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Using Vignettes as a Research Method to Investigate Placement and Provision for Children with Special Educational Needs in Different Countries

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This paper examines the use of vignettes as a research method in a comparative exploration of the provision for children with special educational needs across eleven countries. The investigation selected in-country researchers, who responded to questions with respect to children described in 14 vignettes. The questions related to school placement options; assessment processes; support arrangements; service provision; curriculum responses and those involved in placement decisions. The vignette findings were able to highlight differences in placement decisions between the countries; the general lack of pupil voice in decision making and the ubiquitous influence of medical categories within educational settings. The utility of using vignettes in this type of research is discussed in relation to reflecting the complex reality of educational practice in different countries.

Keywords: vignette study, special educational needs, international comparisons school placement, pupil voice

Introduction

In selecting a research method, researchers often need to make a decision with respect to the depth and richness of qualitative analysis and the generalisability and policy reach of quantitative approaches (Khaled, 2021). One approach which may have merits with both and mixed forms of data collection is the use of research vignettes (McInroy & Beer, 2021; Murphy, Hughes, Read, & Ashby, 2021). Vignettes are short descriptions of situations or persons which elicit judgments about the depicted scenarios (Atzmüller & Steiner, 2010). These, typically hypothetical, scenarios (Schoenberg & Ravdal, 2000) have been used for a variety of purposes within educational research. They can be part of quantitative experiments, which systematically vary specific characteristics for factorial analysis (Atzmüller & Steiner, 2010) and qualitative studies (McInroy & Beer, 2021; Murphy, Hughes, Read, & Ashby, 2021). They are able to be used with a

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range of follow-up responses - for example, semi structured questions, closed responses or Likert scales.

There is a need for research which reflects upon the affordances and utility of vignettes in this way as there are few detailed accounts about the use of vignettes, particularly within social qualitative research or as a complementary data collection approach (Barter & Renold, 2000; Ling & Pang, 2021). The research that exists suggests that in some circumstances, vignettes are able to elicit and capture a richer picture of responses than other methods (Schoenberg & Ravdal, 2000) and gives the researcher particular benefits:

> (1) flexibility that allows the researcher to design an instrument uniquely responsive to specific topical foci;
> (2) enjoyment and creativity for the informant; and
> (3) depersonalization that encourages an informant to think beyond his or her own circumstances, an important feature for sensitive topics or for illuminating future use patterns of services.
>
> (Schoenberg & Ravdal, 2000, p. 63)

When vignettes present case studies (Tanaka, Inadomi, Kikuchi, & Ohta, 2005), it is possible to elicit judgments about likely or preferred outcomes for the depicted individual or situation - for example, to explore teachers' attitudes to educational issues (Gall, Gall, & Borg, 2011). Not surprisingly therefore, this approach has begun to be used to explore attitudes and decision-making in comparative cross-cultural research in health (Jiwa et al., 2008; Mikton & Grounds, 2007) and, to a lesser extent, educational contexts (Gupta, Kristensen, & Pozzoli, 2010). Vignettes have been argued to be a simple and economical way of exploring understanding of treatment decisions in health services (Veloski, Tai, Evans, & Nash, 2005). Although vignette use within qualitative educational research is less well established (Skilling & Stylianides, 2020) it would seem to have merit as a tool in international comparative research.

In terms of eliciting responses concerning different groups of children with special educational needs, vignettes approaches have been used to compare responses to variations across a range of characters and scenarios e.g., age, gender or disability (Finch, 1987) and to elicit cultural norms through different groups or individuals evaluation and responses towards the same vignette situation (Barter & Renold, 1999). They have the potential to elicit subtleties and variations in practice of which only an 'insider' has awareness (Sumrall & West, 1998) and, within social research, provide a less threatening way to explore sensitive issues (Barter & Renold, 2000). These affordances appear to be particularly helpful for investigating decisions regarding placement and support, where there might be a disparity between the official policy documents and current 'on the ground' practices.

Using Vignettes to Understand Special Educational Needs Issues

The purpose of this research is to examine the relative merits of using vignettes as a research tools through a retrospective analysis of provision for children with special educational needs (Rix et al., 2013). This large-scale research project was funded by the National Council for special education, Ireland. It needed a research tool that could be used in combination with a policy review to go on the data regarding the education decisions for children with a range of special educational needs in countries with very different provisions.

One way which educational systems have responded to special educational needs has been conceptualized as a continuum. This continuum can take many forms - for example, providing a continuum of services (DeLorenzo, 2008) or provision (Martin, 2009), or varying the intensity of intervention (Rix et al., 2013). However, a common conceptualization of a continuum constructs a range of differentiated physical locations and services either as a representation of existing practice or as an aspiration for future development (Rix et al, 2013). Typically this linear continuum spans placement in full-time residential special provision to full time in regular classes (Norwich, 2008). Models have also been developed which try to make the boundaries between the special and mainstream elements in such a continuum more permeable - for example, those based on a least restrictive environment approach (Fuchs, Fuchs, & Stecker, 2010) This continuum constructs 'poles' where children are most included and most separate, as illustrated in Figure 1.

Figure 1. A Continuum of Services (Adapted from Norwich, 2008, in Rix, 2015)

MOST SEPARATE
Full time residential special school
Full time day special school
Part time special – part time ordinary school
Full time special unit or class in ordinary school
Part time special unit/class – part time ordinary class
Full time in ordinary class with some withdrawal and some in-class support
Full time in ordinary class with in-class support
Full time in ordinary class
MOST INCLUDED

It is often this type of continuum of services that is referred to within official policy documents and is seen as shaping and reflecting children's options for, and experiences of, their schooling. Whilst policy documents may indicate the provision that exists or is aspired to, the practice 'on the ground' may be more variable. This may occur partly because moves towards developing new and potentially more inclusive or flexible educational approaches occur within the 'previous' and enduring range of services and locations (Rix, 2015).

Therefore, in order to gain insights into how the continuum of provision is enacted (i.e., how children are located within it), there was a need to obtain information that was additional to the representations within official policy

documents. It was for this purpose that a vignette-based approach was used to explore provision in eleven countries.

Selection of the Countries

The vignette study reported here was part of a larger research study funded by the National Council for Special Education, Ireland. It followed the first phase of the study in which a descriptive map was created of special educational needs policies of 55 administrations within 50 countries, derived from an online literature and policy review (see Rix et al., 2013). From within this map, 10 countries were selected. The country selection reflected geographical spread, a range of systems and the likelihood that they would offer an insight into notions of a continuum and an aspect of, or issue within, the Irish Education system. The 10 countries selected were Australia; Cambodia; Canada (Nova Scotia); Cyprus; Italy; Japan; Kenya; Lithuania; Norway and Scotland. Ireland was added to this group as a direct point of comparison.

In-country researchers were identified by their academic experience or having published educational reports upon the special education systems of their country. Potential participants were contacted, following the ethical procedures of the authors' university, via email informing them of the research and requesting their participation.

To put the vignette responses in context a brief policy overview, derived from the policy review, is now given regarding school placement and the categorization of pupils in the countries of each participant researcher.

Historical legislation Context Regarding School Placement

Across the 11 countries there appeared to be different policy constructions of special educational needs and systems designed to need these needs. There were systems that appeared explicitly inclusive and those that were two track (i.e., special and mainstream stream systems). Three countries had explicit policies on the rights of all children to attend a mainstream school: Canada (Nova Scotia), Italy and Norway (i.e., in contrast to special schools designated entirely for children with special educational needs (Warnes, Done, & Knowler, 2022)). In Canada each province had jurisdiction over education - rather than it being the responsibility of the Federal government - and Nova Scotia was one of the first provinces to have the aim of 'full inclusion' in educational legislation covering young people from the age of 5 to 21. A similar right existed in Italy e.g., 2009 Document no.4 – (August) reinforced the concept of 'full inclusion' (Eurydice, 2010b). The policies of the Italian system had moved away from special classes or withdrawal tuition, albeit with the possible precondition to access dedicated additional resources following 'Certification' (a clinical and functional diagnosis). In Norway, whilst a similar right to receive adapted education in a mainstream class existed (Education Act, 17 July 1998, chapter 3), the previous right to special education continued for children who were deemed unable to benefit from

ordinary education (Education Act, 17 July 1998, chapter 5) (UNESCO International Bureau of Education, 2012).

The Irish system utilized a special schools and special classes approach (Rose, Shevlin, Winter, & O'Raw, 2010) and explicitly 'two-track' systems were promoted though legislation in several other countries. Municipalities in the Republic of Lithuania are charged with the education of special children within the general education system and the government provide additional support for schools for children with special educational needs (Eurydice, 2010c). The country's Law on Education (17th of March, 2011) broadened the definition of SEN to include socially disadvantaged and gifted children. In Japan also an explicit 'two track system' had been created (Special Education Law of Japan, amended 2007), with a recent change being that special schools needed no longer to be 'impairment-specific' but could enrol pupils with different types of impairment (National Institute of Special Education, n.d.). In Scotland there existed educational legislation for children with 'additional support needs', combined with equality legislation for disabled children (Education (Additional Support for Learning) (Scotland) Act 2004; 2009, Equality Act 2010). Whilst there is an overlap between the two categories, they are not synonymous. Additional support needs encompasses children who experience greater difficulty in learning than their school peers, whereas disabled children are seen as those with substantial and enduring impairments affecting their daily lives (Office For Standards In Education, 2009). A strong disability focus also existed in Cambodia (e.g., Education Law 2007, Article 38; 39) with inclusive education being situated in policy terms within the Protection and the Promotion of the Rights of Persons with Disabilities (2009). It aimed to support disabled pupils through promoting disability awareness, creating accessible facilities and special classes (Kingdom of Cambodia - Ministry of Education, 2008). Similarly the Commonwealth Disability Discrimination Act 1992 (DDA) underpinned the Australian framework. This was operationalised in the education system through the Disability Standards for Education (2005), which were under review in 2011 (Department of Education and Early Childhood, 2021).

The legal framework in Cyprus (The Education and Training of Children with Special Needs Law of 1999) introduced the notions of the "least restrictive environment", and "integration in mainstream settings" alongside the development of a special education sector. The latter was situated in both education and 'disability' policy and legislation (Eurydice, 2010a). This 'overlap' was also found elsewhere: for example, in Kenya, where there was a Persons with Disability Act (2003) and a Special Needs Education Policy in 2005 (Ministry of Education, 2009). Both policies were reflected within the country's Children's Act and the new Kenya Constitution (Parliament of Kenya, 2010).

Across the 11 countries there was a mixture of single and two-track systems, both of which could be influenced by Disability legislation and whose remit might cover children's social and educational issues.

Categorisation of Pupils

The policies of the 11 countries constructed different categories in their identification of special educational needs and, as Table 1 illustrates, the number of categories varied significantly between the countries.

Table 1. Number of Categories of Special Educational Needs in 11 countries

Country	**number of categories**
Kenya	22
Scotland*	15
Italy	14
Ireland	14
Japan	11
Lithuania	10
Cambodia	9
Australia	7
Nova Scotia**	7
Cyprus	4
Norway***	0

*The Scottish concept of additional needs is broad ranging and focuses on support for any child to allow them to benefit fully from their education. The 15 categories here reflect the exemplars given of such need (Education Scotland, 2012).

**The Canadian (Nova Scotia) education system was intended to be non-categorical. Those given here were reported as exceptionalities used for administrative and funding purposes only.

***In Norway there was no official categorization. However, research suggests that in practice medical diagnoses have a role in defining the need for special teaching. Furthermore local evaluations of children by the Pedagogical Psychological Service made explicit use of 'medicalised' categories (Rix et al., 2013).

There were some commonalities across the countries - for example, seven countries used 'hearing impairment' as a named category and the others had a sensory impairment category. But in general, the categories did not map neatly across to one another. It is within this diverse framework of policies and categories that the vignette research took place.

Methodology

Development and Completion of the Vignettes

Barter and Renold (1999) distilled the elements of vignette research design. Vignettes need to appear plausible and authentic to participants, possibly derived from actual experiences. There should be sufficient contextual detail for respondents to understand the situation and whilst a variety of formats is possible, written narratives are the most established approach. Consequently, this study's vignettes were short written accounts that described the situation of a particular child and their needs, with only two vignettes explicitly indicating a diagnostic category (cerebral palsy and Down syndrome). Each situation was built from real

life examples known to the researchers. The range and type of impairments and situations contained within the vignettes were refined through discussion with the NCSE and their advisory team. Seven vignettes were constructed, which could be mapped onto a diagnostic category familiar in the Irish context: autistic spectrum disorder (Sheehy et al., 2013), cerebral palsy, dyslexia, learning difficulties, profound and multiple learning difficulties, social, emotional and behavioural difficulties and hearing impairment. The vignettes used children's names identified as commonly occurring in the country of enquiry and a balance was sought between genders.

The structure of each vignette was a description of a child and their situation followed by a set of questions. There was also a final question which altered a significant aspect of each vignette to explore how this change might influence the educational experience of the child. The use of a final question in this way allowed the range of special educational needs considered to be 'doubled' to 14. To illustrate this, an example of a vignette relating hearing impairment (Genie) in presented.

Genie

Genie is a five year old girl. She lives with her parents and her older brother in a comfortable house in a small regional town. Her father is a local civil servant and her mother runs a small catering business from their home. When Genie was a baby her mother was concerned that she was not hearing everything that was going on around her. A health check when she was 11 months old confirmed that Genie was profoundly deaf. Her family can all hear and speak. They have learned to use sign language to talk to Genie and to each other when Genie is in the same room. Her parents are eager for Genie to use signing in her schooling. Genie wears two hearing aids. She does not show particular interest in other people's conversations. She is not aware if someone is talking to her when she is not looking at them, but will turn her head to sudden loud sounds. She speaks using individual words and simple phrases, which are very hard to understand for those outside her family. At times, however, she surprises her family at the things she does not seem to understand. She plays with other children in the street and has a best friend who is the same age as her and has learned some signs. However, compared to her brother she is relatively isolated socially. She loves animals and is very good with them. The family have a small pet dog which Genie feeds and takes for walks. She is good at drawing and painting. She will spend long periods drawing pictures of animals and her family. She also seems to have a strong interest in numbers and has been able to do the adding and subtracting homework that her brother has brought home from school. Her parents believe that their daughter would benefit from attending a mainstream school

The questions accompanying each description followed the format indicated below.

PLEASE ANSWER THE FOLLOWING QUESTIONS.
If there are contradictions in the system or variables which will powerfully affect the outcome, please suggest what these might be. If a question cannot be answered it would be helpful if you could suggest why.

1. Where would Genie be educated?
2. How would her needs be assessed?
3. What support would he be offered?
4. Which services (if any) would work with education to support Genie?
5. Where would the funding for Genie's education and support come from?
6. What curriculum would she follow? (e.g., the same as his age-equivalent peers or a curriculum specially designed for his personal learning or a curriculum designed for a particular group of students unlike their age-equivalent peers)
7. Who would be involved in the decision about her education placement?
8. Who would be involved in the decision about her support needs?

The additional final question related to a particular aspect of each situation and the influence this might have on the child's educational experience. Two examples related to the above vignettes are given in Table 2.

Table 2. An Example of a Vignette Final Question

Vignette	**Final question**	**Aim**
Genie	How would the placement and support change if Genie's parents believed she should attend a school for the deaf?	To explore the influence of parental choice on children's provision and to raise issues of concern to the Deaf Community.

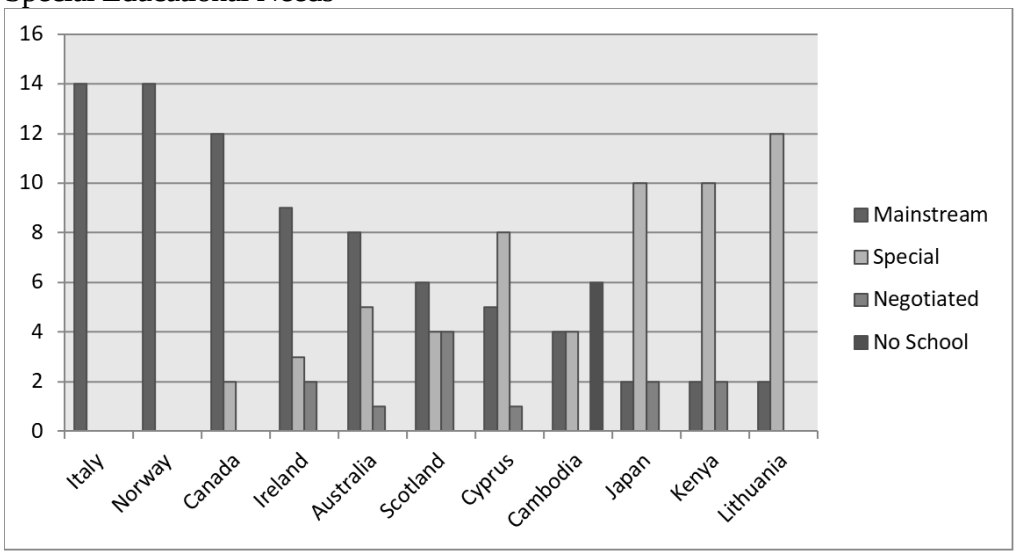
Results

Responses to 154 situations were collected (7 x 2 vignettes x 11 countries). Rather than précising each of these, an analysis is presented of school placement decisions and the significant themes that emerged across them all.

School Placement

In general terms the vignettes revealed, not unexpectedly, differences in the likelihood of children being placed in mainstream or special schools in different countries. Given the additional final questions there were 14 possible placements and these are summarized in.

Figure 2. Vignette Responses Regarding the School Placement of Children with Special Educational Needs



This overview of the responses maps broadly to the options described within the policy documents, with children in Italy, Norway and Canada (Nova Scotia) being most likely to attend their local mainstream schools. The 'two track' systems can be clearly seen in Figure 2, with the relative number of placements and degree of negotiation of placements in either mainstream or special schools varying. These negotiations might be influenced by parental wishes or the geographical location of the schools and services.

The use of special school placements for a wide range of pupils was noted in Japan and Lithuania, whereas Australia (Victoria), in line with policy, supported special schools and special classes for fewer groups of learners. The Lithunian responses reflected the 2012 state situation and this was reported to be likely to change, with a reduction in the special school placements in subsequent years. Japan's 'two track' system included options for both resource rooms and special classes within mainstream schools. There appeared to be more flexibility within the system than might appear from a policy viewpoint alone. In Cyprus also, special units existed within mainstream schools. These were classified as 'special' in the responses, although they could involve some scheduled contact periods with their mainstream peers.

Whilst Cambodia reported inclusive policies the reality, as reflected in the vignette responses, appeared to be that a child with SEN might not necessarily be in school. A significant factor in this was the allocation of limited resources (e.g., NGO support) to support school placement. The Canadian responses suggested that nearly all children would be in mainstream most of the time. The two exceptions here concerned behavioral and mental health issues, where a specialist health placement was felt to be a possible outcome.

Children's Voice in Educational Decision Making

A significant issue concerned the parties involved in placement decisions. A wide range of services and professionals from multidisciplinary teams could potentially contribute to discussions with parents and education authorities. Yet only in one researcher's responses to two vignettes (Canada: cerebral palsy and deafness) were the children themselves indicated as being consulted regarding their own placement and support needs.

Apart from this, children were not indicated as being consulted in discussions of school choice, school transfer or support decisions. The implication was that the children's views would be represented by parents and professionals. In one case (Lithuania: SEBD) this representation could be strengthened by the 'children's ombudsman' who might support the young person's interests and rights, although at a distance. However, it was manifestly evident that children were not positioned centrally enough in the formal decision-making processes to be mentioned more frequently in the vignette responses.

The Defining Features of a Special Placement

The vignette responses contained frequent references to a special curriculum, which could be an adapted mainstream curriculum or an individualized one.

> The same [*curriculum*] as his age-equivalent peers with adaptations. This might involve an alternative curriculum with a strong personal development and vocational element.
> (Scotland)

> He would follow an age appropriate curriculum, social skills training and daily living skills training.
> (Japan)

> Curricula for children with hearing impairment... Individual curricula.
> (Lithuania)

> She would have an IEP *[individual education programme*] in some areas (academic areas) but she would probably follow the normal curriculum in practical areas
> (Norway)

However, there was not a strong indication that a special pedagogy, differing from mainstream pedagogy, was required for children with special educational needs. The exception to this was in the Japanese system. The responses here indicated a specific pedagogy, based on applied behavioural analysis for both children with autism and children with learning difficulties who self-harm. Elsewhere, and overall, whilst special schools and units might utilize special pedagogic approaches, these were not explicit in the vignette responses. Two more salient factors influencing special school placement decisions appeared to be

access to health service professionals - such as speech therapists and physiotherapists - and the presence of a low teacher pupil: ratio.

> Teaching ratio 1:6; teacher aide; speech therapist; occupational therapist
> (Australia)

> High proportion of staff members per pupil. Health and social work input may be available
> (Scotland)

The Influence of Categories

Although each country's educational system might not use the special needs categories implied in the vignettes to direct educational placement, these categories were transparent to the respondents. This might suggest a shared medical, or medicalised, discourse existing parallel to the discourse in educational policies. A possible influence on this was the ubiquitous link noted between diagnostic categories and the provision of educational resources at some level. For example, in Scotland and Ireland the vignette responses highlighted the significant influence of a formal 'out of school assessment', which could result in additional support in a classroom or influence the curriculum received by the child following a diagnosis. In Norway and Italy, whilst children could enter their local schools without a formal diagnosis of disability or need, such a diagnosis might also access additional resources within the school.

This diagnosis could be part of a route into a special school system or a supported mainstream placement. There were examples of 'in school' educational assessments linked to categorisation. For example, in Italy, whilst the system does not produce additional support for children diagnosed as 'dyslexic', specific screening assessments were indicated as being often used to plan educational responses within schools. In Japan and Australia educational literacy assessments could trigger the start of specific remedial reading approaches for particular children within the school. However, overall, it was more common for non-educational, non-school based assessments to be linked to the provision of educational support in some fashion.

A diverse range of sources of funding for children with special educational needs was reported across the vignettes. For some countries this could be additional to a general funding allocation to disadvantaged areas (e.g., Ireland, Scotland and Italy). This additional funding was linked to individual pupils and associated with diagnosis by accredited medical or psychological professionals (Ireland, Scotland, Japan, Italy and Australia). By contrast, in Kenya and Cambodia, funding for pupils with special educational needs was entirely on an individual basis, from Non-Governmental Organizations and in Cyprus a significant funding source was noted to be 'Radiomarathonios', a fund-raising media event specifically for children with special educational needs. The Norwegian vignettes responses indicated that only state funded generic financial support was given i.e. there was no funding at the level of individual pupils within

a local municipality. This fixed resource was drawn on to allocate in-class support to meet children's needs following assessment.

Discussion

The method of using vignettes in this way has limitations. Data collected reflect the views and experiences of individuals, albeit those selected for their expert knowledge of educational practices in their countries. They cannot be taken to imply uniform national practices or to represent the educational experience of all children. For example, these results do not reflect the less common options in Norway and Italy reported by participants in which special schools could be called upon in situations not reflected in the vignettes. The results also mask a reported situation in which children might be placed within a mainstream setting but taught outside of the mainstream class by a support teacher, potentially full-time. Similarly, our respondent indicated that there is a strong likelihood that children with S.E.N may not attend school in Kenya, yet this is not reflected in the 'local' picture that informed their responses. Whilst several studies have concluded that vignettes can provide a good indication of real-world actions (Veloski, Tai, Evans, & Nash, 2005), such studies typically concern the response and actions of the respondents themselves. In our research, the respondents were replying with regard to the actions of the system within which they worked. Whether this 'distancing' reduces this predicative validity is a topic for further research. Follow-up visits to four of the sampled countries (Italy, Norway, Japan and Ireland) suggested that the vignettes response garnered here did reflect actual placement practices and outcomes that existed, at least in the specific locations visited, within a country (Rix et al., 2013).

Whilst vignettes cannot provide all–encompassing accounts this research suggests that the vignette method is able to offer insights into existing practices that occur within a country and, through thematic analysis, highlight significant issues. The responses appeared to reflect the 'messy' and complex reality of educational practices (Cameron, 2006). The differences in school placement and categories revealed by the vignettes would support the assertion that special and inclusive education is conceived and enacted differently in different cultures (Stangvik, 2010) and, further, that it is nuanced by local factors such as the location of existing resources and the mobility of children and teachers between local schools.

The vignettes reflected categories of special educational need that existed in Ireland, however these appeared to be transparent to all the respondents. This might suggest that the medical discourse is ubiquitous and able to influence educational thinking, albeit to different extents, in the sampled countries. Whilst there is evidence that even 'standardized' categories of disability are interpreted differently in different countries (Florian et al., 2006), the vignette response suggest that there is some commonality of implicit labelling of special educational needs and there is support for this idea from other research (Florian et al., 2006). The caveat to this suggestion is that the respondents were likely to have a broad

knowledge of the field of special educational needs. Future research might therefore examine the extent to which such categories have meaning for practitioners and parents, and indeed young people themselves.

This is an important issue, as previous comparative studies have found that

> cultural interpretations of disability strongly affect opportunities for inclusion. When they are socially explained it is viewed as a civil right; when they are explained medically, integration is made dependent upon productivity or learning to conform to social roles.
> (Stangvik, 2010, pp. 353-354)

The flexibility and accessibility of a vignette approach, found in this research, suggests this method would be able to explore whether medicalised categories of educational need and disability are influencing the 'cultural interpretations' within educational systems.

The lack of pupil voice or consultation emerged clearly. Pupils do not feature noticeably in the decision-making processes as reported by the in-country respondents. This finding stands in contrast to international policy level information. For example, the concept of pupil voice is often seen as arising from the United Nations Convention on the Rights of the Child (Lundy, 2007) .

> For this purpose, the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child
> Article 12 Convention on the Rights of the Child (United Nations, 2005)

Based on the presumed influence of this Convention, one might expect several of the vignettes to have yielded instances of pupil consultation. If educational practices are intended to benefit pupils then it is essential to hear their own views about what is beneficial to them (McIntyre, Pedder, & Rudduck, 2005). The barriers to supporting this practice in general have been discussed (Lundy, 2007) and research is beginning to suggest ways forward for pupils with complex disabilities (Wright, Sheehy, Parsons, & Abbott, 2011) and learning difficulties (Saggers, Hwang, & Mercer, 2011), whose voice may be less easily accessed than their peers. However, the vignette responses suggested that the voice of children with special educational needs appear to carry little weight in major decisions about their educational lives. This appears to be irrespective of the structure of the educational system or countries in our sample. The consultation of young people themselves was not yet a salient enough feature of practice to be mentioned routinely in the responses. The identification of this area illustrates a strength of the vignette approach and highlights an issue that could be followed up, using vignettes, to explore if progress has subsequently been made.

Conclusion

The vignette method demonstrated the flexibility to be used in a comparative study and the affordances to elicit a range of responses illuminating aspects of educational practice in different countries. Participants' responses to vignettes depicting children with special educational needs revealed a wide variation in school placements. In some situations, a diagnostic category allocated children to a type of school or determined the provision of additional educational resources to meet their needs. Even where this allocation did not occur such diagnostic categories appeared to inform educational provision to some extent. The voice of children with special educational needs was not yet salient enough in educational practice for it to feature significantly in the responses of our participants. Despite the limitations inherent in sampling practice through the responses of individual respondents, it would appear likely that this group of children remain as 'invisible' in real-world decision-making practices as they were in the responses to the fictionalized vignettes. The use of vignettes offers an insightful research tool through which researchers can examine if progress has been made in this field.

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