

# Students' right to make decisions: Royal College Manchester

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**URN:** 139218

**Region:** North West

**Remit:** Further education and skills

## Provider background

[Royal College Manchester](#) (RCM) is an independent specialist residential and day college that caters for students with severe and complex learning difficulties and disabilities. There are a number of learners with autistic spectrum condition and multisensory impairment, all learners have communication needs and many present with challenging behaviour. The college is part of the Seashell Trust and is located on a large site in Cheadle, Manchester, which it shares with Royal School Manchester.

## Brief description

[Royal College Manchester](#) is very successful in helping its students to develop their active communication skills and to exercise choice and express their opinions in all aspects of their programme. The 2013 inspection judged that students make excellent progress towards achieving their planned learning and independence goals. Their targets are broken down into small steps in learning to provide appropriate challenge and cover all aspects of the student's programme, including communication, behaviour and independence.

Progression into employment has improved significantly over the last three years, with a high proportion of students progressing into paid, voluntary and self-employment.

## The good practice in detail

The college has a strong focus on and specialism in developing communication strategies through an interdisciplinary specialist team approach. An important aspect of developing active communication and independence is enabling students to learn to make decisions. Our students are faced with decision-making around their future lives: learning choices, living and working goals, as well as accessing services.

It would be easy to assume that students with severe and complex needs would not be able to make significant or possibly routine decisions about their lives. At RCM, we place a great emphasis on developing informed decision-making skills from simple expressions of preference within a person's daily routine to learning the difference between an individual and a group decision. In all cases, the outcome of this approach is that young people develop an expectation that they will be in control of experiences in their lives.

'The college has an on-site interdisciplinary specialist team including speech and language therapists, transition and learner voice coordinators, and an assistive technologist, as well as teaching, learning and residential support staff. The combined input from this team promotes and facilitates student decision-making across all contexts.

'The principles of the Mental Capacity Act (2005) (MCA) echo the [values](#) of the college and underpin our work around student decision-making. At RCM, we combine the building of skills using students' individual communication systems with the legislative framework to ensure active involvement in all decisions about their lives. Our ethos is that students have a right to make choices.'

*Bernie White, Head of College*

RCM does not make assumptions about students on entry to the college as this may be based on outdated information that does not reflect the growth a young person has made. The initial assessment process is comprehensive and the college focuses on widening each student's experience at every opportunity.

The college's [mental capacity and deprivation of liberty policy](#), along with the [communication policy](#), provides a framework for working with students on decision-making. College staff have a key role in implementing the mental capacity policy by helping and supporting people with learning disabilities and associated complex needs to understand what decisions need to be made and why, and what the consequences of those decisions are. The college's successful approach towards developing students' active communication helps students to make excellent progress in their ability to exercise choice, express their opinions and engage fully in their college life and the decisions for future transition after college.

### **The five guiding principles of the college's mental capacity policy are:**

- everyone is assumed to have capacity unless it is proved otherwise
- staff must give all appropriate help before concluding that a student cannot make their own decisions
- staff must accept that people have the right to make what might be seen as eccentric or unwise decisions
- any actions taken on behalf of a person who is deemed to lack capacity must always act in that person's best interests

- any decisions taken should be the least restrictive of the person's basic rights and freedoms

RCM uses structured mental capacity assessments, linked to the legislation, for when significant student decisions need to be made, including health or personal care and transition. The aim is to assess an individual's capability to make significant decisions. Although the outcome of the assessment may be that the person lacks capacity to make a particular decision, there is a strong emphasis on involving the young person in as much of the process as possible, for example by making less-complex, related decisions or parts of a decision.

The college ethos is to identify the level of participation in decision-making and to engage students as fully as possible in the process. A wide range of evidence of individual student involvement is collected, including the use of personalised picture or symbol PowerPoints to help students understand the information or to record their responses to first-hand experiences. Staff go through the PowerPoints several times. Simple questions are then used to assess whether students can retain the information and use it to make decisions or choices. At all stages, videotapes are made, as evidence, to support mental capacity assessment.

When a student is assessed as lacking capacity to make a specific decision, a best interest decision is made on their behalf. This process is often used when students are making decisions about what they want to do after their college course ends. In this situation, the college structures transition meetings as best interest meetings, gathering the views of people supporting the young person, including family, social worker, transition worker, key worker, therapists and medical staff, where appropriate. The meeting elects a decision-maker who will take into account the views expressed. The focus of these meetings is based on the best option for a young person in terms of meeting their needs.

Katherine Watson, the transition coordinator, emphasises that transition after college is a significant decision-making process and comes within the mental capacity policy and process. She observes students during their time in the college to build up information about their needs, preferences, ability to cope with change, the impact of transition periods at the end of sessions and their independence and information processing time.

Katherine has developed resources that will help students to understand and make choices about the three aspects of transition: work, living and services. For example, the [resource 'what's important to me around living in the future?'](#) enables discussion with students, using their preferred communication strategy, so that they can build up an understanding of choices in living. This provides a plan for transition including visits, experiences and the development of related skills for their future. Over time, students' choices are built into their 'my transition booklet', which helps them to understand the changes and familiarise them with their living choice.

When making routine decisions, staff look for as many ways as possible to explain information to students, to support individual communication needs and to enable

individuals to make the decision themselves. Some routine decisions do not require a full capacity assessment but do involve a best interest decision on behalf of the student. An example of this might be consent to a care plan, consent to routine treatment or medication. The college works to ensure that these decisions are recorded using a [best interest checklist](#). The best interest checklist guides staff through the issues that must be considered, the student's views, the views of people who know and support the student, gathering relevant information and exploring alternatives so that the decision is the least restrictive to the student's daily life.

## Examples of how students with severe and complex needs are supported to make decisions, choices or express their views

### Using PowerPoint slides

Many of the students have difficulties with emotional self-regulation. The college has found that sporting activities are very effective in promoting positive well-being.

Staff identified an opportunity for the students to compete in the Manchester 10k run and the Liverpool triathlon event. A number of students who were already participating in the regular athletics session were approached.

The college created a PowerPoint of each of the students, using their photograph and images of the sporting events, to check their understanding. Staff explained what it involved and what students might have to give up to attend training. They went through the PowerPoint twice with the students to ensure that students had retained the information. Student understanding was checked through simple questions and the use of pictures or symbols to answer.

Once students had retained the information, staff used simple questions to ask if they wanted to participate. Students used sign, symbols, pictures and written word to show consent or otherwise. This process was video-recorded for each student.

Many parents came to witness their young person complete the events successfully and broaden their experience.

### Using visual aids

A student was progressing into a supported living flat after college. College staff carried out a significant decision capacity assessment and concluded that he understood that he was moving into the accommodation. However, staff identified that there were aspects of payments for goods and services that he did not understand, such as the impact of not paying his rent, heating, or television licence. He did understand other aspects, such as buying food when going to the cinema.

Staff worked with him using visual materials to help him understand the impact of not paying for specific items. Although eventually social services in his home town signed his tenancy agreement, the college worked with him to ensure that his understanding was sufficiently developed to help him be independent and have appropriate control over aspects of his life.

### Using video evidence

For students with multisensory impairment, the college analyses video evidence of body language, facial expressions and vocalisation to identify likes and dislikes. This is of particular importance during induction and extending the range of students' activities.

One student with severe autism had difficulties being in his tutor group because of the need for personal space, but liked being with others. The college marked out his personal space, with tape on the floor, explaining this to him and the other students. They used video to monitor his body language to support his choices and also enable him to gradually integrate more over time.

This process is also used, where appropriate, to assess the students' preferences and likes and dislikes in relation to their personal care routine. The college has started to work with students to help them understand and agree their care plan.

### **'Learning to learn' sessions**

Students have a 'learning to learn' session each week with a strong focus on communicating their likes, dislikes and making choices.

Individually, each student reviews their week, with support, using their communication system including a pictorial timetable. They identify what they have enjoyed and have an opportunity to make decisions about any changes.

Similarly, the weekly **citizenship session** has planned opportunities for students to understand their rights and responsibilities, to share their views and make choices.

### **Structured approach for students to make requests**

The college's learner voice coordinator introduced a structured approach for students to make requests, including a request form and an electronic tracker to monitor progress and completion.

Responsibility for keeping this record up to date is delegated to key workers. The **requests**, response time and outcome are routinely checked throughout the year.

Requests range from the opportunity to access activities or specific resources to requests for improved services, such as wheelchair services taking too long to carry out repairs, the student swipe card failing to activate doors in some college areas, the opportunity to share sessions with friends, or listening to a favourite CD during break time.

Students with severe and complex needs learn to express their views to make individual and group decisions and are supported very effectively by staff in this process. Students learn to appreciate the consequence of the individual and group decisions as they are acted on.

### Using physical demonstrations

A young man who is a wheelchair user with severe, complex and physical needs kept banging his arms and hurting himself going through doorways due to startle reflex. The interdisciplinary team came up with a solution of using wrist straps when going through doors to prevent this. However, using wrist straps is a form of restraint and the college wanted to ensure that the young person understood the need for it before implementing the solution.

Staff fully explained the solution to the young man and discussed it with him, using his voice output communication aid. The college analysed the video evidence of the discussions with the young person and concluded that he understood the issues. They concluded that he had the capacity to decide that using wrist straps, when going through the doors, would help him prevent hurting himself.

On several occasions, staff modelled the process for him to demonstrate the planned solution. He showed that he understood and retained the information. With support, he used and weighed up the information and confidently communicated his decision.

The good practice case studies that Ofsted publishes highlight specific examples of practice that providers of education, learning and children's services have used to achieve successful outcomes.

For education, the case studies do not recommend a single particular approach to teaching and learning. Ofsted has no preferred lesson structure or teaching style. We showcase and share a wide range of approaches that providers have found work well for them in achieving good outcomes for children, young people and learners.

Are you thinking of putting these ideas into practice; or already doing something similar that could help other providers; or just interested? We'd welcome your views and ideas. Get in touch [here](#).

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