ORGANISATIONAL CHANGE PROJECT
2009 - 2010

CONTENTS

The Context

In 2007, the Audit Commission national report on *Out of authority Placements for Special Education Needs* concluded that nationally, "….while strategic planning for the opportunities to provide more integrated and cost effective services has improved, opportunities to provide more integrated and cost effective services through joint working between education, social care and health services were not being maximised". The report suggested that a lack of integrated local programmes of support for children and their families such as therapists and mental health support had led to out-of-authority provision in many areas.

In response to implementing the recommendations in the Audit Commission report and the Children Services Review, Hertfordshire County Council set up a Complex Care Panel in 2008. The aim of this Panel was to develop solutions that provided flexible and local packages of support across services for children with severe and complex needs. The panel met fortnightly to discuss children's services. The rationale was to develop a special team around the child from the different services and look at ways of pooling or aligning budgets with health services based on long-term assessed needs. This was to be undertaken through a commissioning support programme to establish need and design services around these.

One of the objectives in Hertfordshire's Special Educational Needs, Disabilities and Inclusion Strategy for children and young people (aged 0 to 25) was to analyse the funding of out-of-authority placements and deliver solutions that not only reduced budgets but invested in developing the Local Authority's own provision. The success criteria was identified as reducing the number of special school placements that broke down and building school capacity to enable young people with complex special educational needs, challenging behaviours and health and care needs to remain at home. A special school working group chaired by the Deputy Director for Children Schools and Families (2008) agreed that different rather more provision was required for this particular client group if out of authority placements were to be reduced.

In July 2008 the number of children and young people with Special Educational needs placed in out of authority placements jointly funded by education and social care was placed at two hundred and ten. Of these 12% were young people with

severe learning difficulties. The average cost of sending a young person with profound and multiple learning difficulties to out of authority provision were £131,136 and that of sending a young person with severe learning difficulties was £144,163 (SEN Database and Budget Monitor, May 2008 -May 2009). There are therefore financial incentives to meet needs locally for this particular group of young people and reduce the need and therefore use of out of authority placements. Hence the need to invest in in-county as opposed to out-of-county provision as far as possible.

In October 2009, the Lead Officer for developing special provision within the Local Authority presented a series of workshops across the County on the proposed strategic direction the Local Authority was embracing to ensure a better fit between special educational needs and disability (SEND) and local provision. The rationale was to tackle inequity and inflexibility across different areas of the county, widen choice, promote well-being and attainment of young people with SEND across the county and use resources more effectively through building local capacity and reducing out of authority placements.

In May 2010 the new coalition government took office heralding a new change in government policy. The scale and pace of public expenditure was reduced with less money available for central services and therefore these services having less to spend. Michael Gough, the new Minister for Education, as part of this new policy, spoke of focusing on and strengthening and reforming children's services. In Hertfordshire, this translated to the need to save at least seventy million pounds across all of Hertfordshire County Council. This provided a further impetus to the Local Authority to redefine children's services with a view to transformation and a change in organisational culture. Of the twelve programme themes focusing on improved outcomes at less cost, developing services for children and young people with disabilities and developing special provision locally are of particular relevance. Underpinning this is exploring ways of sharing education and care support services as there are significant crossovers between the two.

Commitment to reducing budgetary needs must be looked at in relation to the changing needs of pupils with SEND and changing special school populations and the implications of this for those supporting the needs of these young people. Male (1996) undertook a national survey of schools for children with severe learning difficulties. The results indicated that pupil populations were changing with an increase in pupils with profound and multiple learning difficulties, challenging

behaviours, degenerative and life threatening conditions, additional physical and sensory impairments and autism. Just over half of the seventy-five schools surveyed reported that their pupil roll was increasing and one in four reported having to exclude pupils over the previous year. This changing population has obvious curricular implications as well as implications for the training needs of staff both in schools and respite care.

Parents and carers of young people with severe and complex learning disabilities are a key group whose views are important regarding changes to how services are planned, developed and implemented (McCombie and Chivers 2005). Literature suggests that children and young people with learning disabilities may end up attending a 52-week out-of-authority residential placement mainly because of social and educational difficulties and absence of adequate support from respite care and local services (Department of Health, 2001). Transition from childhood to adulthood particularly in relation to the emotional impact of the transition on young people has been highlighted as a key concern by parents (Todd and Jones, 2005). Todd and Jones in their research on the impact of transition on families found families were uncertain and stressed because of a lack of efficient planning. They often considered that the topics important to them were not actually reflected in the planning itself. Their research found that mothers not only have to cope with the question, "what will my child do after the age of 19?" but also the question " what am I going to do at this time?" Knox (2000) found that parents expressed alarm about the absence of services for adult users and research by Sardi, Northway, Jenkins, Davies & Mansell, (2008) revealed that parents reported differences in access to support available related to the young person's age. Knox viewed the client as the whole family and not just the young person with a learning disability. Effective mechanisms for seeking parents' views were seen as central to inform the process of change and service planning and development (Sardi, et al. 2008).

The area of emotional well–being and mental health of young people with profound learning difficulties also needs to be taken into account since it influences the young person's immediate and long-term development. Not only are people with learning disabilities more likely to experience mental-health difficulties during their lives than the general population (Hunt & Tarleton-Lord, 1988) but mental health difficulties are understood to increase in proportion to the severity of multiple disabilities (Sinason, 1994).

There is strong anecdotal evidence from parents and carers of young people with profound learning disabilities that young people suffer from depression and anxiety (Sheely & Nind, 2005). However the relationship between mental health difficulties and challenging behaviours is unclear in terms of either being additional to mental health difficulties or a contributory factor to them (Hatton, 2002). This can make it difficult to identify mental health problems in this population. Furthermore a lack of awareness about emotional states and mental health by staff, carers and those who support the young person can make it difficult to identify and prevent them (Moss, Bouras & Holt, 2000).

Moss et al point out that looking after the emotional well-being of young people with profound and multiple learning disabilities is an important part of looking after their mental health and crucial to addressing their complex needs. To date, apart from anecdotal evidence there is little research on the effect of out-of-authority placements on the emotional well being of the young person and their families.

To summarise this section, there is an increasing need to manage and provide localised delivery of services that will effectively meet the complex needs of not only young people with severe learning difficulties but also their families.

The Problem

In September 2009, the Head Teacher of a Special school in the north east of the county commissioned a small scale project from the school's link educational psychologist. The aim of the project was to: a) identify the restraining and facilitating factors in effectively meeting the needs of two pupils with severe and complex learning difficulties and their families locally and b) look at ways to address these barriers. The School caters for pupils aged two to nineteen with severe as well as profound and multiple learning difficulties. An increasing number of pupils present with Autism. The project arose from the difficulties the school had experienced with effectively meeting the needs of these two pupils. One pupil was eventually placed in an independent out of authority residential school. The other pupil was still at school but there were concerns as to how effectively the pupil's needs were being met. The project could also assist with informing work being undertaken at a broader level by the Local Authority to develop special provision locally.

Participants

Written parental consent was sought from the parents and carers of the two pupils to interview a range of professionals involved in supporting their children prior to commencing the project. A series of interviews were conducted with a representative sample of professionals from different agencies. Within the time constraints of the project and the limited availability and in some cases willingness of some professionals to contribute to the project, these were the only representative individuals. Interviews were undertaken with: Parents, Foster carers, Social Worker, Professional Assistants (Social care team), Respite providers, the Head teacher, teachers, teaching assistants and consultant community paediatrician who at one time or another supported both pupils. Where face to face interviews were not possible, a small number of professionals provided their views in writing in relation to the questions.

Method

A Soft Systems Methodology (SSM) was used in this project Soft Systems Methodology has been developed over the last forty years (Checkland 1990, 2006a & b). It was developed at Lancaster University as part of an action research programme. It emerged when Checkland and other researchers found that Hard systems methodology was inadequate for analysing human problems and guiding interventions in unstructured 'real-world' situations where the social realities and different perspectives of participants in effecting or resisting change were complex. The rationale for adopting this methodology was that it provided a way of understanding and improving human activity systems in a way that would be meaningful to the stakeholders in that system (Monk and Howard, 1998). Specifically, it enabled the consultant to:

- Identify and organise the multiple viewpoints of the stakeholders involved
- Offer a way to understand the problem (in this case the changes that need to occur to meet the complex special needs of two young people with disabilities and their families locally)
- Take into account the context of the specific organisational structures, processes and roles involved (Scott, 1987).

The essential nature of SSM consists of seven stages (Checkland and Scholes, 1990) and is illustrated below (Figure 1):

Figure 1: The Conventional seven-stage model adapted from Checkland, (1981). *Systems thinking, systems practice.*
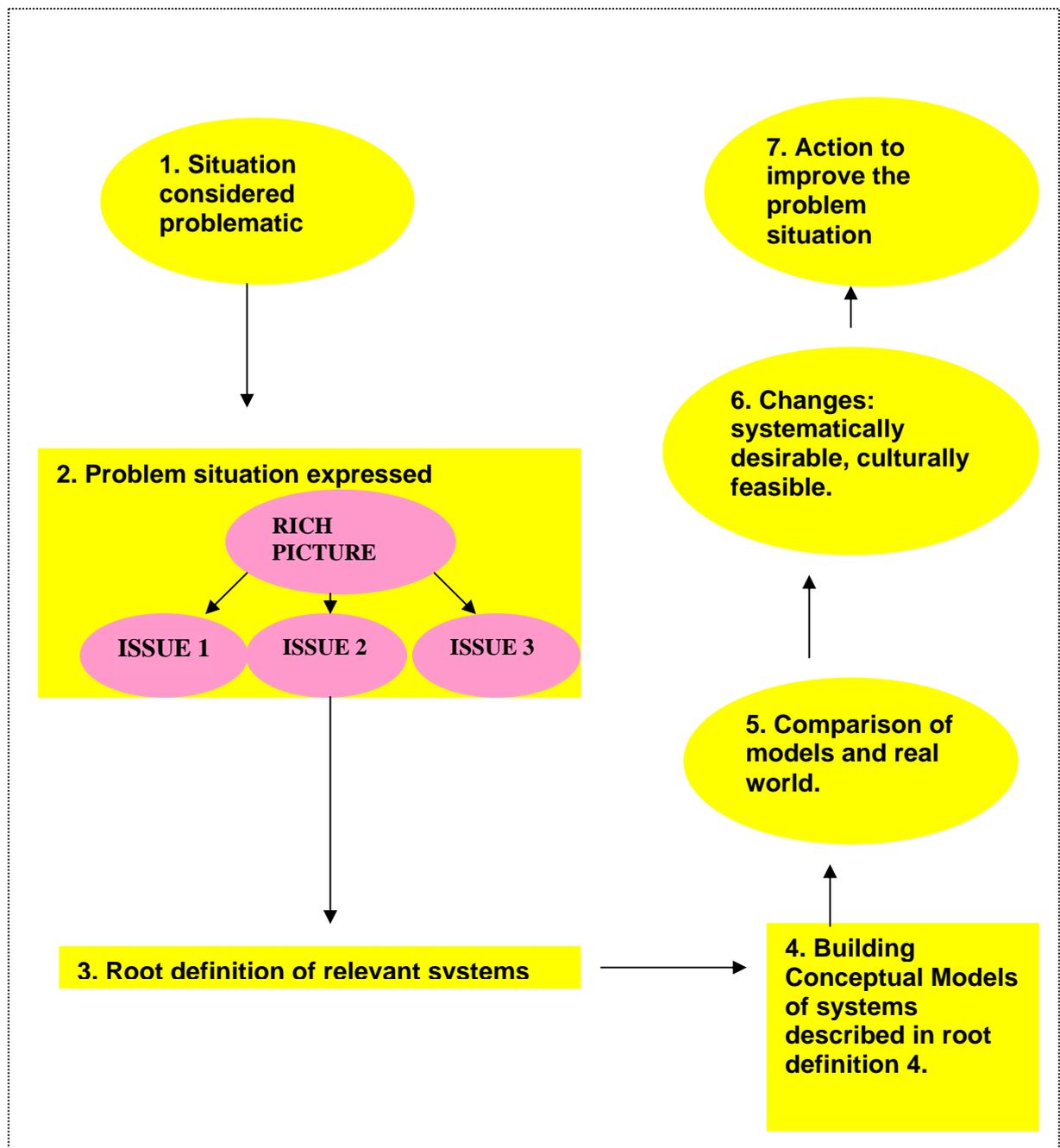
The first two stages involve investigating the particular situation through collecting and identifying important emerging themes and issues. The second stage uses the information collected in stage 1 to express the situation by analysing it using the organisational technique of a 'rich picture'. A 'rich picture', "……is a good way to show relationships; in fact it is a better medium for that purpose than linear prose" (Checkland, 2006b). The organisational technique of Force Field Analysis can also

be used to look at the forces working in opposite directions either driving or restraining change. The third stage involves developing a root definition based on the rich picture/s and using Smyth and Checkland (1976) "CATWOE" mnemonic: C: Customer (also beneficiary); A: Actor; T: Transformation process; W: Worldview; O: Owner and E: Environmental constraints (Figure 2). The fourth stage involves using aspects of systems theory to analyse the situation enabling the building of a conceptual model of the system that may bring about improvement. Stages five to seven involve drawing comparisons between the conceptual model and the representation of reality in order to generate suggestions for improvement and recommend changes.

The validity of the SSM methodology lies in its theoretical underpinnings from systems theory and its successful record of applications to a variety of problems in different situations. To ensure the validity of the information gathered, responses to questions were analysed for recurring themes and prioritised in order of frequency of occurrence. Given the limitations of the time frame and the willingness and availability of some stakeholders to participate in the project, only stages 1 to 4 were completed.

Overview of the Intervention

SSM Stage 1: The problem situation

The problem situation was identifying the key factors that either enabled or acted as barriers in effectively meeting the educational needs of two pupils with severe learning difficulties and their families locally. This stage involved the consultant gathering information through experiencing the situation as it currently was in relation to the two identified pupils by making as few presumptions about the nature of the situation as possible (Checkland, 1986; Dick, 2000). Data at this stage was collected by:

    a) Review of documentation: This involved a review of all documentation, reports, reviews, and records contained in the two pupils educational psychology service records.

    b) Semi-structured interviews and discussions: A series of interviews were conducted with a representative sample of stakeholders. Interviews were semi-structured with prompt questions used to guide the discussion as necessary (Appendix 1). Individual interviews lasting approximately thirty minutes were conducted either individually or with two interviewees with

confidentiality and anonymity being assured to the interviewees. Interviews were recorded and rechecked to ensure clarification and reduce ambiguity. The aim of the interviews was to gather rich information needed to create an effective rich picture.

A brief summary of the two pupils profile based on a review of available documentation and information provided by parents and foster carers is provided in Appendix 2.

SSM Stage 2: The problem situation expressed

The information collected in stage 1 was used to express the situation by analysing it using the organisational technique of a 'rich picture'. A rich picture is an *'evolving diagram that collects together and portrays key information and impressions about a complex situation in a loosely structured and evocative way'* (Frederickson and Cline, 2002: 216). It tries to capture the relationships, the value judgements people make and the 'feel' of the situation (Dick, 2000) highlighting themes problem owners and solvers regard as significant. It encapsulates a variety of different perspectives. Rich pictures parallel brain storming but represent ideas in pictures not unlike a large cartoon representation of a situation in non-system terms. A rich picture was constructed from information gathered during stage 1 (Appendix 3). Force Field analysis was also used as an organisational technique to represent the facilitating and restraining forces in the context of identifying forces to bring. about change (Appendix 4).

Results

Themes and Issues arising from the Rich Picture

Individual interviews were done to get different perspectives. The rich picture enabled divergent and common views and perceptions of various stakeholders to be illustrated and recurring key themes to be highlighted in order of importance. There was consensus as well as differences amongst those interviewed on a number of points. These points have been grouped under reoccurring themes.

1. Consistency and structure

Consistency in terms of attitudes (positive regard and outlook), rules, approaches and people (staff, social workers, respite care staff, taxi driver and escorts) were cited as crucial in addressing and managing pupils' behaviour. This was linked to the

opportunity for pupils to build up trust and form relationships and for adults to build an understanding of pupils' needs and as a result display an empathetic and positive attitude towards pupils. Some interviewees expressed the necessity of gaining pupils' trust as important to pupils being willing to allow adults into their world. Many interviewees expressed the view that feeling safe and secure within an environment was the key to pupils' thriving and progressing. All interviewees reported the need for:

- Reassurance and consistent and reliable approaches to pupils by adults with clear boundaries for what was acceptable behaviour;
- Provision of a secure, predictable environment with structured routines minimising change but with some choice to encourage trust;
- Tight boundaries around behaviour as it made pupils feel safe, secure and cared for.

Constant change of respite staff and therefore lack of consistency of approach from weekend to weekend was seen as detrimental to forming trusting relationships. Some interviewees observed that pupils worried about unfamiliar adults and linked their coming into the house to "*take them away*". Others spoke of the presence of new staff in respite care leading to disruption in pupils' moods and behaviour. However, one respite care worker interviewed, offered the view that having new staff was not necessarily a problem as long as the staff had "*good staff training*" in relation to "*guidelines for working with complex children*" and were able to "*stay firm and keep strict boundaries*". However, the need to train, manage and direct new staff and volunteers and convey pupils' complex behavioural needs on a frequent basis was seen as very time consuming.

Lack of structure in education, care and day to day living was viewed by interviewees as contributing to anxiety. In the school context lack of consistently applying boundaries and providing direction was seen as leading pupils to take control. Boredom and anxiety were reported as key contributory factors to aggressive behaviours. Most interviewees acknowledged that while it was not possible to do away with change in the real world, minimising it was seen as important. Parents and carers reported that weekends, holidays and staff training days were particularly difficult for them and pupils as there was less structure and routine. Some interviewees reported that the progress by the pupil in the out-of-authority provision was very much due to the "*strict routine and structure"* both at school and in care and also due to staff consistency and staff "*having got to know him well".*

2. Respite Provision

Some sub-systems considered to be barriers to addressing pupils' and families needs in relation to respite provision were identified from the rich picture

Insufficient and lack of appropriate respite provision

Respite support was described by parents and a Health professional as *"small"* and "*patchy*" with "*piecemeal delivery*" and no backup systems if respite provision broke down. This was viewed as contributing to family stress and placing a big burden and pressure on the pupil. Many interviewees, including respite carers, reported insufficient and lack of regular respite provision to develop and extend pupils' social skills**.** Some interviewees observed the strength of having care and education under one setting and others linked the breakdown of suitable respite care provision locally as the main deciding factor for parents in seeking out-of-authority placement.

Parents and carers interviewed reported a lack of suitable after school (extended school) provision in the form of activities/ clubs after school particularly for 16+ age range. Summer holidays were reported as being difficult as there was not enough provision locally. Play schemes operated only one or two days a week. School training days were viewed as difficult for pupils and families as they interrupted the pupils' routine.

Training for respite carers

Pupil size and behaviour were seen as intimidating by some adults offering respite care. An example was provided by a shared family carer of the outreach service allocating three members of staff to take a pupil out which heightened the pupil's anxiety. Training staff in terms of keeping strict boundaries and maintaining staff confidence to remain authoritative in the face of challenging behaviour and when pupils' tested boundaries was reported as problematic by some interviewees.

Consistency of Staff

When respite was available, care staff was not always conversant with pupils' needs. Care staff worked on shifts so there were often people pupils' didn't know. Shared family care provision was viewed by both care families and pupils' families as a better form of respite care in terms of enabling pupils to form and develop relationships with the extended members of the carers' family and develop and extend opportunities for accessing the community. Care families providing week-end respite care and foster carers reported developing warm and affectionate

relationships with pupils and of pupils' developing warm and trusting relationships with extended members of the carers' family. Carers reported continuing to maintain contact by visiting pupils at their out-of-authority provision.

3. Emotional well being

A number of sub-systems considered to be relevant to facilitating pupils' emotional well being and addressing behaviour were identified from the rich picture.

Access and targeted support for Mental Health needs

There was general agreement that pupils' specific mental health needs were not being met in terms of assisting them to develop internal control systems [that is ways of assisting them to manage and communicate their anxiety, anger etc]. One of the pupils was described as being really "*screwed up*" in relation to his emotional development. Interviewees addressed two aspects in relation to support from CAMHS. One was the ability of families to readily access appropriate support from local CAMHS so as to receive suitable mental health provision. The other was that when therapeutic support was offered it did not necessarily address the pupils' specific emotional difficulties. Carers of one of the pupils went so far as to say there was not really anything they [CAMHS] could offer in spite of having been supported for a period of two years. Partnership working between CAMHS and other agencies especially parents was cited as a major weakness. All interviewees viewed the importance of the provision of relatively intensive, regular local highly specialist provision from local CAMHS to provide therapeutic support. Where therapeutic support (e.g. music therapy) was provided by other agencies such as social care, views were expressed by carers that the pupil and his needs were not taken into account in making decisions about the type and nature of therapeutic provision offered. The therapeutic provision offered was therefore viewed as of little benefit because it was not specifically tailored to meet pupils' needs or take into account pupils' feelings (e.g. stress/anxiety) about the therapeutic support.

Understanding gaps in pupils' emotional and social makeup

Presenting behaviours of pupils that caused others' a problem were viewed by most interviewees as being rooted in emotional and social causes rather than manifestations of anti-social behaviour. Pupils' behaviour and emotional needs were likened to those of much younger children. Many interviewees reported a lack in their own and in others' understanding of the gaps in pupil's social and emotional awareness and understanding. Linked to this was the observation by some school

staff of a feeling of being "deskilled" in the area of fostering emotional well being and needing support from external agencies to evaluate progress in this area. The Head teacher mentioned the possibility of exploring the use of Assistant Psychologists to assist teachers with issues around behaviours. All interviewees expressed the Importance of teaching pupils' to learn to trust other people and build relationships as a crucial life skill.

Pupils' ability to form relationships
The pupils' capability to demonstrate positive and good quality relationships within school and the home/care/respite environment was a frequently reoccurring theme by many of those interviewed. Interviewees spoke of pupils' ability to know if somebody liked them and "*hypersensitivity*" to people's feelings towards them. Although this was viewed in a positive light, pupils' attachment to particular individuals (staff members, teaching assistants, care workers) was seen as providing to narrow a focus of support for building and broadening social relationships. The need for a broader core team of adults working on a planned rotating basis with pupils was viewed as important.

Impact on emotional well being of out-of-authority placement
 Moving to out-of-authority placement was seen as a loss in terms of an ability to maintain and foster established relationships. The emotional cost to both pupil and their families in terms of being far away from loved family members were addressed by many interviewees. Some interviewees observed that family visits home or to school were upsetting for both the family and pupil. Distance and isolation from family and community were seen as a downside to out-of-authority placement.

4. **Appropriateness and Flexibility of the Curriculum**
Some sub-systems considered to be barriers to effectively addressing pupils' learning needs were identified from the rich picture

Understanding of what constitutes learning
 There was a difference in opinion amongst interviewees in their views of what constituted learning within the school context. Some interviewees (parents/carers, social worker and some school staff) viewed the ability to remain in class and engage with the group as evidence of accessing learning. Others viewed extraction and a personalised learning programme as offering some learning but not the opportunity to

follow the curriculum or engage with peers. Those expressing this view voiced the opinion that this was primarily addressing behaviour rather than learning. Behaviour was viewed as often taking precedence over learning. At times pupils' were seen as being unable to access leaning opportunities (e.g. offered by school trips) with class mates because of health and safety issues around challenging behaviours. Groupings (e.g. being placed in class with older pupils instead of their curriculum year group) were seen as facilitating pupil engagement.

Environment, Content and delivery of Curriculum

Environment

Some interviewees mentioned that the physical difficulty in accommodating tall and large pupils in quite small classrooms and the size of groups could be anxiety provoking for the pupils. One interviewee observed that groupings (putting the pupil with an older age group) could have a positive effect on pupils' willingness to engage with others and the activities provided.

Content

Insistent on access to a conventional Curriculum and accountability for following this were seen as one of the biggest limitations to meeting pupils' learning needs. One interviewee viewed the national curriculum as _"constraining"_ in terms of meeting pupils' learning needs. Some interviewees voiced the view that there was too much focus on the curriculum and learning and not enough on the overall needs of the pupils. Practically all interviewees agreed on the importance of providing a developmentally appropriate curriculum that provided opportunities for pupils' to develop relationships and to explore, problem solve and make decisions.

Learning and suitable care/respite provision was viewed as being linked together and insecurities around care and respite provision had a knock on effect on pupils' behaviour and therefore their ability to access learning at school. There was general consensus voiced by the interviewees that pupils' educational needs were generally well met at primary level but not as well at Key stages 3 and 4. Parents and carers reported that there was "_not enough within the education setting_" [e.g. therapeutic support, range, breadth and variety of extra curricular activities] to meet the very specific needs of pupils. Some interviewees felt there was insufficient attention paid to assisting pupils to develop skills that would support them in the future. More attention was needed to focus on employability in relation to pupils with severe

learning difficulties with access to local facilities as opposed to following the curriculum.

Delivery

Some interviewees expressed the view that while traditional ways and approaches to teaching and learning may have worked for pupils when they were younger these were not always appropriate for older pupils. Approaches that turned learning into a game with a tangible reward at the end or linking learning to a practical activity with a purpose often worked. School staff reported that for adolescents there was a need to focus on learning skills that would be key to their future life such as the skills of negotiation so relationships were not control based. Teaching that involved changing how pupils viewed themselves (their mindset) was seen as an important aspect of teaching and learning. The lack of built in flexibility to provide one to one as needed was seen as a barrier to pupils' learning. The ability to access a range of opportunities locally (e.g. social enterprises that provided work and life skills training at KS 3 and 4) and the flexibility to do so was seen as crucial to pupils' future but were felt by some interviewees to be limited. Many interviewees voiced the view that different and flexible approaches were necessary to engage pupils in learning but were unsure how these might translate in practice.

Post 19 Provision

A few interviewees including parents and carers expressed a lack of strategic thinking at the Local Authority level on what to provide for pupils locally post 19. Not all pupils were in a position to access a college placement locally post 16 and interviewees expressed a view that there was limited provision locally to meet pupils' needs post 19. This was viewed by some as a barrier to meeting pupils needs locally and as a contributory factor to parents seeking out-of-authority placement.

5. **Communication**

Insufficient planning in relation to addressing pupils' communication needs within the wider community (e.g. ability to make their needs known to a shop assistant) was seen by many interviewees as a barrier. The pupils' ability to communicate was viewed by parents and carers in particular, as "*good as the people around the pupils*". Where electronic forms of communication had been provided insufficient account had been taken of how these acted as triggers to behaviours involving personal gratification and obsessions and they were therefore not used by the pupil

as a communicative device. Although all interviewees stressed the pupils' good communicative intent and desire to initiate communication and socialise, many interviewees reported pupils':

- struggling to get their message across
- lacking effective(for them) means of communicating to adults
- not understanding how to communicate boredom, anxiety or unhappiness

Some interviewees linked this to leading to challenging behaviours and expressed the view that as pupils' got physically bigger and stronger this posed greater difficulties for both adults, families and pupils.

SSM Stage 3: Root definitions and Relevant Systems

In order to express a root definition based on the rich picture, Smyth & Checkland's (1976) "CATWOE" mnemonic was used. A root definition encapsulates the basic nature of the system/s considered to be of relevance to the problem situation and describes what the system is. Its value lies in its usefulness in illuminating ways in which the problem situation can be changed in a helpful way.

Figure 2: The CATWOE mnemonic (Smyth and Checkland 1976)

C - 'Customer'- (also beneficiary from Bergavall-Kareborn et al. 2004)

A - 'Actors'- those who would do the transformation process

T - 'Transformation process'- the desired change that occurs

W - 'Worldview- the worldview that makes the 'transformation process' meaningful in context.

O - 'Owner(s)'- those who could stop the transformation process

E - 'Environmental constraints'.

Table 1: Results of the 'CATWOE' analysis illustrating one worldview

CATWOE	
Customer(beneficiary, victim)	Pupils
Actors	School staff, External agencies, Local Authority, Parents/carers
Transformation process	Weak levels of understanding and different working practices and cultures between school, external agencies and Local Authority in meeting the needs of pupils holistically and locally at school and beyond school ⟶ Higher levels of understanding and effective working practice between School, external agencies and the Local Authority to provide ways of effectively meeting the needs of pupils holistically and locally at school and beyond school
Worldview	Model of working should enable pupils' needs to be effectively met locally.
Owner	School, Local Authority
Environmental Constraints	Limitations imposed by : Availability of time, money, adult resources, differing working practices and curriculum requirements.

The transcriptions of the interviewees' responses to the questions were read repeatedly by the consultant and key views identified based on the repetition and patterns of responses. If one were to consider the most repeated phrases and words, as a definition, it would look something like this:

Root Definition

A system jointly owned and staffed by school staff, external agencies personnel and the Local Authority within a constraining environment of differing attitudes, views and working practices and availability of resources. Through joint working those who own the system seek to match their capabilities with the potential for opportunities within the local community for the recipient (the pupils) to maximise their progress at and beyond school thereby effectively meeting the needs of the pupils.

SSM 4: Building Conceptual Models

The root definition described the model as it is. To describe what it does, a purely logical representation in terms of a conceptual model was constructed by developing descriptions, in system terms, of how the relevant parts of the system might function. The conceptual model was based on the minimum necessary activities structured into a logical sequence in which the activities were presented as verbs. The model was chosen from the root definition by the consultant and represents one worldview: that change in the way agencies (that is school staff, Local Authority and external agencies) support pupils must be aligned with pupils' holistic needs at and beyond school, looking at flexible and creative ways of meeting these needs locally. The purpose for coming up with a model was to provide an intellectual construct with the aim of structuring debate and discussion with the Head teacher and other stakeholders.

Figure 3: A conceptual model of meeting pupils' needs holistically and locally

1. Identify factors which impede effective joint-up multi-agency working to meet pupils' needs holistically at and beyond school.

2. Undertake a joint assessment of pupils' needs.

3. Specify type of support required and criteria for allocating support through multi-professional meetings and discussions.

3a. Specify roles/responsibilities /accountabilities of multi-professional personnel in relation to pupils' educational, health and social needs including any further education requirements identified in 2 & 3.

3b Identify a key worker willing to facilitate a cohesive system of support and assume accountability for acting as a contact point for parents/carers and other service providers.

4. Appreciate constraints of different agencies in terms of resources, capabilities, attitudes, skills and environment

5. Identify training needs and identify staff within different agencies willing to provide and receive training for joint up, working, and sharing strategies and resources.

6. Write up joint holistic action plan that is flexible and reflective of all the pupils' needs.

7. Share action plan and decisions with all providers and schedule provision of support

7a. Provide the support.

Monitor and Review ⟶ Take corrective action

Define criteria for efficacy, efficiency and effectiveness in meeting pupils' needs locally

SSM 5: Comparison of the Conceptual Model with the real –world situation

It was not possible to complete this stage which involved using the conceptual model to elicit comments on whether the processes at stage 4 were logical, workable and operationally effective.

SSM: 6 Debate on desirable and feasible changes

This stage involves a meeting with the stakeholders who using the conceptual model compare the concept with the current system. An 'accommodation' on the desirable changes needs to be reached in terms of desirability (i.e. is it technically an improvement?) and feasibility (does it fit the school and local authority culture?). SSM allows for synthesis and revaluation of insight gained from earlier stages as to how proposals may affect and be received by stakeholders. Debating changes may involve structural (static elements such as organisation, reporting structures etc), procedural (dynamic elements) and/or attitudinal (expectations, attitudes etc,) changes.

SSM 7: Implement Changes

This stage involves implementing the agreed changes and can either be quite straightforward or highlight areas of difficulty. In the later case the cyclic nature of SSM can be used.

Discussion and critical reflection.

The rich picture and field force analysis showed a number of areas perceived as barriers to meeting the needs of the two pupils locally. Caution needs to be exercised in attempting to extrapolate these findings to other families of young people within the authority with severe learning difficulties since the contextual factors which were identified as acting as barriers may be unique to the family, school setting, care provision and the pupils themselves. However the profile of needs of these young people is not dissimilar to those of other young people with severe learning difficulties. The views cited by many of the interviewees in this study have a resonance to those contained in the *Valuing People*, white paper published in England (Department of Health, 2001) which cited difficulties in coping with the young person's behaviour compounded by the absence of adequate support and gaps in local provision in terms of respite care, educational provision (particularly in the 16+ and beyond age range) and therapy. This led to parents seeking out of authority residential placements.

The rich picture also identified differing levels of confidence, expertise, expectations (particularly around learning) and levels of understanding amongst professionals from different services supporting the young people. The national curriculum was viewed as constraining in terms of effectively meeting the severe and complex learning needs of these young people. For one of the pupils, the lack of local further education provision in terms of coherent educational transition opportunities and joint planning between agencies to meet the needs of the pupil holistically was seen as a barrier to the pupil's needs being effectively met locally. Parents and carers expressed positive views about family placement schemes for respite care rather than respite care offered in residential homes in line with the findings of McConkey, McConaghie, Roberts& King (2004) although McConkey et al's research was in relation to adults with learning disabilities. Family placement respite schemes were seen by many interviewees as ways of providing natural opportunities for the young person to build social relationships and access the community. The managing and planning of delivery of services to children with complex needs was viewed by school staff in particular as needing to be focused on thinking of the young person as a whole and on how their needs could be met holistically.

The process of applying SSM proved to be informative. The consultant's position as a facilitator and knowledge of the school system was viewed positively by all stakeholders interviewed. They were willing to state and elaborate their views and perceptions. Collaboration and a general willingness to affect change contributed to the progression of the SSM stages which were applied flexibly. This could be viewed as a facilitating factor: it meant that the consultant had a good understanding of the structures, processes and some of the concerns of the representative stakeholders.

However, it could also be viewed as a debilitating factor. Checkland (1986) stresses the importance of the neutrality of the consultant. Complete neutrality cannot be ensured since the consultant's personal constructs and experiences will have a bearing on the questions asked and interpretations made. In this intervention the consultant was able to use her experience as a psychologist and a reflexive practitioner in order to remain aware of her possible bias and subjectivity. She recognised that her questions prompt questions and non-verbal responses to what was said and interpretations of others' perceptions and the design and analysis of the rich picture were influenced to some extent by her own involvement as part of the system.

The problem owner, the Head teacher was only one amongst possibly many others and as such had some applied and potential power in affecting change within the school but less so within the authority as a whole. It was not possible due to time constraints to interview Local Authority Officers with strategic responsibility currently for transforming SEND provision locally. In any situation it is important to identify who has the power to effect change. To address this, a socio-political map as an analysis tool would be useful to explore how power is expressed in this situation. Different techniques such as focus groups with stakeholders may have yielded a richer picture although this may have been too simple upfront (Houghton & Ledington, 2002). The stakeholders interviewed were only a representative (although important) sample and their views may not have reflected the group they represented. This could have impacted on the conceptual map in terms of the question: changes from whose point of view? Adopting everyone supporting the pupils as a client could have avoided this problem (Dick, 2000). It was not possible to engage in a discussion with all stakeholders prior to commencing the project. This would have assisted with encouraging greater ownership and control thereby increasing the commitment to effect change at SSM stages 4, 5 and 6 and 7.

There was no opportunity to debate and discuss the conceptual model with the Head teacher and therefore revisit stages 3 and 4. This limited the opportunity to evaluate the product of each stage and improve and model it. This meant that not enough root definitions were developed as advocated by Checkland & Scholes (1999). However SSM proved to be a powerful tool in summarising views and perceptions and highlighting reoccurring themes and issues for future development.

It is not always easy to find changes which satisfy the criteria of being systematically desirable and culturally feasible which are acceptable to all parties. Of all the stages achieved so far in the project, identifying relevant systems from the rich picture was experienced as most satisfying by the consultant. After gathering a wealth of information and a variety of views and perspectives about the facilitating factors and barriers to supporting pupils within the local authority, this stage bought the focus back to two questions:
What is the purpose of this process?
What might be achieved?

Undertaking the different stages offered some clarity on what initially seemed a vast task. The next step will be to compare the generated conceptual model with the real world before deciding which changes are realistically achievable and desirable.

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APPENDICES

Appendix 1: Interview Questions

The purpose of this interview is to explore your views on what you think are the facilitating factors and barriers to effectively meeting X's needs within the Local Authority. Any information you provide will be treated as confidential and no names will be used when reporting the data. Information gathered will be represented collectively to inform future change.

A. Views on past placement [If applicable]

Could you share your views on the strengths and positive aspects of his past placement?

Could you share your views on the constraints and limitations of his past placement?

B. Views on current placement

Could you share your views on what you think are the current strengths and positive aspects of his current placement?

Could you share your views on the constraints and limitations of his current placement?

C. Views on effect/impact of current placement

Could you share your views on how you think his current placement has affected his learning and his physical and emotional well being?

D. Views on future needs

Could you share your views on what you think needs to change to meet X's educational, social and care needs effectively within the community?

Appendix 2: Pupil Profiles

Pupil A

Pupil A is a young boy aged 13 years and 5 months, the third of four children. 'A' has very little speech but is a good communicator and will use signs and gestures to communicate. 'A' lived in a neighbouring authority and had a disrupted and stressful early childhood with inconsistent experiences of his needs being met. 'A' was placed on the Child Protection Register by the Social Care Team when he was a month old under the category of emotional abuse and physical neglect. Health professionals undertook a series of investigations when 'A' was around six months and diagnosed 'A' as presenting with global developmental delay caused by cerebral atrophy.

As a pre-schooler, 'A' attended a specialist centre once a week where he received physiotherapy, occupational therapy and speech and language therapy. 'A' was issued with a statement of special educational needs in October 2000 and began attending a school for children with moderate learning difficulties at the age of 4. A number of Child Protection Conferences were held and in 2002. 'A' was removed from the Child Protection Register only to be placed on the register again in 2003. 'A' moved with his mother and siblings to a refuge in this local authority in 2003 following domestic violence and child protection concerns. 'A' attended a special school for children with severe learning difficulties in the west of the county from November 2003. 'A's' needs in relation to his disability were assessed by the Disability team and following his mother's acknowledgement of her inability to meet 'A's needs, he was voluntarily accommodated at a respite unit in January 2005. From this time onwards, 'A' stopped living with his birth family awaiting a long term foster or residential placement. He was officially designated from then as a Child Looked After.

During this period 'A' had fortnightly contact with his mother and siblings and saw his grandparents periodically. School review reports record emotional and behavioural difficulties and challenges at home and at the respite unit particularly associated with family visits. 'A' was seen on four separate occasions by the school's link educational psychologist and continued to be supported by the Speech and Language Therapy Service as well as having his health needs reviewed by the Consultant Community Paediatrician. 'A' suffered from epileptic seizures in November 2006 and was put on medication. He also attended weekly group therapeutic music sessions from September 2005. 'A's statement of SEN was amended in May 2006 to reflect not just his general developmental delay but also his difficulties with communication and his emotional and behavioural difficulties.

'A' was placed under the care of his present foster carers in the east of the county in May 2006 but continued to attend the same school until a place became available at his current school in September 2007. 'A' is currently under a voluntary care order supervised by the Social Care Team and has been with his current foster carers since 2006. 'A' is known to the Children and Adolescent Mental Health Service (CAMHS) who have had some input in the past. 'A' continues to have contact with his mother. 'A' was seen by the link Educational Psychologist in February 2008 when he resumed displaying a range of increasingly aggressive behaviours including some obsessive behaviours and on-going difficulties with transitions from school to home at the end of the school day. When distressed 'A' has been known to self harm by picking his skin till it bleeds and pulling out his toenails.

At school 'A's behaviour has been described as unpredictable and very aggressive with good spells interspersed with aggressive ones. He refuses to engage in non-preferred activities and there has been an escalation in the number of serious incidents involving physical confrontations directed at anybody around him. 'A' finds it increasingly difficult to cope within the classroom wanting to control situations all the time and resorting to physical violence, often expressing his feelings through negative and hostile actions. School bought in the services of an independent clinical psychologist following an escalation in the number of physically aggressive behaviours and the very few members of staff 'A' was willing to engage with. 'A' has a very small support base in school involving two key members of staff and does not follow the curriculum. Work is highly personalised and built around 'A's' interests. 'A' has some access to respite provision.

Pupil B
'B' is an eighteen year old young man, the eldest of two children**.** There were no concerns at birth. At the age of one he was inserted with grommets for glue ear. At his fifteen to eighteen months check up, the Paediatrician suggested a blood test which came out positive for Fragile X. 'B' also presented with accompanying learning disabilities and a delay in achieving his developmental milestones particularly in relation to his communication skills. 'B' received Occupational Therapy and Speech and Language Therapy and his parents supplemented his Speech and Language Therapy support so that he was receiving weekly instead of monthly support.

B's parents relocated from the US to the UK when 'B' was aged four. 'B' was issued with a statement of special educational needs in August 1996 and began attending a mainstream nursery with one to one support from a key worker He transferred to a special school at the age of five and remained there till June 2009.

'B' received an additional diagnosis of autism spectrum disorder in 2008. 'B' was monitored and reviewed throughout this time by the Child and Adolescent Mental Health Service's (CAMHS), Consultant Child and Adolescent Psychiatrist, with a speciality in Fragile X. 'B' is suspected of having epilepsy but is not on any medication for this. 'B' has suffered from significant problems associated with his ears requiring extended periods of medical treatment. He received some respite care through the Social care Team and through independent arrangements provided by his parents.

'B's time at school until he was aged thirteen to fourteen was described as 'good' with 'B' making progress. On moving to the senior part of the school, 'B' began displaying emotional and behavioural difficulties with an increase in aggressive behaviours towards others both at home and at school. There were several recorded incidents of injury to staff, some leading to extensive periods of staff absences. Accommodations were made at Key Stage 3 and 4 for 'B' with a temporary classroom and Key worker and a personalised learning programme. 'B' became excessively attached to his key worker, rejecting staff that covered in the key worker's absence.

In the summer of 2008, 'B' had some extensive dental surgery and the extent and range of his challenging behaviours at home and in respite increased leading to a breakdown in his respite provision provided by the Social Care team. On his return to School, 'B' presented with a range of aggressive behaviours culminating in a major incident requiring four male staff members to release 'B' from a female member of staff. A risk assessment was undertaken leading to a six-week action plan that incorporated a reduction in his school day and the overseeing of his educational programme by the head teacher. 'B's medication for levelling his moods and reducing his anxiety was also reviewed and increased. 'B's' last year at school was characterised by spending the majority of his time outside the classroom, not being involved in curriculum based tasks, often in a heightened state of anxiety and anger and frustration. 'B' had very little involvement in group activities and parental concern was voiced at the limited opportunities available for 'B' to develop skills in the

community. There was involvement from the Educational Psychology Service in 2008 and a number of multi-agency meetings were held to consider 'B's' learning, social and welfare needs.

'B' was not fully able to access the community or Saturday morning club once a fortnight due to heightened levels of anxiety. He continued to display a range of aggressive behaviours in different residential settings and at home, although he did access an outreach service with a 2:1 ratio. There was continued involvement from the Disabled Children's Team, the Transition Team and Connexions Service. The School was unable to plan for transition to post school provision as the only suitable college in the Authority following an assessment of 'B', stated they were unable to offer 'B' a place or meet his complex needs. The School stated they were unable at this point to meet 'B's learning, social, emotional and behavioural needs within the constraints imposed by an all-aged day school for pupils with severe learning difficulties. At this point 'B's' parents began considering out of authority educational and residential provision.

'B's parents reported feeling distressed at the thought of 'B' leaving the family home but felt that it was in 'B's' and the family's best interests that 'B' transferred to a specialist residential placement. 'B' has attended a specialist residential out-of-authority school since June 2008 and his last annual review shows him to be making progress in a range of areas.

Appendix 3: Rich Picture

key

relationships

discontent

worry/depression

thoughts/ideas

Vital he experiences consistencies of staff to feel safe & secure at school

Sometimes it's difficult to provide consistency of staff

Currently nothing in county that would meet his needs

No sensory intervention to help him.

Staff have lowered their expectations for 'A' this year.

SOCIAL WORKER/

PROFESSIONAL ASSISTANT

School should guarantee that he can attend everyday because they have sufficient resources

Unsettled behaviours at Warner House made him loose his place so he wasn't receiving overnight respite. Provider could no longer manage him.

It's very important that a suitable communication aid is identified.

Basically I think Social Services set music therapy up to do what they wanted it to do but he is really struggling.

His emotional well being is probably the best since he's been here.

Without boundaries he would run riot…..he needs boundaries although he's always testing them

Is he being educated?

His care needs weren't being met because they didn't know how to meet them because of the nature of where he was living in the respite care home.

Wasn't any consistency in respite

He was going through so many staff members he couldn't bond with anybody.

Too many changes of Social Workers. He get's worried by anyone he doesn't know.

PARENTS/ CARERS

'A'

The thing about education is if he can't see it, touch it, feel it, it goes way over his head and he shuts down

Likes to latch on to one person

His emotional needs are like a 5 to 6 year old.

We don't think there was ever anything CAMHS could do or did do for him.

Learning has improved in the new school. He participates in everything that goes on in the classroom.

Strength of having care and education under one provision helps alleviate his anxiety and he can access much more

He needs a very structured routine. He gets bored and that's when he becomes aggressive.

Locally there's not enough for children like him. He needs more activities after school and for the 16+ age range.

Respite was very patchy for him and us. I had to seek respite independently. Social Services were of little help.

There wasn't enough within his educational setting to meet his very specific needs,

His [B's] life was developing within a very narrow environment of school and home and he wasn't being given the chance to develop skills in the community. He wasn't being challenged and we were worried that he would become even more anxious when he eventually left school.

Last year in school was horrendous…..he didn't do very much at all

His difficult aggressive behaviours led to staff being unable to manage him and provision breaking down.

School was excellent when he was younger.

Care staff were on shifts so people he didn't know made him anxious

PARENTS/CARERS

'B'

Week ends and holidays are difficult. There isn't that structure

Different care staff were not always conversant with his needs.

He became more aware of his own strength and was controlling the school to some extent.

INSET days were horrendous.

He ['A'] doesn't get the example of other children. It's difficult to get him to communicate his needs.

'A's' happy to come to school He feels secure here. He needs structure.

They both need structure in terms of education, care and day to day living. If you deviate anxiety kicks in.

He needs secure and consistent boundaries. Everyone needs to work with him in the same way.

We have a physical difficulty in our accommodations. Some classrooms are exceptionally small and I think if you have someone that's growing very large and has anxiety especially in group situations…..it's asking the impossible.

HEAD TEACHER AND

SCHOOL STAFF

I think the quality of some of the relationships we had with 'A' were astonishing….. and probably the biggest loss for 'B' when he left school as well.

I want to replicate what [independent school] has in its access to assistant psychologists.

I think that respite arrangements in Hertfordshire are just so piecemeal, that it places an incredible burden and pressure on the student and I think that was a factor for 'B'.

Even if 'B' had stayed at the school, chances of him accessing a place at college would have been zero.

It's upsetting 'B' can't see his family so much.

It wouldn't be good for 'B' to be at home. He'd get terribly bored and anxious. He needs somewhere to go and do things like physical activities, clubs etc.

The emphasis should be developing opportunities around employment, access to shops, parks and playing facilities.

We [in the UK] focus too much on the curriculum and learning and not enough on the person as a whole. We don't worry about what's happening after 19…..……..the curriculum is too constraining

He's ['A'}not joining in with the other children and he's not doing history, maths and geography so from what I see he's not learning.

I think 'A' is getting too much freedom and not conforming to the school…..that's not saying its wrong but maybe he may be best placed somewhere else in the county that have other children who are in a similar position

We feel his educational needs were met at primary level. From the age of 13, 'B' became increasingly in control at school ending up with them containing and not meeting his educational needs. He was often at the school entrance hall with an LSA when he should have been in class. Towards the end he was taking his own TV/DVD into School. We feel this was due to a lack of consistent boundaries and direction.

More regular respite provision would benefit 'A'.

'A' thrives when he is aware of tight boundaries around his behaviour as it makes him feel safe, secure and cared for.

RESPITE CARERS

The distance makes it difficult for family and others to visit 'B'.

I think the respite has helped 'A' to learn to socialise, take turns and help others.

'A' has formed good relationships with everyone here.

Constant change of staff is not good for 'A' and I continually have to train, manage and give direction to new staff and volunteers.

A can become violent when allowed to push boundaries. …….new staff and the weather can disrupt his mood

'B' needs consistent and firm boundaries and direction.

Some workers were intimidated and frightened by 'B's' size and behaviour.

We had a good relationship with 'B'…..he enjoyed socialising and meeting our extended family.

As 'B' got older he was less willing to go out with us and it became difficult taking him in the car due to his grabbing, making it unsafe for us.

'B' needs to be encouraged to learn life and social skills with a view of living semi-independently in a supported living environment within a peer group.

It would be best to implement strategies [for 'A'] that one would for a child on the autistic spectrum.

'A' needs lots of sameness, and consistency in his routine and structure and good preparation before any change.

'B' needs relatively intensive and regular local highly specialist provision [from CAMHS].

HEALTH PROFESSIONALS

He [B] needs to receive suitable mental health assistance from local CAMHS.

'B' needed a residential school which specialised in meeting his educational and other needs.

The Local Authority needed to review the nature and amount of 'respite provision as it was an essential component of not only 'B's' but that of his family's welfare.

PUPILS

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Appendix 4: Force Field Analysis

Facilitating Forces

Willingness of school staff to build curriculum work around pupils' Interests and make curricular adaptations to the content and delivery of the curriculum

Ability of pupils to form positive Relationships with adults and vice Versa

Home/school communication

Views on meeting pupils' needs locally as opposed to out of authority

Good communicative intent Shown by pupils

Staff willingness to experiment and offer different activities

Structure & routines Within school

Inability of pupils to effectively communicate their feelings/emotions

Insufficient & limited respite care

Training of staff in different contexts

Flexibility and suitability of curriculum

Patchy & limited support for Addressing pupils' mental health needs.

Insufficient thought to post 19 education & care

Lack of consistency & structure of routines in relation to respite staff

Restraining Forces