

## Person-centred reviews and transition: an exploration of the views of students and their parents/carers

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### ABSTRACT

The person-centred review (PCR) is a model for the review of a student's special educational needs (SEN) which places the young person and their family at the centre of the process. This mixed-methods, exploratory study investigated the views of 16 students with SEN aged between 10–11 years (Year 6) and 13–14 years (Year 9), and their parents/carers on their PCRs (which were mostly held at transition). Attention was paid to potential changes in the young people's locus of control and feelings towards school. Findings indicated that the PCR is a collaborative, constructive and reassuring process for families where a wealth of information is shared openly and honestly within a relaxed, yet structured, meeting. The young people were generally positive about the process, although many felt daunted beforehand. Some parents felt the meeting was too long and not entirely accessible to children. The study did not conclude that the young people's locus of control or feelings towards their education changed following the PCR. Implications for good practice are discussed, particularly for educational psychologists and in the context of the SEN and Disability Code of Practice.

### KEYWORDS

Person-centred reviews; person-centred planning; special educational needs; pupil participation; parent participation; transition

## Introduction

Person-centred planning (PCP) is an approach to planning which has developed within health care, social care, and education. It is suggested that the needs of the client are often lost to the demands of the system that is supposed to serve them (Holburn, 1997) and that people with learning disabilities can feel as if they have little involvement in decisions that affect them (Department of Health [DoH], 2001). PCP is described as an empowering philosophy that shifts power from professionals to service users (DoH, 2010). Disabled young people can be described as experts in their impairment and so support designed in partnership with them should be better suited to their needs. (Department for Education and Skills [DfES], 2007). PCP is said to help young people know what they want, and help them feel stronger and more confident (Department for Children, Schools and Families [DCSF], 2010).

PCP features strongly in the special educational needs (SEN) and Disability Code of Practice (Department for Education [DfE], DoH, 2014), which stipulates that school support should

fit around the needs of the child, with the child and their strengths and capabilities placed at the heart of assessment and planning. Emphasis is placed on seeking and acting upon the views of both the child and their parents, and ensuring they have the support needed to take part in decision-making.

The person-centred review (PCR) is a model for the review of a young person's SEN with psychological underpinnings of humanistic and positive psychology. With their parents, the young person is placed at the centre of the process which focuses on their interests, preferences and strengths. A one-page profile (OPP), put together by the young person in advance of the meeting supports them to prepare their contributions. A facilitator chairs the meeting, which focuses on questions such as "what we like and admire about (student)"; "what is important to (student) in the future?" and "what is working well?". Attendees (professionals, parents and the student) are invited to write ideas on large sheets hung on the wall. Parents and their children are supported where appropriate. The facilitator leads a discussion around the information shared and an action plan is formulated (Sanderson, Mathiesen, & Erwin, 2006).

### ***Impact of PCP procedures***

In education, the PCP approach has been identified as increasing parental involvement in meetings and increasing parent satisfaction (Miner & Bates, 1997). Child-centred meetings were described by families as more purposeful, structured, clear, focused, open, in-depth and collaborative, and were felt to provide a more holistic view of the child (Childre & Chambers, 2005). The reliability of both studies cited here is confounded by the dual role of the PCP facilitator and researcher. Hagner, Helm, and Butterworth (1996) investigated PCP processes which were facilitated by another party. Their findings indicated that, although family participation in the review meeting increased, student participation remained limited and was not valued by professionals. A small sample of participants (Year 9 boys [aged 13–14 years] with behavioural, emotional, and social difficulties [BESD]) described feeling initially apprehensive in a PCP meeting. However, they were positive about the process and talked about eventually feeling at ease. It was suggested that visual approaches facilitated their understanding, ensuring the meeting was inclusive and collaborative (Taylor-Brown, 2012). Visual approaches in child-centred planning may also ensure the child remains engaged in the meeting and feels their voice is heard (Hayes, 2004). Hagner et al. (2012) argue PCP can impact on students' self-determination as they become more aware and able to communicate their preferences. Kaehne and Beyer (2014) found that student attendance at PCP meetings was good and the plans formulated seemed accessible. Students' views were not directly explored in this study.

### ***Pupil participation***

The SEN and Disability Code of Practice advocates student participation in planning and decision-making. It has been suggested that students who are more involved in education planning score higher on measures of self-determination (Test et al., 2004). Goepel (2009) argued that listening to children develops shared knowledge which fosters student engagement. It has also been reported that participation develops students' initiative and feelings of choice (Emilson & Folkesson, 2006) and control over their learning (Beveridge, 2004). Despite

this, reservations have been expressed by adults and scepticism of the authenticity of the participation expressed by young people (Norwich & Kelly, 2006). The research outlined here is largely based on interview data which mainly reflect the opinions of adults and therefore is limited in providing a shared perspective.

### **Parent participation**

Parent participation in students' education is also strongly featured in the SEN and Disability Code of Practice (DfE, DoH, 2014). The Lamb Inquiry (DCSF, 2009) argued that parents should be treated as equal partners with expertise. Parents have been described as the child's best resource, highlighting the acute insights that are provided by parents (Billington, McNally, & McNally, 2000). Parental involvement has been found to be positively related to student achievement (Fan & Chen, 2001), even when confounding variables such as social-economic status (SES) and family size are factored out (Desforges & Abouchaar, 2003).

Evidence suggests that less empowered groups of parents are less likely to participate in their children's schooling, particularly as the student grows older (Fantuzzo, Tighe, & Childs, 2000). In particular parents placed in a low SES group were seen as having poorer knowledge about education laws and education settings. They felt their attempts to advocate for their children were not effective and in this sample of 33 parents, the children of the low SES parents had less inclusive education placements (Lalvani, 2012). Parents are most likely to participate if they feel it is part of their role and feel they have the capacity to do so. Invitation from the school was found to be the most notable predictor (Green, Walker, Hoover-Dempsey, & Sandler, 2007). It could be argued that the PCR process provides the structured opportunity for parents to be invited to participate.

### **Transition**

Transitions can incorporate a range of anxiety provoking changes for young people, (Tobbell, 2003). The primary to secondary transition coincides with many other changes in child development (Brewin & Stratham, 2011). The discontinuity between secondary education and adult education services for young people with learning disabilities, and short term, reactive planning can lead to families' frustration, confusion and desperation (Hudson, 2006). The importance of planning, information sharing, home-school liaison and "understanding staff" to facilitate smooth transition has been highlighted (Dann, 2011) as well as an holistic, individualised package (Brewin & Stratham, 2011). It seems the PCR presents a potentially useful tool to ensure the student is able to move from one stage to the next with individualised support.

## **Methodology**

### **Context and aims**

This study was conducted in a London Borough (UK) where Helen Sanderson's model of PCRs (Sanderson et al., 2006) was being used for vulnerable children with special educational needs, predominantly in Years 6 and 9 (two key transitions). Permission was gained from the local authority and ethical approval for the study was given by the University of East London Graduate School. Informed consent was gained from each participant.

An exploratory approach allowed for a broad investigation of the participants' views on the PCR process. Particular interest was paid to whether the young people and their parents felt listened to, whether the young people's knowledge about their learning, feelings of motivation, positivity towards school and locus of control (LOC) changed following the meeting. LOC is a measure of the extent to which an individual believes events in their life are beyond their control (external), or a result of personal factors (internal) (Rotter, 1966).

## **Design**

A mixed-methods design was employed to answer the following research questions:

- (1) What are the views of young people with SEN and their parents/carers on PCRs?
- (2) Do the young people and their parents/carers feel they are listened to?
- (3) Does the process impact on the young person's LOC, their feelings of motivation and positivity towards school?
- (4) Do the young people display greater knowledge of their learning targets following the review?

Qualitative methods were the dominant and primary means of gathering data, which addressed the main exploratory purpose of the study (question 1). Semi-structured interviews (SSIs) allowed an exploration of the parents' and young people's experiences of the PCR. Parents were interviewed after the review and young people were interviewed both before and after the review. Quantitative methods took a secondary, supporting role, to explore the more specific research questions 2–4. Scaling questions and a LOC scale (see Appendix 1) were used with the young people before and after the PCR.

The data collection methods were used concurrently at two time points: approximately one week before, and one week after the PCR. A timeline of the study can be found in Appendix 2, Table A1.

## **Sample**

The sample included children and young people with SEN at mainstream schools, and their parents/carers. A summary of participants can be seen in Table 1.

## **Data collection**

The qualitative nature of SSIs allowed for an exploration of the meanings the interviewee attached to the PCR process, allowing the participants to share their views using their own words. One interview was recorded in written form. Others were recorded and later transcribed by the researcher.

The LOC scale for children (Nowicki & Strickland, 1973) was used with the children before and after the PCR (Appendix 1). The 40-item scale features yes or no questions constructed based on Rotter's (1966) definition of the internal-external LOC reinforcement dimension. The scale produces a quantified measure indicating an external or internal LOC. The researcher read each statement to the participant and asked them to provide a verbal "yes" or "no" answer.

**Table 1.** Participants.

Young person	Gender	Parents/ carers	Year of schooling	SEN classification <sup>a</sup>	Ethnicity	First language
1	M	Mother	6	Physical disability	White British	English
2	M	Mother	6	MLD	White British	English
3	F	Mother & father	9	ASD	White British	English
4	F	Grandmother & grandfather	8	SpLD	White British	English
5	M	Mother	6	ASD	White British	English
6	M	Mother	6	BESD	White British	English
7	M	Mother	6	ASD	White British	English
8	M	Mother & father	6	MLD	White British	English
9	M	Mother	6	MLD & ASD	White British	English
10	M	Mother & sister	6	BESD & MLD	White British	English
11	F	Mother	6	SpLD	White British	English
12	M	Mother & father	6	MLD, SpLD, BESD	White British	English
13	M	Mother	6	Physical disability	White British	English
14	M	Mother	6	MLD	White British	English
15	M	Mother	6	ASD	White British	English
16	F	Mother	6	MLD & ASD	White British	English

<sup>a</sup>Special educational needs (SEN) classification: MLD, moderate learning difficulties; ASD, autistic spectrum disorder; SpLD, specific learning difficulties; BESD, behavioural, emotional, and social difficulties.

Scaling questions allowed the researcher to gain an objective measure of the young people's reported feelings of control, motivation and positivity towards their education and to make comparisons to investigate whether the PCR may have impacted on these feelings.

### **Data analysis**

Thematic analysis was identified as a suitable process to analyse the qualitative data, fitting with the critical realist ontology. The researcher identified commonalities amongst the participants' views in order to assert some understandings about the shared experiences and opinions of the populations. The analysis was data-driven and the researcher focused on semantic themes, using the language of the participants wherever possible to code data extracts. The stages of analysis outlined by Braun and Clark (2006) were followed. The interviews were conducted, recorded and transcribed by the researcher. Repeated reading allowed ample opportunity for familiarisation and basic segments of meaning were identified as initial codes. All data extracts demonstrating the same code were grouped together and checked. Repeating patterns of meaning formed candidate themes. Themes were reviewed and defined and a thematic map developed.

Thomas and Magilvy (2011) and Baxter and Eyles (1997), describe four criteria for establishing rigour in qualitative research: credibility, transferability, dependability and confirmability. These criteria were adhered to, ensuring the findings reflected an authentic and credible representation of the participants' views.

Descriptive statistics were used to analyse the quantitative findings and compare the children's feelings before and after the PCR.

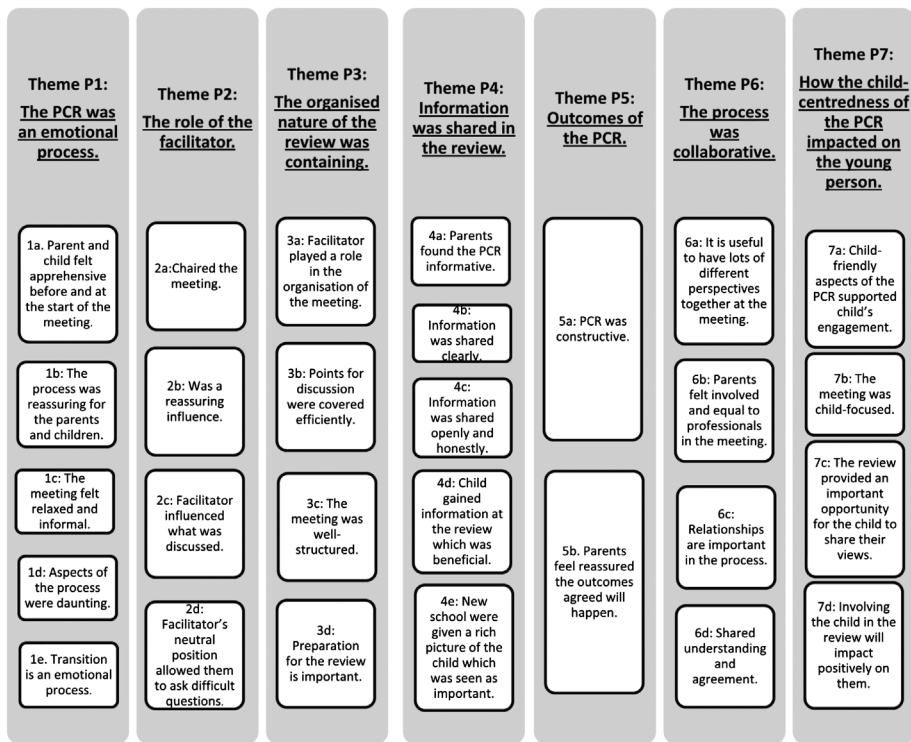


Figure 1. Thematic map from parent interviews.

## Findings

### Thematic analysis

Interviews with parents and young people were analysed as separate data sets and are presented in separate thematic maps (see Figures 1 and 2).

### Impact of the PCR on the young person

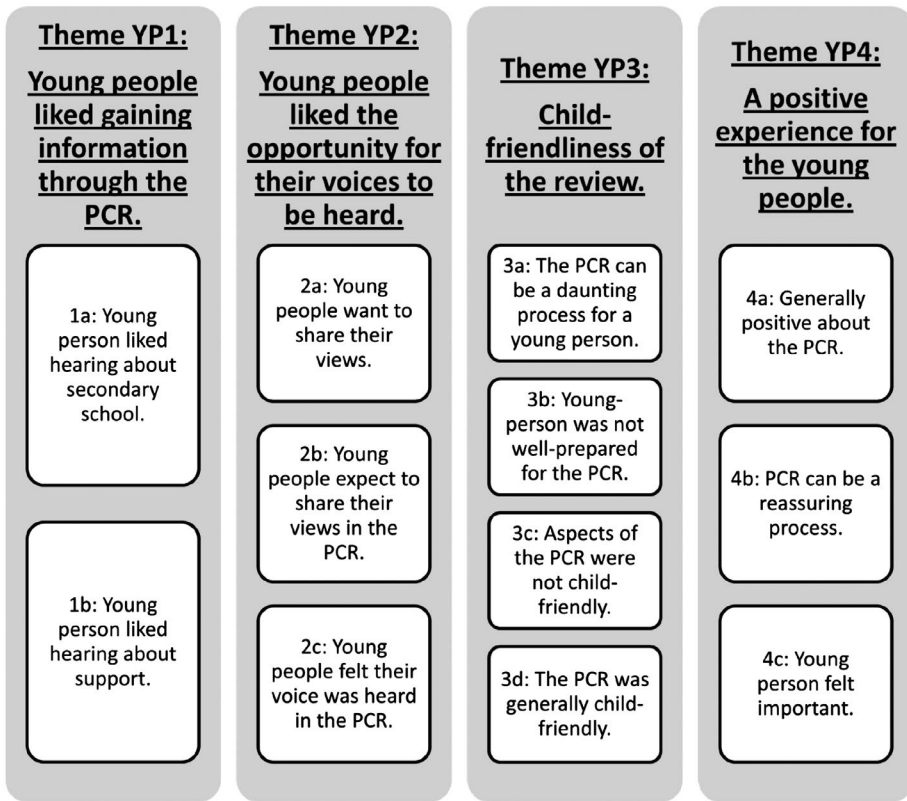
The quantitative data are presented through descriptive statistics. This analysis addresses the third research question: Does the process impact on the young person's LOC, their feelings of motivation and positivity towards school?

### Locus of control (LOC) scale scores

For each item of the scale, a point was given for answers indicating an external LOC and no points were given for answers indicating an internal LOC. Half points were given when a child was unable to choose either a "yes" or a "no". Scores and means are presented in Table 2.

### Scaling questions

The young participants were asked to rate how much they felt listened to (10 indicated "very much" and zero indicated "not at all"). Nine of the 16 young people rated a 10/10.



**Figure 2.** Thematic map from young people’s interviews.

**Table 2.** Locus of control scale scores.

Participant	Year of schooling	SEN classification	Pre-PCR score	Post-PCR score	Change in score
1	6	Physical disability	16.5	10	-6.5
2	6	MLD	10	8	-2
3	9	ASD	10.5	11	+0.5
4	8	SpLD	19	16	-3
5	6	ASD	15	19	+4
6	6	BESD	21	24	+3
7	6	ASD	14.5	12	-2.5
8	6	MLD	15	21	+6
9	6	MLD & ASD	14.5	17	+2.5
10	6	BESD & MLD	18	17	-1
11	6	SpLD	18	17.5	-0.5
12	6	MLD, SpLD, BESD	23	24	+1
13	6	Physical disability	19.5	15.5	-4
14	6	MLD	29	26.5	-2.5
15	6	ASD	17.5	19	+1.5
16	6	MLD & ASD	20	19.5	-0.5
Mean			17.6	17.3	-0.3

Scaling questions were also asked relating to control, positivity and motivation. The mean scores are presented in Table 3.

**Table 3.** Responses to scaling questions.

	Mean pre-PCR score > mean post-PCR score (Change)					
	Physical disability (2 students)	MLD (6 students)	ASD (4 students)	SpLD (2 students)	BESD (2 students)	Overall
Positivity	7.25 > 8.75 (+1.5)	7.6 > 7.4 (-0.2)	8.4 > 9 (0.6)	2.5 > 5 (2.5)	8 > 7.5 (-0.5)	7.2 > 7.7 (+0.5)
Control	4 > 5.25 (+1.25)	4.4 > 5.5 (+1.1)	6 > 5 (-1)	5 > 0 (-5)	6.5 > 1 (-5.5)	5.6 > 4.1 (-1.5)
Motivation	7.8 > 8.25 (+0.45)	8.5 > 9.25 (+0.75)	8.8 > 8.7 (-0.1)	7.5 > 7.5 (0)	9.5 > 8.5 (-1)	8.5 > 8.7 (+0.2)
Feels listened to (scores from post-PCR only)	9	8.8	9.1	7.5	8	8.7

Very few young people were aware of what their learning targets were. There was not a notable change in the young people's knowledge of their learning targets following the PCR.

## Discussion

### *An emotional and daunting process*

The findings suggest that transition can be an emotional time for families; the relationship between the family and the school is ending, and parents hoped that the new school would develop an understanding of their child, and arrange appropriate support to ensure they achieve.

Many participants seemed to feel initially daunted by the PCR meeting itself. They were apprehensive about the unfamiliar methods of PCP, and felt nervous about speaking and writing in front of others: "obviously the teachers it comes across easier to them doesn't it writing on – writing them down and. They write neater and better than you and you think 'oh'" (parent 11). This is interesting to note, given that previous literature has asserted that parents with a lower SES (Desforges & Abouchaar, 2003; Lalvani, 2012) and less educated parents (Fantuzzo et al., 2000) are less likely to be involved in their child's education and decision-making. Parents' and children's anxieties appeared to be exacerbated by the lack of preparation for the meeting. The SEN and Disability Code of Practice stipulates that professionals should ensure parents and children are supported to access discussions and should be given time before meetings to prepare. Professionals will need to be aware of parents' level of education and possible feelings of disempowerment when expecting them to engage in a meeting involving speaking and writing in front of others. It seems important that more preparatory work is done to ensure parents and young people are informed and reassured about the process and can prepare their contributions.

### *The PCR is containing and reassuring*

... it gave me a lot more confidence a HELL of a lot more confidence in the fact that they really do understand how important this is ... yeah, no it's given me a lot of confidence. (parent 6)

The informal style of the meeting seemed to help participants feel more relaxed. This may reflect Hayes' (2004) findings that adopting visual approaches in a review meeting may



contribute to a fun, informal atmosphere. Despite this informality, the PCR gave parents the impression of being structured. This seemed to be largely due to the skills of the facilitator, who was described as in control and organised: “the lady who was sort of sort of taking the meeting really that she had done this before and she perhaps from experience knew what needed to be addressed first” (parent 1). There are therefore implications for ensuring that facilitators are adequately trained to facilitate a successful meeting with these features. Participants seemed to be reassured by the wealth of transparent information that was shared in written form and the comprehensive action plan that was developed as a result: “well like he says it was just so thorough ... you only get minimal detail of what he’s doing, like how well he’s doing, compared to what was wrote in there, how much more detailed it is” (parent 12). This reflects the findings of Childre and Chambers (2005), who also concluded that parents found the PCP process provided clarity and in-depth, open communication.

Parents in this study appreciated that the PCR did not purely focus on the child’s needs: “we weren’t just talking about his disabilities and problems he’s got, his mind. We were talking about S as a person as well which sometimes can get a bit overlooked” (parent 5). It could be argued that manifestations of positive psychology in PCR headings led to a wealth of outcomes: “... and made an action plan at the same time so I think that’s – a massive action plan it was the whole sheet ... yeah she was squeezing things in at the end” (parent 16). The presence of the families in the PCR perhaps also contributes to the focus on solutions, rather than problems (Hagner et al., 1996).

The involvement of young people in the meeting created opportunities for them to be directly reassured by professionals and school staff and hear information first-hand: “yeah, it was good ... er I liked about everyone that, they were all caring for me” (student 6).

### ***The PCR is a collaborative and empowering process for parents and children***

The PCR process seems to ensure families are privy to honest and transparent information about the young person’s progress in school and plans for the future, which leads to shared understanding and agreement: “and to see, you were seeing people writing things down so you could actually see what people were thinking, like his teacher was writing things down and you think actually yeah you do know” (parent 6).

Parents liked to have different perspectives at the meeting and felt that the visual process aided the production of ideas. “BUT you could see what other people had put and sometimes it would jog things that you perhaps wanted to say and put down” (parent 13). Parents and young people were made to feel like equal partners in the process and felt listened to. The visual writing process used in the meeting ensures everyone is given the same method and time to communicate their views without them being overlooked or interrupted: “instead of you saying a point because some people can ignore you ... so if they see what you wrote then at least they can think ‘well this person’s made a good point, why do you think they made that point?’” (student 3). This supports previous findings that PCP can encourage collaborative planning (Childre & Chambers, 2005) and parental involvement (Miner & Bates, 1997; Hagner et al., 1996). Hayes (2004) suggested that recording children’s views in a visual format illustrates to them that they have been heard and students with BESD described that visual approaches allowed them to feel more included in a meeting (Taylor-Brown, 2012). It seems therefore that the PCR process and the visual approaches it incorporates may provide

a model for successfully utilising parent and child views in planning and decision-making, as required by the SEN and Disability Code of Practice (DfE, DoH, 2014).

Participants found it important that the young people were given the opportunity to share their views: “it’s just like ‘wow, blimey!’ For once someone is actually just ASKING him really you know ... asking HIM because it is, it’s him that’s going to be going through it all” (parent 6), and young people felt they were listened to in the PCR. It seemed that the OPP and opportunities to write on large pieces of paper in the PCR provided child-centred methods of contributing. The relaxed nature of the meeting and child-friendly language also ensured children could access discussions. Hayes (2004) argues that visual approaches provide an interesting cue for young people, facilitating their engagement and understanding in the meeting. This may have been the case within the PCR and may have implications for involving young people in education planning in other processes.

However, aspects of the PCR were not child-friendly. Some young people felt shy and were daunted by the PCR. This might be minimised with more thorough preparation for the meetings. Some adults felt the meeting was too long and that the child had difficulty understanding discussions. Hagner et al. (2012) reported a number of adjustments that were required to support students with autistic spectrum disorder (ASD) to access PCP meetings. Adjustments seem to depend on knowing the child and understanding their individual requirements.

### ***Impact on young people***

Parents felt that participating in the process would impact positively on their children and would boost their self-esteem: “I think the meeting actually helped him I think um give, he had quite a bit of confidence going up and writing on them boards so erm that probably helped him” (parent 9). Again this corresponds with the requirements of the SEN and Disability Code of Practice (DfE, DoH, 2014) which suggests that schools prepare students to become self-advocates as young people obtain new rights to make requests and decisions after compulsory school age.

The solution-focused nature of the PCR seemed to ensure that the young people’s difficulties were not the main focus of the meeting and the young person was able to hear feedback on their progress. This is timely given that the Education, Health and Care Plans feature a strong focus on strengths and progress (DfE, DoH, 2014). Parents seemed to feel that the young people may have left the PCR feeling more positive about themselves and their education.

The quantitative data revealed that there was no meaningful change in scores for LOC and scale ratings for positivity, control and motivation following the PCR. It could perhaps be considered that a one hour-long meeting does not provide sufficient opportunity to influence young people’s feelings, which may be based on constructs or core beliefs developed over many years. Hagner et al. (2012) presented findings from a study which employed a multi-faceted programme of PCP intervention which impacted on students’ self determination. It might therefore be expected that a more comprehensive intervention of PCP processes, including the PCR, might result in increased self-determination and a more internal LOC as there will be more scope for impact.

## Limitations

The findings presented here should be considered in the context of the limitations of the study.

In order to separate personal views on the process from the analysis, the researcher did not attend the participants' PCRs, therefore fidelity to the espoused PCR model was not monitored. The majority of the PCRs were facilitated by the same professional who is trained and experienced in facilitating Sanderson's model of PCRs (Sanderson et al., 2006). This brings into question whether the data gathered reflects the participants' views on PCRs, or the skills of the facilitator.

Data were gathered from participants approximately one week after the review. The longer term outcomes of a PCR would have been interesting to investigate. It may be naïve to suggest that one meeting might impact on a young person's feelings of positivity towards their education, control and motivation. Data collected in the longer term, gathered after more extensive involvement of the families in person-centred approaches might have been more useful.

Participants were excluded from the sample if they were felt unable to access interviews due to speech and language difficulties or use of English as an additional language. The young participants are mostly boys which is largely representative of the population of children with SEN (DfE, 2010). Consequently the views of girls with SEN are less well represented, as are the views of fathers. The sample of White British participants is not surprising given the convenience sampling method that was used in this predominantly White British borough. The views of parents and young people from ethnic minority groups have not been gathered in this study which places great restraints on the transferability of the findings, particularly given that children from certain ethnic minority groups are more likely to be identified as having some classifications of SEN than others (DfES, 2005).

The process was vulnerable to the researcher's influences and interpretations due to the lack of standardisation of the qualitative methods used for data collection and analysis. Silverman (2001) suggests that in interviews cultural scripts are regurgitated by participants according to what they feel they are expected to say. It might be expected that the young participants in particular may have regurgitated scripts they heard in the PCR process. For example, a number of the young people used the words "it was all about me", which is known to reflect the facilitator's script stated at the beginning of the meeting: "this meeting is all about you". Further triangulation with other data collection methods such as forced-choice questions may have minimised this effect by encouraging them to consider other views on the process.

Some of the young participants included in the study found it difficult to engage in the interviews, possibly due to their SEN or lack of familiarity with the researcher. Some seemed to have forgotten about their PCR at the point of interview. Their openness might have been further restricted by a lack of privacy for some of the interviews and the use of an audio recorder.

Administration of the LOC scale used in this study was found to be problematic for some of the participants due to the length and the wording of some items. One child answered nearly all the questions with a "yes", and so may have felt a positive answer was more desirable. The scaling questions merely represented very simple exploratory measures of the

young people's feelings of positivity towards school, control, and motivation. Future studies that wish to explore these constructs in more depth might opt for more rigorous measures.

### ***Implications for educational psychologists***

The SEN and Disability Code of Practice (DfE, DoH, 2014) places emphasis on PCP. Many educational psychologists are familiar with PCP and its psychological underpinnings. Their role in promoting PCP processes such as the PCR may therefore expand.

Educational psychologists' experience and training in consultation, listening to children and parents, target-setting and planning, as well as chairing and time-keeping in meetings should make certain that they have the skills needed to facilitate PCR meetings themselves. Indeed aspects of a successful PCR meeting such as the structure, child-friendliness, focus on strengths and outcomes, and visual approaches might be transferred to other meetings chaired or attended by educational psychologists, such as Education Health and Care Plan support planning meetings, multi-agency meetings, and annual reviews.

A skilful facilitator has been highlighted as a key component of a successful PCR. Educational psychologists might therefore undertake a role in training facilitators to ensure the meetings are of high quality. Educational psychologists can draw on their knowledge of solution-focused techniques to support facilitators' understanding of a process focused on strengths and outcomes. They are in a position to highlight the disempowerment felt by many parents, ensuring parents are well prepared and supported to work collaboratively with schools. Psychologists understand the process of containment that seems to take place in the PCR and can prepare the facilitator to play a role in this. Educational psychologists have a good understanding of humanistic psychology and person-centred approaches. They can therefore ensure facilitators understand the benefits of enabling the student to access the meeting whilst keeping their interests and preferences at the heart of the action plan formulated.

This study supports the assertion that pupil participation in education planning is not only possible, but is also beneficial (DfE, DoH, 2014). Young people with SEN in this study stated that they liked hearing information about their future education, liked the opportunity for their voices to be heard, and were generally positive about being involved in the meeting. A number of young people had very clear ideas about what supported them in school. It seems the visual approaches used in the PCR facilitated pupil participation, which may have led to valuable information about the child's strengths and needs. Educational psychologists might build on these strategies to ensure the child's voice is incorporated into assessment and planning procedures. Hagner, May, Kurtz, and Cloutier (2014) suggest a range of adjustments to ensure students with ASD can successfully contribute to PCP meetings, such as individualised preparation meetings, informal rapport-building preparation, flexible meeting designs, distance attendance, and supported participation. It could be argued that for a meeting to be truly person-centred, adaptations should be made to ensure the meeting works for the child in question. Educational psychologists might be part of the process of designing appropriate adjustments.

Similarly, this study supports the use of PCRs to facilitate collaborative working and partnership with parents. There is a key role for educational psychologists, who seek to promote inclusion and equality of access to support through empowering families. This study highlights the emotions parents experience around transition, and in planning meetings with

professionals generally. Educational psychologists might consider the use of visual processes to aid clarity and transparency, as they seek to work even more effectively in partnership with parents.

## Conclusions

Much has been learned which supports the promotion of PCRs for young people with SEN in schools. Schools might adopt this approach to support the contributions of students and their parents, empowering them to participate in planning and decision-making in meaningful ways, and to allow a rich, ability-focused picture of the young person to be developed. This might lead to positive relationships with the family and more appropriate, child-centred outcomes. It seems that the educational psychologist can play a pivotal role in achieving these outcomes which link strongly with the approaches advocated by the SEN and Disability Code of Practice (DfE, DoH, 2014).

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### **Appendix 1. Items from the locus of control scale (LOC) for children (Nowicki & Strickland, 1973)**

1. Do you believe that most problems will solve themselves if you just leave them?
2. Do you believe that you can stop yourself from catching a cold?
3. Are some people just born lucky?
4. Most of the time, do you feel that getting good marks at school means a great deal to you?
5. Are you often blamed for things that aren't your fault?
6. Do you believe that if somebody studies hard enough, he or she can pass any subject?
7. Do you feel that most of the time it doesn't pay to try hard because things never turn out right anyway?
8. Do you feel that if things start out well in the morning, it's going to be a good day no matter what you do?
9. Do you feel that most of the time parents listen to what their children have to say?
10. Do you believe that wishing can make good things happen?
11. When you get punished, does it usually seem it is for no good reason at all?
12. Most of the time, do you find it hard to change a friend's (mind) opinion?
13. Do you think cheering more than luck helps a team to win?
14. Do you feel that it is nearly impossible to change your parents' minds about anything?
15. Do you believe that your parents should allow you to make most of your own decisions?
16. Do you feel that when you do something wrong there is very little you can do to make it right?
17. Do you believe that most people are just born good at sports?
18. Are most of the other people your age stronger than you are?
19. Do you feel that one of the best ways to handle most problems is just not to think about them?
20. Do you feel you have a lot of choice in deciding who your friends are?
21. If you find a four-leaf clover, do you believe that it might bring you good luck?
22. Do you often feel that whether you do your homework has much to do with what kind of marks you get?
23. Do you feel that when someone your age decides to hit you, there's little you can do to stop him or her?
24. Have you ever had a good luck charm?
25. Do you believe that whether or not people like you depends on how you behave?
26. Will your parents usually help you if you ask them to?
27. Have you felt that when people were mean to you it was usually for no reason at all?
28. Most of the time do you feel that you can change what might happen tomorrow by what you do today?
29. Do you believe that when bad things are going to happen they are going to happen no matter what you try to do to stop them?
30. Do you think that people can get their own way if they just keep trying?
31. Most of the time do you find it useless to try to get your own way at home?
32. Do you feel that when good things happen they happen because of hard work?
33. Do you feel that when somebody your age wants to be your enemy there is little that you can do to change matters?
34. Do you feel that it is easy to get friends to do what you want them to do?
35. Do you usually feel that you have little to say about what you get to eat at home?
36. Do you feel that when someone doesn't like you, there is little you can do about it?
37. Do you usually feel that it is almost useless to try in school because most other children are cleverer?
38. Are you the kind of person who believes that planning ahead makes things turn out better?
39. Most of the time, do you feel that you have little to say about what your family decides to do?
40. Do you think it is better to be clever than to be lucky?

**Appendix 2**

Table A1. Timeline of study.

February– May 2011	May–July 2011		July 2011– May 2012	September 2012	September 2012–August 2013	
	←Approximately one week→	←Approximately one week→				
Participants identified	-SSIs with child, scaling questions and LOC scale used.	Child and parent attend PCR	-SSIs with child, scaling questions and LOC scale used.  -SSI with parent	Transcription, analysis and write up.	Debriefing pack sent to school and participants with study findings.	Findings of study disseminated to relevant services in local authority.



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