and views of standing frame use specifically in educational settings.</p> <p><i>"This research was conducted as part of a large mixed methods study to determine the acceptability and inform the design of a future trial of standing frames."</i></p>	No effect size to be calculated
Downs, Knowles, Fairclough, Heffernan, Whitehead, Halliwell & Boddy (2014)	Qualitative	<p>Participants were aware of the influence they had on children's physical activity (PA) involvement but also suggested that parents may have more.</p> <p>Participants recognised that they, as teachers, influenced the Children and Young Peoples' (CYP) PA engagement. However they suggested parents have the most influential role. Participants noted that CYP with intellectual disability (ID) lacked understanding regarding the importance of PA engagement and its benefits to health.</p>	Focus group led (n=23)	<p>Exploring teachers' perceptions of barriers</p> <p><i>"To explore teacher's perceptions of barriers and facilitators to physical activity (PA), including enabling, reinforcing and predisposing factors amongst children and young people (CYP) with intellectual disabilities (ID)."</i></p>	No effect size to be calculated
Pierce & Maher (2020)	Qualitative	Schools for CYP with ID need extended space for PA. Personal,	Semi-structured interviews	Explore PA for CYP with ID	No effect size to be calculated

Author (year)	Methodology	Main findings	Intervention and control group/Focus group and interviews	Primary outcome measure/Objectives	Cohen's d (Effect size)
		individualised PA would be better tailored to each CYP as this may be a more efficient use of space.	(n=4)	<i>"-provide an insight into the physical activity tendencies of children and young people (CYP) with intellectual disabilities."</i>	
Maher & Fitzgerald (2020)	Qualitative	Special schools were more fluid in what they defined as PA than mainstream schools <i>"Special schools appeared to be taking a more open view about what constitutes PE, when compared to mainstream schools, which was also accompanied with a desire to embrace cross-curricular possibilities."</i>	Semi-structured interview led (n=18)	Exploratory study (no specific aims given) <i>"-drawing on the concept of cultural hegemony to analyse the nature, purpose and value of special school physical education (PE)."</i>	No effect size to be calculated
Franklin & Goff (2019)	Qualitative Ethnographic observation Interview Document analysis	Reported positive aspects of practice to further inform the first international monitoring system to prevent abuse of disabled children in residential settings.	A multi-method approach was taken with no n of participants recorded	International monitoring for the prevention of abuse in disability, developing a methodology for carrying out inspections in residential settings for disabled children, and to see whether the needs and rights of children and young people are upheld when away from home.	No effect size to be calculated
Loyd (2015)	Qualitative	<i>"The pupils were able to identify aspects of drama education that they liked and did not like; share goals of drama education and communicate feelings about drama education. The views are discussed in terms of how they inform understandings of individuals with autism as well as</i>	Multimodal interviews (n=10)	Exploratory study which gained views from CYP with Autism as to whether they liked drama education.	No effect size to be calculated

Author (year)	Methodology	Main findings	Intervention and control group/Focus group and interviews	Primary outcome measure/Objectives	Cohen's d (Effect size)
		<i>their participation in drama education."</i>			
Davis, Carter, Myers & Rocca (2018)	Qualitative	Results showed that the proactive approach of school nurses in raising awareness and understanding through questioning was positively received. It also reinforced how meaningful and relevant information could be delivered to these young people. The project also had unexpected benefits: more integrated team working, increased knowledge, greater awareness and understanding of the importance of health promotion participation, and student satisfaction.	Open ended survey (n=33)	<i>"The primary aim of this project was to consider alternative approaches to providing health promotion opportunities and experiences that enhance the overall health and well-being of children and young people with complex neurodisabilities."</i>	No effect size to be calculated
Greathead, Yates, Hill, Kenny, Croydon & Pellicano (2016)	Qualitative	Results showed that each of the children taking part had various clear methods of communication of their own, and that the staff working with them understood the majority of their bids for interaction, even though these were at times deemed low:	Case studies (n = 3) Ethnographic observation Structured observation	To assess communication with children with PMLD: <i>"We use these three case studies to illustrate (1) that children with severe-to-profound intellectual disability and complex communication needs have ways to make their intentions known, even though they may use idiosyncratic ways of doing so; (2) that adults play important roles in supporting these children's communicative bids; and (3) application of a set of 7 observational tools for gathering both qualitative</i>	No effect size to be calculated

Author (year)	Methodology	Main findings	Intervention and control group/Focus group and interviews	Primary outcome measure/Objectives	Cohen's d (Effect size)
				<i>and quantitative data concerning subtle and fine-grained nonverbal cues that might otherwise be overlooked."</i>	
Crombie, Sullivan, Walker & Warnock (2014)	Qualitative	<p>It was found that central to staff's professional practice was the ability to empathise and form excellent relationships with the CYP they work with.</p> <p>It was also recognised that there are elements of professional practice that are learnt experientially as opposed to through staff training. These elements are harnessed when: <i>"values and principles are arrived at through a shared process and are used in day-to-day practice. Staff feel supported by the institution. Robust, coherent and explicit processes are established, adhered to and supported. There are opportunities, formal and informal, for reflection."</i></p>	Case study of whole school professional practice (n = unspecified)	To identify professional practice across the school that is implicit and may not be recorded by OFSTED and other government bodies	No effect size to be calculated
Gaona, Castro & Palikara (2020)	Qualitative	Findings highlight differences in how the views of young people are elicited throughout the EHCP process. In addition, the findings identify key areas of functioning that make up the views, wishes and aspirations of the pupils.	Documentary review of EHCP's of children with Autism (n = 12)	Aimed to explore how the views, wishes and aspirations of young people with ASD in transition to post-16 education and employment were depicted in their EHC plans. Also, to explore whether the provision put in place for	No effect size to be calculated

Author (year)	Methodology	Main findings	Intervention and control group/Focus group and interviews	Primary outcome measure/Objectives	Cohen's d (Effect size)
Young, Dagnan & Jahoda (2016)	Mixed methods	<p>Although there were differences in the qualitative content of the worries that adolescents with and without ID. Neither group seemed to ruminate more or less than the other</p> <p><i>“Contrary to expectations, there were no significant differences between the two groups in terms of the levels of rumination or distress associated with the worries. However, the adolescents with IDs were significantly more anxious than those without”</i></p>	Interviews with children with ID (n= 25) And children without ID (n = 27)	<p>young people matches their aspirations</p> <p>Aimed to explore the content of the worry of adolescents with IDs and their non-intellectually disabled peers and possibly identify differences between the groups.</p> <p>Outcomes were quantified from interview responses: Glasgow Anxiety Scale for people with Intellectual Disability (GAS-ID) (Mindham & Espie, 2003) Weschler abbreviated scale of intelligence (Weschler, 1999)</p>	Participants with ID had higher anxiety levels $d = 0.56$

HFB=High functioning behaviour CYP=Children and Young people ID=Intellectual disability PMLD=Profound and multiple learning disabilities DS=Down syndrome WS=Williams syndrome

^a Baseline ^b Follow up ^c Change at baseline ^d Change with intervention ^e Within group effect ^f Between group effect

APPENDIX 2. Table 4 Quantitative Quality Assessment

Study	Random sequence generation	Allocation concealment	Incomplete outcome data	Selective reporting	Other biases
Van Herwegen, Ashworth & Palikara (2019)	Not Applicable Participants were not randomised due to the nature of the study. Participants were grouped in accordance with the needs of the children they supported.	Not Applicable Allocation concealment was not necessary, due to the nature of the study. Professionals (n = 141; 95% female) working with children with ASD (n = 77), DS (n = 26) and WS (n = 38) voluntarily completed an online questionnaire related to the disorder group they worked with	High Risk All participants (n=141) completed the survey in its entirety, however there were frequent instances of missing data Due to the length of the questionnaire, not all professionals responded to all questions. There were more answers missing for those working with ASD compared to professionals working with WS and DS.	Low Risk All outcomes were reported.	High Risk Unequal gender split <i>"Professionals (n = 141; 95% female)"</i>
Ruddick, Davies, Bacarese-Hamilton & Oliver (2015)	Not applicable Participants were not randomised due to the nature of the study. Participants were grouped dependent upon their status as either teacher or parent.	Not Applicable Allocation concealment was not necessary, due to the nature of the study.	Low Risk Results did not detail incomplete or missing data.	Low Risk All outcomes were reported.	Low Risk No other biases identified.
Black, McConnell, McKerr, McClelland, Little, Dillenburger, Jackson, Anketell & Saunders (2019)	Not Applicable Participants were not randomised due to the nature of the study. All participants were introduced to in-school eye care examinations	Not Applicable Allocation concealment was not necessary, due to the nature of the study. <i>"Consent was obtained for 200 of the 335 pupils enrolled in the school representing a 59.7% consent rate".</i>	Low Risk For all participants that complied with baseline assessment had data reported.	Low Risk All outcome data was reported.	High Risk Unequal gender split <i>"Participants were aged from 3 years 7 months to 19 years 9 months (mean age 10 years 9 months), 70% were male".</i>
Norburn, Levin, Morgan & Harding (2016)	Low Risk Participants were not randomised due to the	Not Applicable	Low Risk Although less than half of those invited completed	Low Risk All outcome data was reported.	Low Risk No other biases identified.

Study	Random sequence generation	Allocation concealment	Incomplete outcome data	Selective reporting	Other biases
	nature of the study. However, to negate demand characteristics participants who were already enrolled in similar research were excluded. <i>"Participants were excluded if they were taking part in other research about AAC."</i>	Allocation concealment was not necessary, due to the nature of the study.	the survey, those who did, completed it in full. 180 staff were sent the questionnaire and 72 responded.		
Lambert-Lee, Jones, O'Sullivan, Hastings, Douglas-Cobane, Thomas, Hughes & Griffith (2015)	Low Risk Participants were not randomised due to the nature of the study	Not Applicable Allocation concealment was not necessary, due to the nature of the study.	High Risk Over the 12-month period in which the study was carried out there was a high attrition rate. <i>"Data were available for 23 learners of the total of 53 included in the study, on this measure over a 12-month period."</i>	Low Risk All outcome data was reported.	Low Risk No other biases identified.
Hedgecock, Standen, Beer, Brown & Stewart (2014)	Unclear Participants were not randomised due to the nature of the study. However participating children were selected by participating teachers whose choices may be bias. Teachers were recruited from those that attended a demonstration of the robot given by the research team.	Not Applicable Allocation concealment was not necessary, due to the nature of the study.	Low Risk Results did not detail incomplete or missing data.	Low Risk All outcome data was reported. There were extra outcomes reported as the study evolved, with the participation of the teachers. The additional data was not originally designed as an outcome measure but to encourage teachers to focus on the child's engagement as a learner	Low Risk No other biases identified.
Pilling & Little (2020)	Low Risk	Not Applicable	Low Risk	Low Risk	Low Risk

Study	Random sequence generation	Allocation concealment	Incomplete outcome data	Selective reporting	Other biases
	Participants were not randomised due to the nature of the study	Allocation concealment was not necessary, due to the nature of the study.	Results did not detail incomplete or missing data.	All outcome data was reported.	No other biases identified.
Place, Dickinson & Reynolds (2015)	<p>Low Risk Participants were chosen at random after informed parental consent was given.</p> <p>Following informed consent, all parents consented for themselves and their children to take part, 100 were chosen at random to participate."</p>	<p>Unclear No mention of allocation concealment.</p>	<p>Low Risk Results did not detail incomplete or missing data.</p>	<p>Low Risk All outcome data was reported.</p>	<p>Low Risk No other biases identified.</p>
Tobin & Ebbels (2019)	<p>Low Risk Participants were not randomised due to the nature of the study</p>	<p>Unclear No mention of allocation concealment.</p>	<p>Low Risk Results did not detail incomplete or missing data.</p>	<p>Low Risk All outcome data was reported.</p>	<p>Low Risk No other biases identified.</p>
Rees, Tully & Ferguson (2017) (Quantitative arm of mixed methods study)	<p>Low Risk Opportunistic sample used.</p> <p>Audit of Curricular Practice=6 Senior managers</p> <p>Questionnaire=24 Teaching staff, Senior managers and Support staff</p> <p>Interview=8 Teaching staff and Senior managers</p>	<p>Not Applicable Allocation concealment was not necessary, due to the nature of the study.</p>	<p>Low Risk Results did not detail incomplete or missing data.</p>	<p>Low Risk All outcome data was reported.</p>	<p>Low Risk No other biases identified.</p>
Gutman, Vorhaus, Burrows & Onions (2018)	<p>Low Risk Participants were not randomised due to the nature of the study.</p>	<p>Not Applicable Allocation concealment was not necessary, due to the nature of the study.</p>	<p>Low Risk Results did not detail incomplete or missing data.</p>	<p>Low Risk All outcome data was reported.</p>	<p>High Risk Study was funded by the participating school</p>

Study	Random sequence generation	Allocation concealment	Incomplete outcome data	Selective reporting	Other biases
	<p>Instead, cohorts were determined using their school start date.</p> <p>Cohort 1 = children who started at the MBS at some point between September 2009 and July 2010 (n = 11) Cohort 2 started at the MBS at some point between September 2010 and July 2011 (n = 8) Cohort 3 started at the MBS at some point between September 2011 and July 2012 (n = 6) Cohort 4 started at the MBS at some point between September 2012 and July 2013 (n = 11).</p>				
Stelmaszczyk (2018)	<p>Not Applicable There were no participants in this study.</p>	<p>Not Applicable There were no participants in this study.</p>	<p>Not Applicable No outcome data</p>	<p>Not Applicable No outcome data</p>	<p>High Risk This was a narrative case study and could be biased.</p> <p>One school's journey in securing an assessment regime aligned with its vision for its learners with profound and multiple difficulties (PMLD).</p>
Ebbels, Wright, Brockbank, Godfrey, Harris, Leniston, Neary, Nicoll, Nicoll, Scott & Marić (2017)	<p>Low Risk Participants were not randomised due to the nature of the study</p>	<p>Low Risk Allocation of SLT was concealed in the vocabulary project.</p> <p><i>"For those in the vocabulary project, all assessments were carried</i></p>	<p>Low Risk Results did not detail incomplete or missing data.</p>	<p>Low Risk All outcome data was reported.</p>	<p>Low Risk No other biases identified.</p>

Study	Random sequence generation	Allocation concealment	Incomplete outcome data	Selective reporting	Other biases
		<i>out “blind” by an SLT assistant employed by the school.”</i>			
Herring, Grindle & Kovshoff (2019)	Low Risk Participants with previous experience of Headsprout or other similar interventions were excluded from the study to negate demand characteristics.	Not Applicable Allocation concealment was not necessary, due to the nature of the study.	Low Risk Results did not detail incomplete or missing data.	Low Risk All outcome data was reported.	Low Risk No other biases identified.
Castro, Grande & Palikara (2019)	Not Applicable Participants were not randomised due to the nature of this study. In addition, participants were only to consent to the release of their (child's) EHCP for analysis	Not Applicable Allocation concealment was not necessary, due to the nature of the study.	Low risk Results did not detail incomplete or missing data	Low risk All outcomes reported	High risk Unequal gender split of EHCP's obtained: (girls = 69) (boys = 167) All ECHP's were obtained from London local authorities.
McKerr, McConnell, Black, McClelland, Little, Saunders & Dillenburg (2020)	Not applicable Participants were not randomised due to the nature this study.	Not Applicable Allocation concealment was not necessary, due to the nature of the study.	Low risk Results did not detail incomplete or missing data	Low risk All outcomes reported	High risk Participants were chosen from a larger study: The Special Education Eyecare study
Pearlman & Michaels (2019)	Not Applicable Participants were not randomised due to the nature this study.	Not Applicable Allocation concealment was not necessary, due to the nature of the study.	High risk Many cases of missing data where responses could not be elicited	Low risk All outcomes reported	Low Risk No other biases identified
Young, Dagnan & Jahoda (2016) (Quantitative arm of mixed methods study)	Not Applicable Participants were not randomised due to the nature this study.	Not Applicable Allocation concealment was not necessary, due to the nature of the study	Low risk Results did not detail incomplete or missing data	Low risk All outcomes reported	Low Risk No other biases identified

APPENDIX 3. Table 5 Qualitative Quality Assessment

Study	Clear statement of aims	Appropriateness of qualitative methodology	Appropriate to address research aims	Appropriate recruitment strategy	Data collection addresses research issue	Researcher/ participant relationship considered	Ethical issues considered	Sufficiently rigorous data analysis	Clear statement of findings	Is the research valuable
Goodwin, Lecouturier, Smith, Crombie, Basu, Parr, Howel, McColl, Roberts, Miller, Cadwgan (2019)	Yes Aims clearly stated	Yes Methodology appropriate	Yes Methods appropriately addressed research aims	Yes Recruitment strategy was appropriate – parents, physiotherapists and teachers responded to a survey and were contacted further if they were willing to participate in further research. (focus groups)	Yes Research questions addressed from three perspectives	Yes Relationship considered: 1 author is a parent of a young person with CP who uses a standing frame. Each author was conscious of their biases. It is important to note that the authors' relevant knowledge and experience were also a strength.	Yes Ethical approval granted from the East Midlands - Nottingham 1 Research Ethics Committee (15/EM/0495).	Yes "J. G.'s coding of the transcripts and framework was discussed and clarified with the other authors as a means of quality control and rigour check"	Yes Findings concluded and drawn together	Yes
Downs, Knowles, Fairclough, Heffernan, Whitehead, Halliwell & Boddy (2014)	Yes Aims clearly stated. The aim of the study was to explore teachers' perceptions of barriers and facilitators to PA.	Yes Methodology appropriate	Yes Research methodology mimicked a previous study.	Yes Recruitment strategy appropriate: Contact made with two local authorities in the North West of England. All SEN schools within the areas were invited to take part with three responding. PE coordinators were sent participant information and consent for distribution to PE staff.	Yes Semi structured focus group with various PE staff (n = 23) The researchers adapted a semi-structured focus group guide used previously by Downs et al. (2013)	Unclear Information not identifiable	Yes Ethical approval from University Ethics committee	Yes Transcripts analysed by each researcher. Rigour of methodology checked using 'trustworthiness criteria'	Yes Findings clearly stated	Yes Findings may influence PE staff approach for CYP with ID and parent/school communication regarding PA

Study	Clear statement of aims	Appropriateness of qualitative methodology	Appropriate to address research aims	Appropriate recruitment strategy	Data collection addresses research issue	Researcher/ participant relationship considered	Ethical issues considered	Sufficiently rigorous data analysis	Clear statement of findings	Is the research valuable
Pierce & Maher (2020)	Yes Aims clearly stated. To explore the views and experiences of PE teachers and LSAs regarding the social subjective "realities" of those charged with supporting engagement in PA in special schools.	Yes Methodology appropriate Semi-structured interviews with an interview guide to ensure data kept with the research aims.	Yes Methods appropriately addressed research aims	Yes Recruitment strategy stated: Participants recruited from previously established links. Poses risk however is opportunity sampling	Yes Issues addressed	Yes Researchers had previous links with participants. Risk involved due to existing relationships, however, could also lead to participants speaking more freely due to familiarity	Yes Ethical approval granted by University Ethics committee	Yes Analysis conducted was checked and challenged by one researcher in order to engage critical reflexivity.	Yes Findings stated and highlights included with abstract	Yes Valuable comparison for children in inclusive/ mainstream schools and Special schools in other regions
Maier & Fitzgerald (2020)	No No clear statement of aims, however a broad overview is provided: the perspectives of key stakeholders involved in its (social) construction were sought.	Yes Methodology appropriate An interview schedule was used to give direction and ensure the research aims were addressed.	Yes As the aims were not a clear statement but more exploration of culture and views the methodology used was appropriate	Yes Risk associated with recruitment strategy: Previous relationships held with the special schools and some staff recruited, however adheres to opportunity sampling	Yes Issues addressed	Yes Although previous relationships with some staff were established this is reported and considered in terms of familiarity: A relationship had already been established; however, this is highlighted as an advantage as people may have talked more freely	Yes Ethical approval granted by University Ethics committee	Yes Analysis was conducted based upon previous literature and recommendation . (Saldaña, 2009; Braun & Clarke, 2006)	Yes Findings drawn together in concluding comments	Yes Findings highlight changes in special school PE culture and interaction that may benefit mainstream and other special school organisations

Study	Clear statement of aims	Appropriateness of qualitative methodology	Appropriate to address research aims	Appropriate recruitment strategy	Data collection addresses research issue	Researcher/participant relationship considered	Ethical issues considered	Sufficiently rigorous data analysis	Clear statement of findings	Is the research valuable
Franklin & Goff (2019)	Yes A section of the paper is clearly dedicated to highlighting the aims of the research	Yes Methodology appropriate	Yes Aims addressed by methodology as part of larger EU study	Unclear Although the sample is reported, recruitment strategies were not identified	Yes Issues addressed	Yes Training was delivered to 31 'monitors' who would visit sites	Yes In line with UK research governance processes, ethical approval was granted by Nottingham University.	Unclear Data analysis not sufficiently reported	Yes Findings and implication for practice reported	Yes Findings influence professional practice and future research. Informing practice with evidenced positive aspects.
Loyd (2015)	Yes The study aimed to identify outcomes for the pupils from participation in drama education. Also, to examine relevant teaching approaches that facilitated these outcomes	Yes Methodology appropriate (observation, interviews, questionnaires, and document review)	Yes The various methods of data collection address the aims	Unclear Recruitment strategy not stated	Yes The various methods of data collection address the research issue	Yes Interviews were only carried out after 17 weeks of observing pupils allowing for the pupils to become familiar with the researcher to alleviate anxiety, and also to allow the researcher to observe the pupil's methods of communication	Yes Ethical approval gained from University of London ethics committee	Unclear Data analysis not discussed	Yes Findings clearly stated	Yes The research findings highlight ways that CYP with Autism can communicate their views, thoughts and feelings towards a specific subject
Davis, Carter, Myers & Rocca (2018)	Yes Aims were clearly stated within dedicated section of the paper.	Yes Methodology appropriate	Yes PAR addresses the aims of the project	Unclear Although the research states that members of a multidisciplinary team convened and all worked with students from one	Yes The data collection methods obtained the information needed by researchers	Yes Members of the disciplinary team were professional who often worked closely with the children in the setting.	Yes <i>"The Children's Trust's research committee endorsed the study and declared that</i>	Unclear Specific details of data analysis not included:	Yes Findings clearly stated	Yes Implications are clearly stated

Study	Clear statement of aims	Appropriateness of qualitative methodology	Appropriate to address research aims	Appropriate recruitment strategy	Data collection addresses research issue	Researcher/ participant relationship considered	Ethical issues considered	Sufficiently rigorous data analysis	Clear statement of findings	Is the research valuable
				specialist school and care home, details are not given as to how the researchers recruited that home and care service			<i>as it was part of a service improvement project and an adjuvant to existing services so no further national ethical approval was sought."</i>			
Greathead, Yates, Hill, Kenny, Croydon & Pellicano (2016)	Yes Statement of what the included case studies are used to illustrate	Yes Case studies of children with "severe-to-profound intellectual disability and complex communication needs"	Yes Research aims addressed	Yes Students recruited from a larger study. Opportunity sampling	Yes Data collection methods appropriate to address research issue	Yes Researcher observations were unobtrusive	Yes "Ethical approval was awarded by a Research Ethics Committee UCL Institute of Education, University College London (approval number FCL 612)"	Yes The ethnographic methods employed were sufficiently rigorous with the use of observation checklists	Yes Observation findings were clearly reported	Yes Research has value in indicating how to understand and interpret communication attempts from children with communication needs
Crombie, Sullivan, Walker & Warnock (2014)	Yes To elicit practice that was implicit and not assessed by OFSTED	Yes Methodology was appropriate	Unclear	Not Applicable Research project was conducted for the school	Unclear Data analysis not reported	Not Applicable Researchers were school staff except one Educational Psychologist employed for the project	Yes Ethical consideration not discussed	Yes Data were analysed with reference to a framework	Yes Observation findings were clearly reported. Professional practice was reported, and framework referenced	Yes Evidence of unconscious professional practice
Gaona, Castro & Palikara (2020)	Yes Aims clearly stated:	Yes Methodology was appropriate.	Yes Research aims appropriately addressed	Yes Purposeful sampling of children's	Yes The collection of EHCP's allows for the	Not Applicable Researchers analysed information from	Yes Ethical approval from	Yes Systematic content analysis	Yes Findings were clearly reported	Yes The discrepancies

Study	Clear statement of aims	Appropriateness of qualitative methodology	Appropriate to address research aims	Appropriate recruitment strategy	Data collection addresses research issue	Researcher/participant relationship considered	Ethical issues considered	Sufficiently rigorous data analysis	Clear statement of findings	Is the research valuable
	<p>What were the methods used to capture the views of young people on their EHC plans?</p> <p>What are the functioning dimensions identified as the views, wishes, and aspirations of young people with ASD?</p> <p>Does the provision described in EHC plans match the aspirations of young people with ASD?</p>			EHCP's who had a diagnosis of ASD.	analysis of different methods of eliciting the views of CYP that may be used in different settings	ECHP's, no face-to-face contact with pupils	the University of Roehampton Ethics Committee	using the ICF-CY framework and codes to analyse the content of 12 EHC plans.	<p>and synthesised:</p> <p>Discrepancies were found between plans concerning the ways in which the voices of young people with ASD were elicited. 189 functioning codes were identified, with a prevalence of activities and participation codes to reflect their views. Then body functions and lastly environmental factors</p>	highlighted lead to implications for practice when involving CYP with ASD in the process of their own EHCP, specifically with reference to transition to post-16 education and employment
Young, Dagnan & Jahoda (2016) (qualitative arm of a mixed methods study)	<p>Yes</p> <p>Aimed to explore the content of the worry of adolescents with IDs and their non-intellectually disabled peers</p>	<p>Yes</p> <p>Methodology was appropriate. Structured interviews adapted for CYP with ID.</p>	<p>Yes</p> <p>Research aims addressed successfully and hypotheses investigated</p>	<p>Yes</p> <p>Students recruited from local authority schools, Scotland</p>	<p>Yes</p> <p>Data collected with reference to two separate scales: Glasgow Anxiety Scale for people with Intellectual Disability (GAS-ID) (Mindham & Espie, 2003)</p>	<p>Unclear</p> <p>No researcher-participant relationship discussed</p>	<p>Yes</p> <p><i>"Ethical approval was granted by the University of Glasgow, College of Medical, Veterinary and Life Sciences Ethics Panel"</i></p>	<p>Yes</p> <p>Data sufficiently analysed in this qualitative section of this study, with interview questionnaires referred to and quoted responses</p>	<p>Yes</p> <p>Findings clearly stated.</p> <p>young people with and without IDs reported high levels of rumination, distress and anxiety as they approach the transition from secondary school</p>	<p>Yes</p> <p>Implications for professional practice include education staff providing transition activities and anxiety management</p>

Study	Clear statement of aims	Appropriateness of qualitative methodology	Appropriate to address research aims	Appropriate recruitment strategy	Data collection addresses research issue	Researcher/participant relationship considered	Ethical issues considered	Sufficiently rigorous data analysis	Clear statement of findings	Is the research valuable
Rees, Tully & Ferguson (2017) (Qualitative arm of mixed methods study)	Yes The paper states the implementation and evaluation of the South Lanarkshire Framework to be the aim	Yes The mixture of methodologies allows for comprehensive research. Semi-structured interview Questionnaires Audit of curricular practice	Yes Research aims addressed successfully	Unclear Recruitment strategy not detailed	Weschler abbreviated scale of intelligence (Weschler, 1999) Yes Data collection sufficient to address research aims	Unclear No researcher-participant relationship discussed	Unclear Ethical approval not discussed	Yes Thematic analysis, influenced by Grounded Theory (Glaser and Strauss, 1967)	Yes Findings clearly stated	Yes Although the framework is implemented on a local basis, the opportunity for use as an example nationally is present due to success.

CYP = Children and Young People

ID = Intellectual Disability

PA = Physical Activity

PAR = Participatory Action Research

AAC = Augmentative and Alternative Communication

APPENDIX 4. Questions or Prompts for Discussions with Staff

General explanation to begin the discussion:

In addition to establishing what works, I'm trying to find out what contextual issues might be relevant in various situations, and whether there are any factors that are vital for you to be able to achieve what you do.

The following questions may be answered spontaneously by respondents, or they may be posed in different ways to fit with the course of the discussion.

- 1) Can you tell me what you did just then that brings about good outcomes for the child? What was the specific outcome that you were focused on?
- 2) What was there about the circumstances that made you feel that this was the right thing to do right now, or that you thought might make this work?
- 3) Are there particular factors that are needed for this to work? Any resources, perhaps? Any ways of working, or rules?
- 4) Is this specific to this child? What is it about their needs that makes it specific?
- 5) Is this part of their individual education plan? Does this approach help you to pursue their EHCP targets?
- 6) What is it about the way in which staff work with the children that enhances the child's skills? (would specify skill with reference to situation e.g., life skills or independence, academic skills, social skills)

For the children and young people, questions will be phrased according to their ability. They will be guided by the targets of outcomes identified by the staff and aimed at eliciting the child or young person's perspective on that. For example...

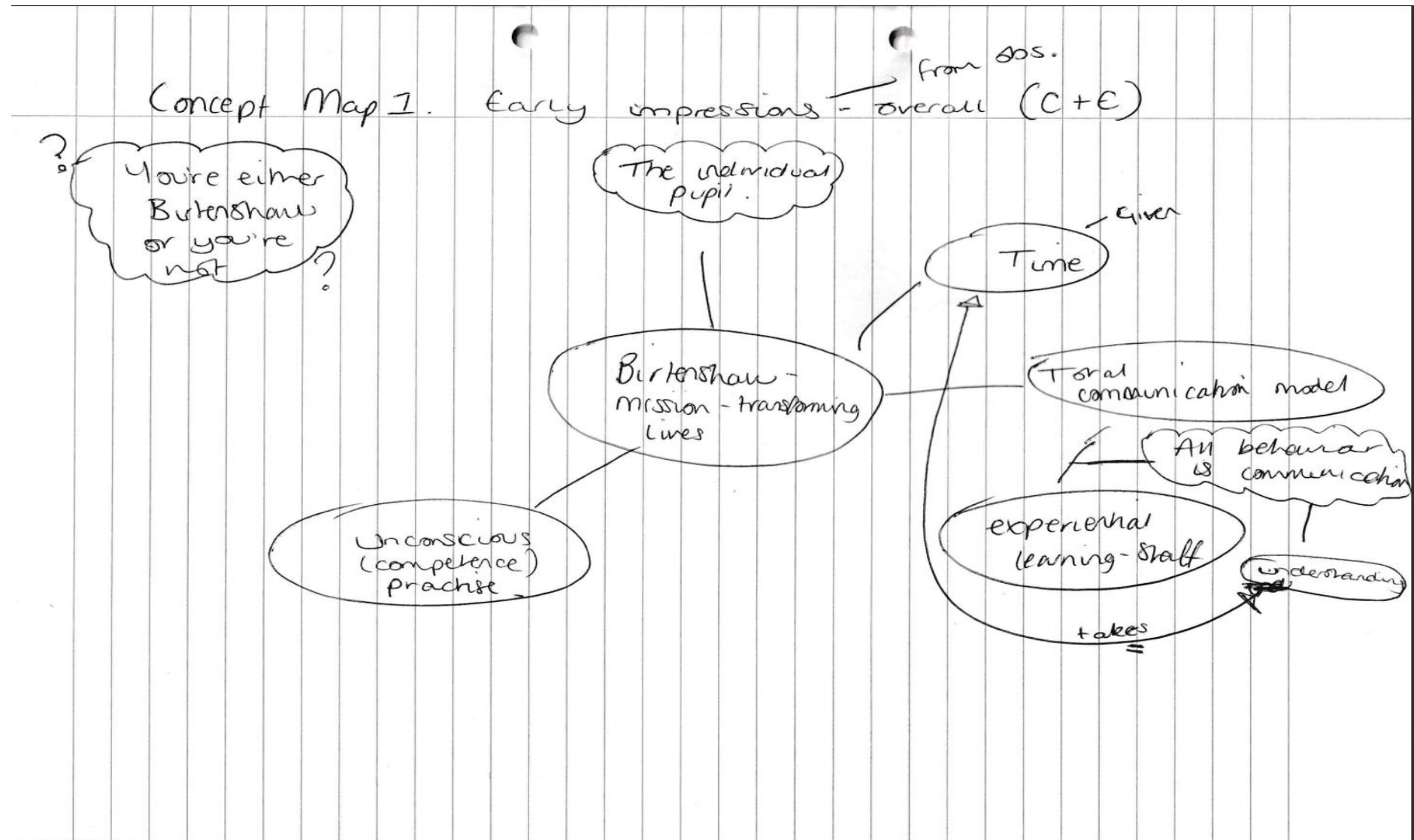
- 1) Is this enrichment activity important to you? Why does it matter? Can you look after your garden better now than you used to do, or is it just the same?
- 2) Do you still feel just as angry about as you used to do? Does what the (occupational therapists) do make you feel better or worse or just the same?
- 3) X tells me that you are good at maths. Has that made a difference to you? What about when you go on the bus? ...to the shop?
- 4) Does school/college help you to do things you're good at?
- 5) Are you happy at Birtenshaw? (less verbal individuals given the option of yes or no)
- 6) When you're upset how do staff help you?
- 7) Have staff helped you to learn how to do things for yourself?
- 8) Do you decide what you need help with? Or staff?
- 9) How? Do they show you?
- 10) How does your work experience make you feel? (college students)
- 11) What's important to you when you leave school/college?
- 12) How does school/college help you to work towards that?

For children who use Picture Exchange Communication Systems (PECS), questions will be adapted using Sym writer which breaks down language and provides symbols, the children will then be able to use their PECS cards to answer. For some children this will involve the choice from two PECS that their staff member deems to be the most appropriate.

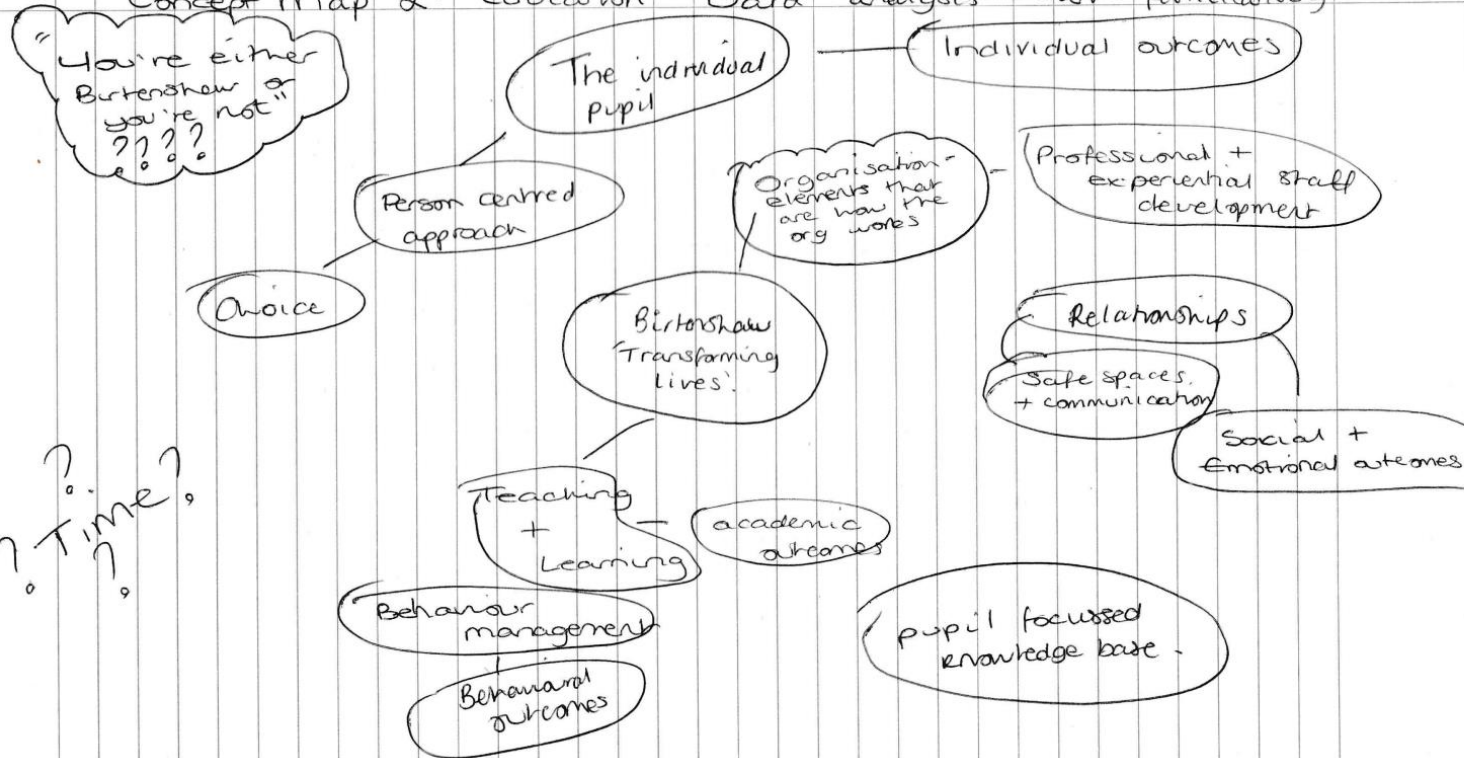
As all impromptu discussions will be subjective dependent upon situations, an example scenario is included below:

A staff member takes a child out of the class to safe space for 10 minutes. Upon return the researcher would question why that was the response? What were the signs that the child needed that and without that how would that situation have gotten worse? Was this a response tailored to that child's targets?

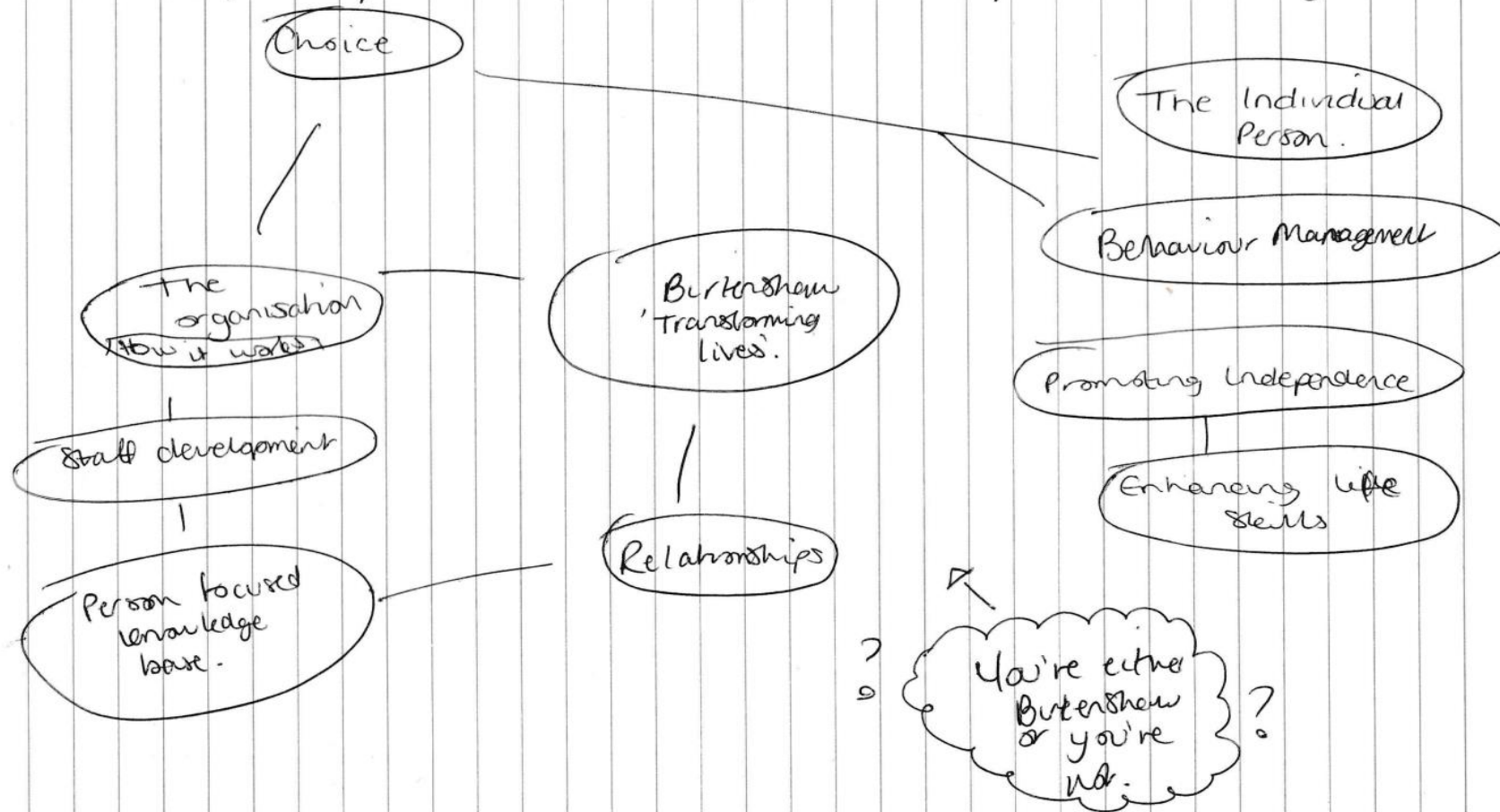
APPENDIX 5. Concept Maps



Concept Map 2: Education - Data analysis - Start - familiarising



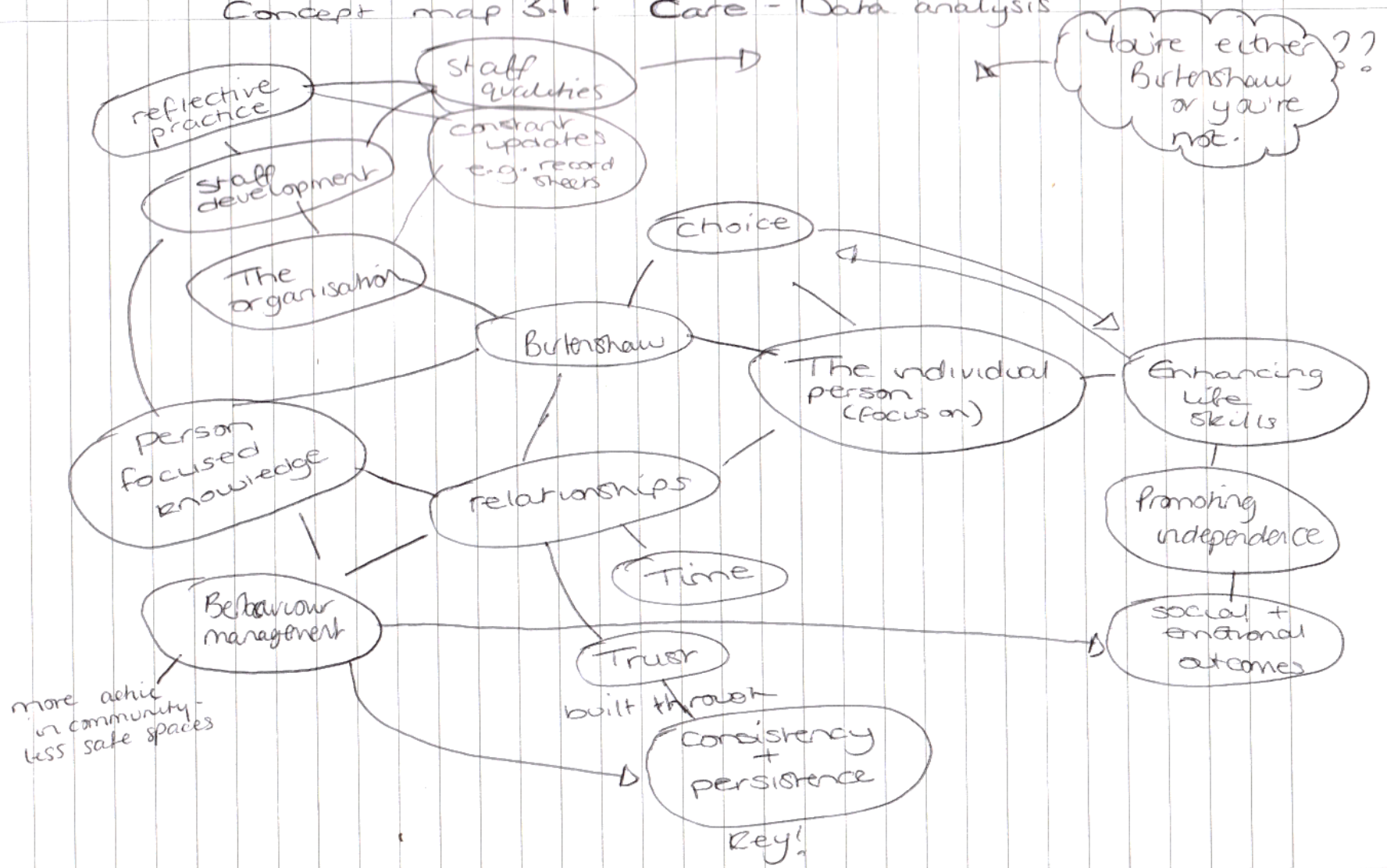
Concept Map 2.1- Care - early data analysis - familiarising



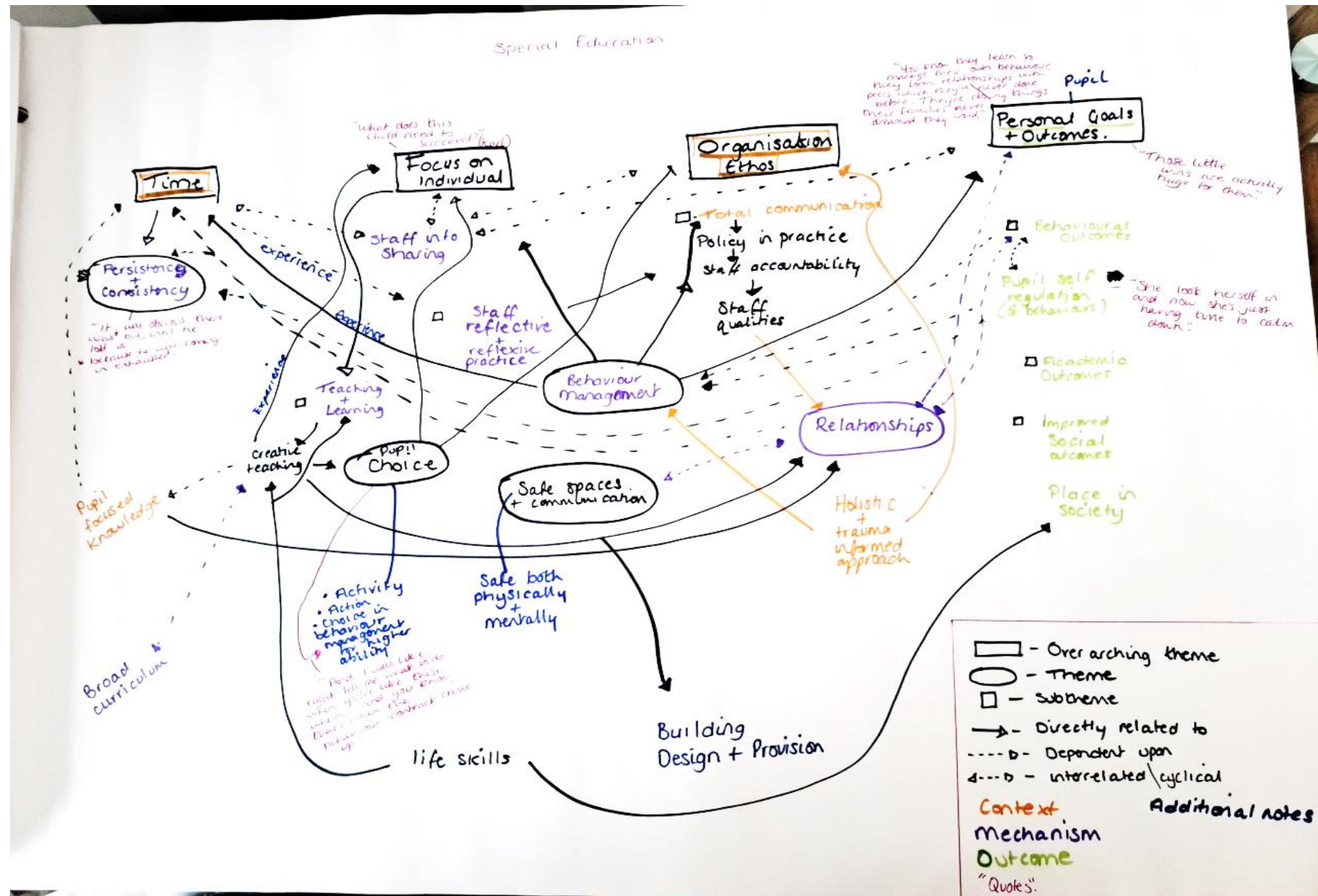
Concept map - 3.
Ed. Data analysis



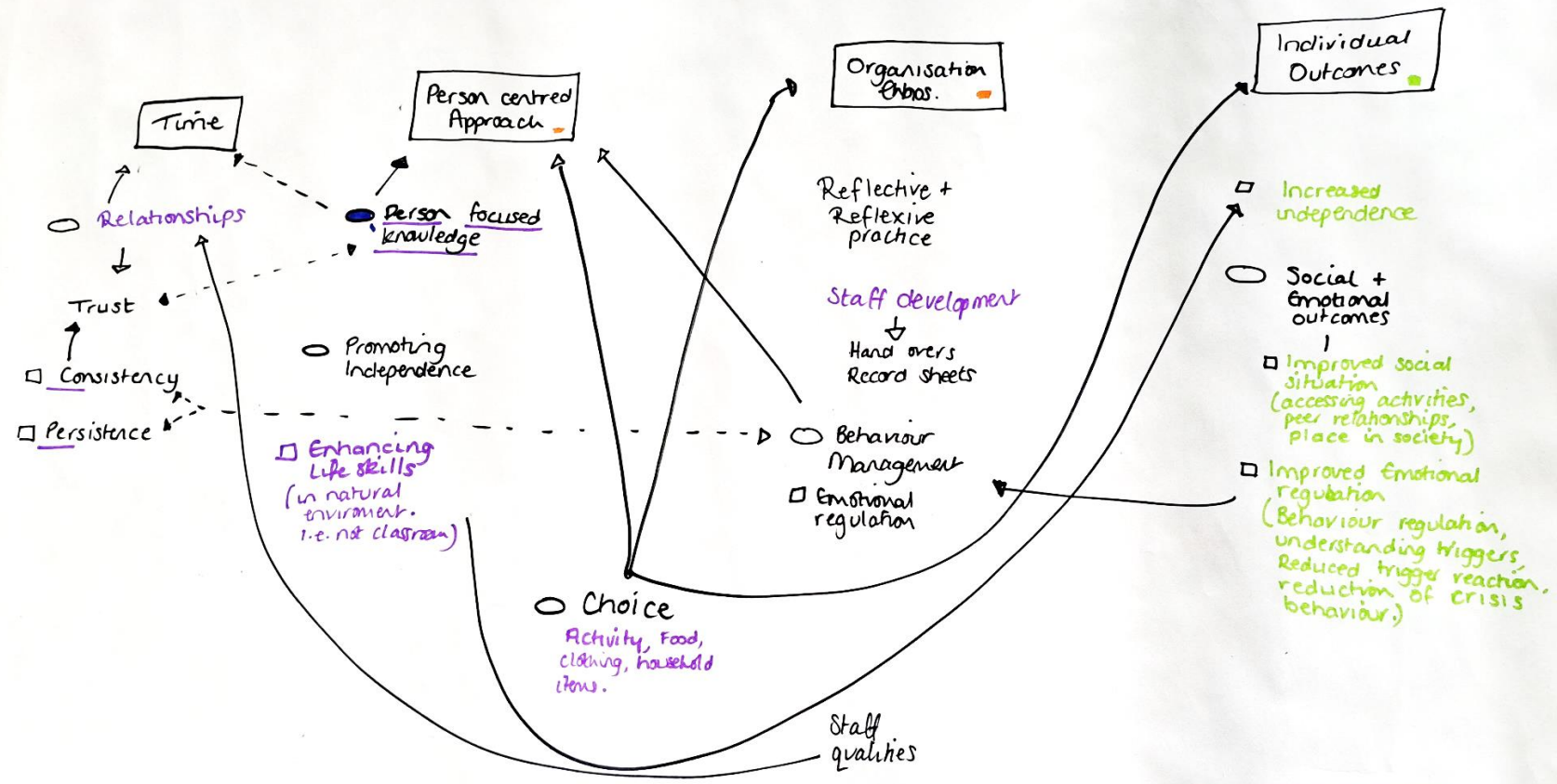
Concept map 3.1 - Care - Data analysis



APPENDIX 6 Final Concept Maps



Care



- - Overarching theme
- - Theme
- - Subtheme
- - Directly related to
- > - Dependent upon
-> - Interrelated/cyclical

Context
Mechanism
Outcome
"Quotes"

Additional notes

APPENDIX 7. Observation Protocol for Work as Done in Special Educational Needs Educational Settings

Potential Purposes of Observation

- Monitoring and reviewing professional practice and/or children's progress.
- Formal inspection purposes.
- Evaluating practice/outcomes for evidence-based research.

Overarching Principles

Adapted from Speed (2019) and NHS England (2022)

- Identify purpose and focus of observations in advance to develop *a-priori* sampling (who? what? where? why?)
- Establish whether informed consent and/or advance notification is required, dependent on the observation purpose
- Do not use covert observations (ethical risks to children in SEND environment outweigh improved reliability of covert observations)
- Engagement with staff and leadership prior to observation to ensure understanding of purpose and buy-in
- Employ critical self-awareness about one's own experiences and training influence interpretation of observations through a preferred psychological, interactional or interpersonal theories and assumptions:
 - Account for this through work on one's own positionality pre observation and contextualising data with those involved, post-observation.
- Develop a process for structured recording process of field notes.

Ethical Principles for Decision-Making about when to break from non-participatory observations

Where possible observations should be undertaken in a discreet way, making sure not to interrupt usual activities. However, ensuring wellbeing and safety of children in the environment you are observing must be always the priority. This includes being prepared to break from a non-participatory stance in cases where not interacting with a child or participating in the activity being observed would likely cause unnecessary distress to the child. Underpinning ethical principles for deciding when participation interaction is indicated are:

- Non-maleficence
- Best interests of children and young people

The practical application of these principle denotes attention to young people's arousal and comfort levels, prioritising actions that respond to their needs over the focus on non-participation.

Guidelines for Three Stages of Observation

Pre-observation	Observation	Post-observation
<ul style="list-style-type: none"> <input type="checkbox"/> Visit site(s) of observations. <input type="checkbox"/> Gain an understanding of ethos of the setting, (i.e. social model of disability) <input type="checkbox"/> Introduce self to all staff. <input type="checkbox"/> Clarify who/what is being observed, for what purpose. <input type="checkbox"/> Consider informal introduction to children being observed. <input type="checkbox"/> Potential relationship-building with children for participatory observations. <input type="checkbox"/> Gain information about timetables, lesson formats etc. <input type="checkbox"/> Clarify the number and length of observations. <input type="checkbox"/> Agree where the observer will be positioned in the classroom/playground or areas the observer will/will not be permitted to observe. <input type="checkbox"/> Obtain informed consent from staff and parents/guardians (where required) or give notification. <input type="checkbox"/> Familiarise self with the EHCP for each child due to be observed. <input type="checkbox"/> Gain information of the management strategies to avoid disruption for each child (including engagement, non-engagement and exit strategies). 	<ul style="list-style-type: none"> <input type="checkbox"/> Make notes if non-participatory observation. <input type="checkbox"/> Focus on noting all that you see, don't try to make sense of it yet. <input type="checkbox"/> Consider involvement in activities if participatory observation. <input type="checkbox"/> Consider that non-participatory observations may become participatory at children's request (employing principles above). <input type="checkbox"/> Be flexible. For example, if an unexpected incident arises, consideration should be given as to whether the observation continues, and the possible impact the observer has/had upon the situation. <input type="checkbox"/> Be constantly aware of the impact on the children in the room and whether the observer's presence is having a negative effect. Consider whether to continue with the observation or change the level of involvement/duration. 	<ul style="list-style-type: none"> <input type="checkbox"/> Make field notes as soon as possible afterwards (if not made during). <input type="checkbox"/> Debrief/discussion with staff to contextualise/understand behaviours so as not to see in isolation/from skewed perspective. <input type="checkbox"/> Reflect upon the observation session (did you obtain the information you set out to? Would you like to complete further observations to follow up?) <input type="checkbox"/> Plan further observations as required. <input type="checkbox"/> Produce findings based on observational data. <input type="checkbox"/> Disseminate/report back findings – verbal for staff and written summary for wider audience.

APPENDIX 8. Table of all Birtenshaw policies

Service	Provision	Birtenshaw Policies
Adult Care Services	Supported Tenancy	<ul style="list-style-type: none"> • Conduct management policy and procedure • Administration and Control of Medication Policy • Admission Policy • Alcohol Policy • Birtenshaw Care Services Behaviour Management Policy • Birtenshaw Care Services Autism and Behaviour Policy • Permissible Sanctions Policy • Complaints Policy • Counter Bullying Policy • Daily Room Checks and Services • Disqualified Person • Deprivation of Liberty Safeguarding Policy • Education Policy • E-Safety Policy • Gift Giving and Receiving • Health and Safety Policy • Reg 44 Independent Visits Policy • Locked Door Policy • Lone Working Policy • Missing from Home Policy • Misuse of Substances Policy • Monitoring and Surveillance • Notifiable Events Policy • Person Centre Planning • Positive Activities and Interaction Policy • Positive Risk Taking • Protocol for Out of Hours • Recording and Reporting Policy • Regulating and Vetting Visitors • Rotas, Handovers, Shift Plans and Debriefs • Safeguarding Policy • Supporting Children or Vulnerable Adults who Disclose Abuse • Sleeping In Bedtime and Night Supervision • Staffing • Supporting People from Ethnic Minorities • Supporting People of a Different Gender • Whistle Blowing • Infection Control • Ligation and Self Harm Policy • Duty of Candor Policy
	Enrichment	<ul style="list-style-type: none"> • As above
Children's Support Services	Children's Homes	<ul style="list-style-type: none"> • Conduct management policy and procedure • Administration and Control of Medication Policy • Admission Policy • Alcohol Policy • Birtenshaw Care Services Behaviour Management Policy • Birtenshaw Care Services Autism and Behaviour Policy • Birtenshaw Children's Services Permissible Sanctions Policy • Complaints Policy • Counter Bullying Policy • Daily Room Checks and Services • Disqualified Person • Deprivation of Liberty Safeguarding Policy • Education Policy • E-Safety Policy • Gift Giving and Receiving • Health and Safety Policy • Reg 44 Independent Visits Policy • Locked Door Policy • Lone Working Policy • Missing from Home Policy • Misuse of Substances Policy • Monitoring and Surveillance

		<ul style="list-style-type: none"> • Notifiable Events Policy • Person Centre Planning • Positive Activities and Interaction Policy • Positive Risk Taking • Protocol for Out of Hours • Recording and Reporting Policy • Regulating and Vetting Visitors • Rotas, Handovers, Shift Plans and Debriefs • Safeguarding Policy Supporting Children or Vulnerable Adults who Disclose Abuse • Sleeping In Bedtime and Night Supervision • Spending Time Alone with Children • Staffing • Supporting People from Ethnic Minorities • Supporting People of a Different Gender • Whistle Blowing • Infection Control • Ligature and Self Harm Policy • Duty of Candor Policy
	Short Breaks	<ul style="list-style-type: none"> • As above
Education	Schools	<ul style="list-style-type: none"> • E Safety Policy 2020 • Accessibility Plan 2020 • Administration and Control of Medication Policy 2020 • Admissions Policy 2020 • Appraisal Policy 2020 • Assessment Policy 2020 • Attendance Policy 2020 • Autism Policy 2020 • Behaviour Policy 2020 • Careers and ASDAN Policy 2020 • Community and Educational Visits Policy 2020 • Complaints Policy 2021 • Data Protection Policy 2020 • Counter Bullying Policy 2020 • Examinations and External Accreditations 2020 • First Aid Policy 2020 • Invacuation Policy 2020 • Quality Assurance Policy 2020 • Risk Assessment Policy 2020 • SEN Policy 2020 • Sex Relationship Education Policy 2020 • Supporting Learners with a Medical Condition Policy 2020 • Teaching and Learning Policy 2020 • Transition and Induction Policy 2020 • Health and Safety Policy 2020 • Personal Care Policy 2020 • Safeguarding Policy 2021 • Curriculum Policy 2020/21 • Equal Opportunities and Diversity Policy 2020 • Conduct management policy and procedure • EYFS policy
	College	<ul style="list-style-type: none"> • Personal Care Policy 2020 • Careers Policy 2019 • Curriculum Policy 2020 • Deprivation of Liberty Safeguards Policy 2020 • Equal Opportunities and Diversity Policy 2020 • Safeguarding Policy 2021 • Accessibility Plan 2020 • Administration and Control of Medication Policy 2020 • Admissions Policy 2020 • Appraisal Policy 2020 • Assessment Policy 2020 • Attendance Policy 2020 • Autism Policy 2020 • Behaviour Policy 2020 • Community and Educational Visits Policy 2020

		<ul style="list-style-type: none"> • Complaints Policy 2021 • Data Protection Policy 2020 • Counter Bullying Policy 2020 • Examinations and External Accreditations 2020 • First Aid Policy 2020 • Invacuation Policy 2020 • Quality Assurance Policy 2020 • Risk Assessment Policy 2020 • SEN Policy 2020 • Sex Relationship Education Policy 2020 • Supporting Learners with a Medical Condition Policy 2020 • Teaching and Learning Policy 2020 • Transition and Induction Policy 2020 • Health and Safety Policy 2020 • Conduct management policy and procedure
Complimentary Services	Sport and Activity	All company policies apply

Appendix 9. Confirmation of Ethical Approval

From: ethics <ethics@salford.ac.uk>

Sent: 07 May 2021 10:40

To: Laura Clarry <L.Clarry@edu.salford.ac.uk>

Subject: Ethics Application: Panel Decision

The Ethics Panel has reviewed your application: A realist evaluation of expert practice in education and care of young people with physical and learning disabilities

Application ID: 1576

The decision is: Application Approved.

If the Chair has provided comments, these are as follows:

Please use the Ethics Application Tool to review your application.

APPENDIX 10. Participant Information sheet – Staff

A realist evaluation of expert practice in education and care of young people with physical and learning disabilities, and Autism

Principle Researcher: Laura Clarry: PhD student

Information for Staff

The Birtenshaw Group and the University of Salford are investigating expert practice in the education and care of children and young people with disabilities and autism. As a Birtenshaw employee you are invited to take part in the research project. This information sheet provides details of the project and what may be required of you should you agree to take part.

What are we doing?

The aim of the research is to discover how the Birtenshaw approach to education and care affects pupil outcomes. We want to know what works and what makes it work. The project will continue across the Birtenshaw group over two years. During this time, the researcher will spend time in the schools and other services to understand what is done and why.

Why is the research being conducted?

This academic research will identify the complexity of expert practice in Birtenshaw. This could produce evidence that might help other providers to achieve positive outcomes for young people.

What will be asked of you if you agree to take part?

Taking part in this research will involve being observed during daily activities and taking part in conversations with the researcher, either alone or as part of a group. These conversations may be recorded using a mini recorder. This will help the researcher to remember what you said more accurately later. Any responses will remain confidential. No-one else will know what was said by you specifically. No identifying details will be reported. We may also video-record some activities with everyone's consent, but these recordings will not be made public. We will ask explicitly for your consent on each occasion, and if you decline, we will not record the episode. We will allow you to review the footage and discuss your insights with the researcher. This is called "think-aloud". You will have the opportunity to record a brief personal video message if you prefer. This footage may be used across Birtenshaw media outputs and in university presentations of the research.

Can you withdraw from the research?

Inclusion in the study is entirely voluntary. You may withdraw from taking part in the project without reason even after giving consent. You can withdraw up to one month

after data collection. However, if you have already provided data (as voice recording or informally) this will remain part of the data set, as the data will be coded and may already have been pooled with other data. This combined data will not contain any personally identifiable details. Any video recordings can be omitted from further analysis.

What are the disadvantages and possible benefits of taking part?

We are not aware of any disadvantages of taking part in the study unless you feel the researcher's questions to be burdensome (in which case you ask to be allowed to carry on with your work). We believe that you may benefit from understanding more about the impact of your work in improving outcomes for the children. Mostly, the benefit will be to children's care in other organisations being enhanced by learning from Birtenshaw.

What happens with the results?

The study is for a PhD, so the main report will be a thesis. The results will be made available to you in a summarised format. We will publish the findings in professional journals. Study data will be anonymised and pooled, then stored on the university server in case of use for further studies.

Who has reviewed the study?

The University of Salford's Research Ethics Committee has given a favourable opinion for this study.

What next?

An informed consent sheet will be provided to you. If you are happy to take part, then you can complete the form and return directly to the researcher. Although consent will ask for your employment position, you will not be personally identifiable unless in video footage. There will be two separate sections for you to provide consent to voice recordings and video footage. Unless partaking in video recording your anonymity will be preserved.

CONTACTS FOR FURTHER INFORMATION OR IN CASE OF CONCERN

If you would like to discuss the study, please contact the researcher

Laura.clarry@birtenshaw.org.uk or l.clarry@edu.salford.ac.uk

If you would like to discuss any concerns with the doctoral supervisor

Professor Tony Long: t.long@salford.ac.uk 0161 2952750.

If the matter is still not resolved, please forward your concerns to

Chair of the Health Research Ethics Committee, Mary Seacole Building, University of Salford, Salford, M6 6PU, ethics@salford.ac.uk .

You can also contact the Birtenshaw supervisor for this project:

David Reid, CE of Birtenshaw.

Thank you for your time

Laura Clarry

APPENDIX 11. Staff consent form

A realist evaluation of expert practice in education and care of young people with physical and learning disabilities, and Autism

Consent Form for Staff

Participant Number _____

Birtenshaw Unit _____

Please read each statement...
each box

...then initial

1. I confirm that I have read and understood the participant information sheet (Version 2.0, 21-04-2021) for this study. I have had the opportunity to consider the information and ask questions, and had these answered satisfactorily.
2. I understand participation in the study is voluntary, and that I can withdraw at any time without giving a reason and without negative consequences. Data may be withdrawn from the study on request up to one month from collection.
3. I understand that participation might involve being observed in interactions with children and young people; engaging in informal discussion with the researcher (one-to-one or in a small group); reviewing recorded material and commenting on it ("think aloud"); or creating a short video-recording, all as I choose.
4. If participating in a group discussion I will keep what is discussed confidential.
5. I understand that I may be asked to agree to video-recording of my practice (for "think aloud" review), or to audio-recording of my discussions with the researcher, though I may decline, in which case there will be no recording.
6. I agree to anonymised quotations from discussions being used as study data.
7. I understand that my personal details will be destroyed on completion of the study but anonymous, pooled data from the observations and discussions may be kept by the University for use in future studies.
8. I understand that the use of "talking head" recordings will be restricted to Birtenshaw media outputs and University presentations for the benefit of the project or the organisation.
9. I agree to take part in the study.

Participant name _____ Signature _____

Date _____

Researcher Signature _____ Date _____

APPENDIX 12. Participant Information Sheet – Parent/Guardian

A realist evaluation of expert practice in education and care of young people with physical and learning disabilities, and Autism

Principle Researcher: Laura Clarry: PhD student

Information for Parent/Legal Guardian

The University of Salford is conducting research on behalf of the Birtenshaw Group into the way that education and care affects the lives of the pupils. A researcher will spend time in Birtenshaw services, observing how they operate. The emphasis is on what staff do and why this is effective. However, children and young people will be part of observed practice and will also have the opportunity to express their thoughts if they choose to do so. For this reason we seek your consent for them to be involved, too.

What are we doing and why?

The aim of the research is to discover how the Birtenshaw approach to education and care affects pupil outcomes. We want to know what works and what makes it work. The project will continue across the Birtenshaw group over two years. During this time, the researcher will spend time in the schools and other services to understand what is done and why. This research will identify the complexity of expert practice in Birtenshaw. This could produce evidence that might help other providers to achieve positive outcomes for young people.

How might your child be involved if you agree for them to take part?

If your child is involved with this project, they may be present when staff are observed in the classroom or in enrichment activities. The staff members who normally teach or care for your child will explain what is happening using their personal means of communication, and Birtenshaw staff will always be present. Conversations with staff members may be audio-recorded. This will help the researcher to remember what was said more accurately later. The recording will be transcribed or notes made, but no personal details about your child will be recorded. The researcher will be the only person who has access to this data until any personally identifiable information (such as names) has been removed. Once these pieces of information are removed, the University project supervisors may view the data.

The researcher may engage directly with your child during their usual daily activities (whether this is their educational activity, choose time, time spent at the enrichment service, or time in their care provision - this includes their children's home/supported tenancy, and the short breaks service) and she will have spent time with them to allow the children to recognise and understand who she is. As part of the project, the

researcher will access your child's education and health care plan to assess how targets set out in the plan are addressed and met. No personal or identifying information from the education and health care plan will be kept.

There might be the opportunity to videorecord some of the interactions with the researcher or to make a brief personal video message ("talking head") with the help of the Birtenshaw media team. With your prior permission, this may be used by the Birtenshaw Group across their media outputs and may be possibly be used within University presentations. You will have the opportunity to give your permission separately for this.

Can you withdraw from the research?

Inclusion in the study is entirely voluntary. You may withdraw permission for your child to be included in the project at any time, without giving a reason. If you wish, we will remove as much of the data relating to your child as possible from the analysis, though it would be especially helpful if it could be retained in its anonymous format. It may not be possible to extract information that has already been coded and pooled with data from other children and staff. This will remain part of the data set. This combined data will not contain any personally identifiable details. Any video recordings can be omitted from further analysis.

What are the disadvantages and possible benefits of taking part?

We are not aware of any disadvantages of taking part in the study. We believe that the children may benefit from staff understanding more about the impact of their work in improving outcomes for the children. There will be benefits for the care sector as services in other organisations learn from the study findings.

What happens with the results?

The study is for a PhD, so the main report will be a thesis. The results will be made available to you in a summarised format. We will publish the findings in professional journals. Study data will be anonymised and pooled, then stored on the university server in case of use for further studies.

Who has reviewed the study?

The University of Salford's Research Ethics Committee has given a favourable opinion.

What next?

If you are happy for your child to take part, then you can complete the consent form and return it directly to Birtenshaw. Your child's name is included for Birtenshaw's governance purposes. Failure to return the completed consent form will be taken as an indication that you decline to allow your child to be involved.

CONTACTS FOR FURTHER INFORMATION OR IN CASE OF CONCERN

If you would like to discuss the study, please contact **the researcher**: Laura Clarry
l.clarry@edu.salford.ac.uk;

or the **doctoral supervisor** Professor Tony Long: t.long@salford.ac.uk 0161 2952750.

You can also contact the **Birtenshaw supervisor for this project**: David Reid, Chief Executive of Birtenshaw. David.Reid@birtenshaw.org.uk.

If the matter is still not resolved, please contact: Professor Andrew Clarke, **Chair of the Health Research Ethics Committee**, Mary Seacole Building, University of Salford, Salford, M6 6PU, ethics@salford.ac.uk .

Thank you for your time.

Laura Clarry

APPENDIX 13. Parent/Guardian Consent form

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Consent Form for Parent/Legal Guardian

Child/Young Person Name _____ Birtenshaw Unit

**Please read each statement...
each box**

...then initial

1. I confirm that I have read and understood the participant information sheet (Version 2.0, 20 th April 2021) for this study. I have had the opportunity to consider the information and ask questions, and have had these questions answered satisfactorily.
2. I understand my child's or young person's participation in the study is voluntary, and that I can withdraw my consent at any time without giving a reason and without negative consequences.
3. I understand that participation might involve being observed in interactions with staff; engaging in informal discussion with the researcher; or creating a short "talking head" video recording.
4. I agree to anonymised quotations from discussions being used as study data.
5. I understand that my child's or young person's personal details will be removed from university files on completion of the study, but anonymous, pooled data from the observations and discussions may be retained for use in future studies.
6. I understand that the use of "talking head" recordings will be restricted to Birtenshaw media outputs and University presentations for the benefit of the project or the organisation.
7. I agree to my child/young person taking part in the study.

Parent/Guardian name _____

Signature _____

Date _____

Researcher Signature _____

Date _____

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