Evaluation of the SEND pathfinder programme

Process and implementation

Research Report

June 2013

Meera Craston, Graham Thom & Rhian Spivack

SQW

Contents

Table of figures

Acknowledgements and terminology

Acknowledgements

Terminology

The report makes regular use of the following short-hand terminology and acronyms:

- CDF – Common Delivery Framework

- DP - Direct Payment

- EHCP – Education, Health and Care Plan

- IBs – Individual budgets

- PBs – Personal budgets

- PCF – Parent Carer Forum

- PPS – Parent Partnership Service

- PST – Pathfinder support team

- RAS – Resource allocation system

- SEN – Special educational needs

- SEND – Special educational needs and disability

- SEN DPs – Special educational needs direct payments

- TAC/TAF – Team around the child/Team around the family

- VCS – Voluntary and community sector.

The Team

SQW was commissioned by the Department for Education to lead a consortium, including Ipsos MORI, BPSR and the Office of Public Management (OPM), to undertake the evaluation of the SEND Green Paper pathfinder programme. The team drew together a wide range of complementary experience. Each organisation had a distinct role to contribute to the effective evaluation of the programme as shown in the diagram below.

Figure 1 Organisational responsibilities
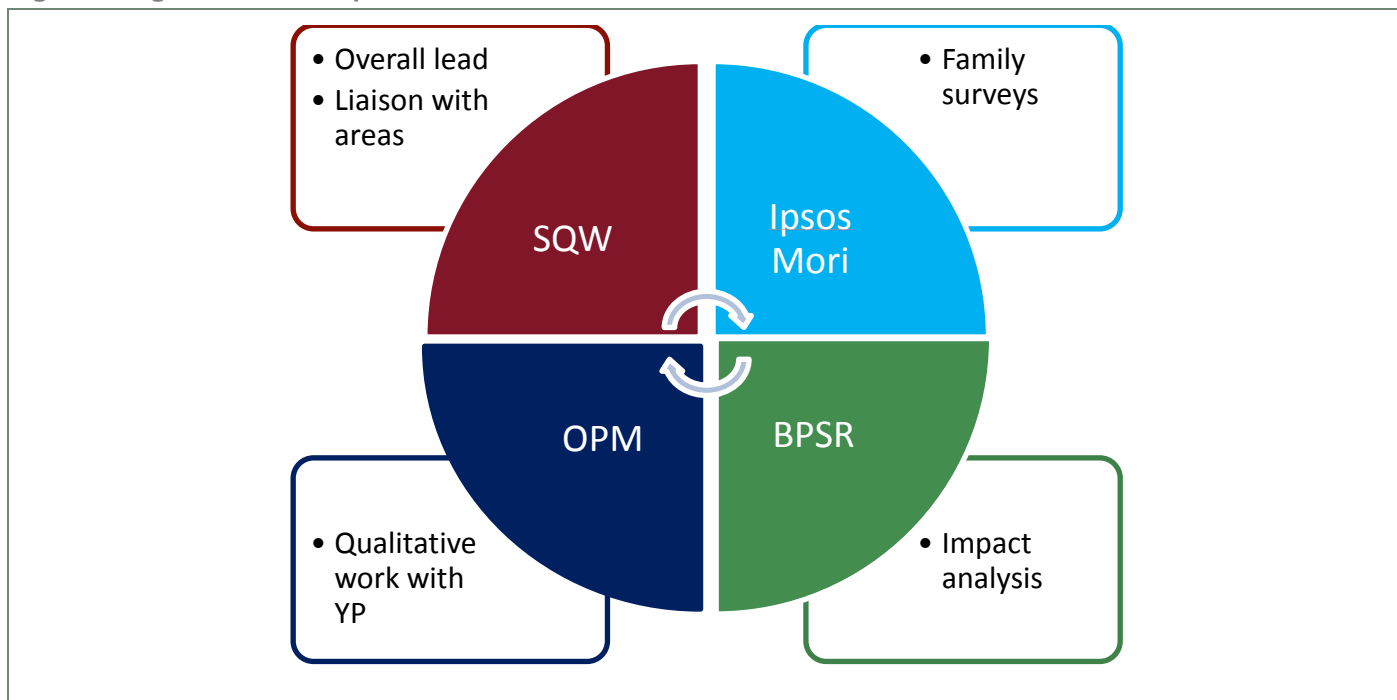
The Evaluation team

Graham Thom, the Managing Director of SQW, acted as the Project Director of the Evaluation.

Meera Craston (nee Prabhakar), a Director at SQW, acted as the Project Manager of the Evaluation.

Rhian Spivack (nee Johnson), Charlotte Clarke, Kerry Fox, Christopher Carr, Urvashi Parashar, Rachel Redman and Tarran Macmillan formed the other members of the SQW research team.

Emma Wallace and **Claire Lambert**, a Research Director and an Associate Director, acted as the leads for Ipsos MORI.

Susan Purdon and **Caroline Bryson** acted as the leads from BPSR.

Sanah Sheikh acted as the lead for OPM.

Executive Summary

Background

This report is the first of two volumes containing the evaluation findings from the first 18 months of the Special Educational Needs and Disabilities (SEND) pathfinder programme. Twenty Pathfinder sites, comprising thirty-one local authority areas were tasked to develop and trial: an integrated assessment process; a single, joined up 'Education, Health and Care Plan'; and personal budgets across education, social care and health, and adult services as appropriate for children and young people from birth to 25 years.

This volume covers the *process and implementation evaluation,* which describes and analyses the new approaches developed over the course of the programme. It contains data gathered through self-reporting of progress by pathfinders against the Common Delivery Framework and in-depth case study work in 10 selected areas. *The impact evaluation* will be published in autumn 2013 and provide an assessment of the experiences and outcomes achieved by the initial cohort of families.

KEY FINDINGS

The pathfinders have invested considerable resource to establish new processes including: the assignment of a key worker so that families have a single point of contact; the development of personal profiles through which families and young people can express themselves; adopting person centred planning approaches; and moving to a single EHCP document. The general feedback around each of these developments has been positive. Pathfinders appear to recognise the advantages of working differently, and are positive about the impact of the changes. Both the new process and the underlying ethos were seen as important.

The changed approaches were reported to have increased choice and control for families. In all cases they were involved in the development of outcomes and agreeing the plan to meet these outcomes. The challenge of a shift to focus on outcomes was clearly demonstrated, with many key workers reporting finding the development of outcome based plans challenging. Further workforce development and support for cultural change will be important moving forward.

Much has been done to involve families and young people in developing the new approach. Pathfinders have also worked increasingly well with Parent Partnership Services and Parent Carer Forums. Parents have also been involved as part of the assessment and planning process, through the use of person / family centred approaches and key working. However, there has been less progress in terms of the involvement of children and young people. We would expect more balance between the inputs of parents and children and young people moving forward.

There was some uncertainty at the start about the operation role of the VCS in the pathfinders. Increasingly this is focussed on supporting families.

For the new approach to work it is important that all services work together. This has improved over time at both strategic and operational levels. Although there are still some concerns, especially around health engagement, it was hoped that the clearer duty on Clinical Commissioning Groups would improve this situation. Pathfinders were able to report some examples of where joined up planning had led to issues being resolved or services being allocated more efficiently.

The long term effects on service receipt, how far it may change and in turn for commissioning are not yet clear. To date the changes reported were often fairly small. More change may be expected as families become more confident in participating in the new system, and as the pathfinder approach increasingly reaches new families rather than those already receiving services which had been agreed previously.

Working with new families will also push many pathfinders to fully test the integration of assessment processes. From the limited evidence to date efforts to improve coordination were focussed around the key worker understanding the range of assessments that may be required and joining these up where possible. Similarly, many pathfinders have focussed on particular age groups and require now to test their approaches with a broader spectrum of young people, including those aged 19-25 where some pathfinders seemed unsure about what support to offer.

The development of the local offer is also expected to lead families to identify different services. Progress on development had begun slowly, before gathering speed in the last six months as areas increasingly recognised its importance. Many areas had underestimated the level of resource required to develop their local offer, and remained unclear about what should be covered.

The take up of personal budgets and SEN direct payments was limited. This was driven largely by the challenges and complexities experienced by areas around the development of a robust process, including gathering information on the unit costs of services. In addition, demand for SEN direct payments amongst parents appeared low, although there was an appetite among parents to be involved in the decision making around support for their child, and to have choice and control.

The existing systems

The existing system tended to be organised around services with very variable levels of integration. The pathfinders recognised the limitations of their existing systems and wanted to use the programme to begin to address some of these issues.

There were a few exceptions where pathfinders reported existing good practice. This included examples of joint/integrated working between services and personalised approaches. Many of the areas expected to build on their good practice, which aligned with the direction of travel set out in the SEND Green Paper.

Recognising the scale of the challenges involved, almost all of the areas intended to develop trials with a fairly small number of families. These trials would then inform their understanding of what needed to be taken forward over the longer term for a much larger group.

Organisational engagement and cultural change

Following a set up period of 3-6 months, there were usually good levels of strategic involvement in pathfinder governance structures from most parties. A common group of stakeholders had been engaged across the majority of pathfinders including: professionals from local authority education and children's social care services (all 29 areas); parent carers (all 29 areas); the local VCS (26 areas); and professionals from health (27 areas), adult social care (25 areas) and schools (25 areas).

Project boards in the case study areas met on a regular basis and were reported to have been well attended. Exceptions to this general pattern included some variable attendance from health, education providers and representatives from the VCS. This was usually related to capacity issues and in the case of health to the lack of guidance around their role. It was hoped that recent policy announcements would help to address this.

The limited engagement of the VCS within many of the case study areas was also reported to be the result of an on-going lack of clarity amongst pathfinders and VCS organisations about possible roles. Increasingly, this was focussed on supporting families.

The individuals leading the pathfinders most commonly came from an education background, in recognition that much of the programme focused around education and SEN.

The majority of areas reported they had fully established commitment to share education (23 areas) and social care (22 areas) resources to develop and deliver the pathfinder by the end of March 2013. Fifteen areas reported having achieved similar commitment to share health resources. In general, partners were more willing to commit staff time, rather than funding for development or service delivery.

Over time, the effective engagement of parent carers in the development had grown, becoming widespread by March 2013. This included ensuring that this group were represented and

appropriately supported to contribute to both the project board and as many of the local work streams as possible.

Although the effective engagement of children and young people with SEND in strategic developments was universally recognised as challenging, 10 out of 29 areas reported having fully implemented this activity by the end of March 2013.

Development of the local offer had begun slowly, before gathering speed in the last six months. However, many areas had underestimated the level of resource required to develop their local offer, and remained unclear about how comprehensive the offer should be and how consistently education and health providers would respond to requests for information.

Engaging and involving families

Recruitment of families to the new system increased in advance of the school summer holidays, plateaued over the summer holiday period and then ramped up from October 2012 onwards. In total over 800 families were recruited by March 2013.

This pattern reflects that the majority of referrals into the pathfinder came through education professionals working within schools or the local authority. As a result, most of the young people covered were of school age and already in receipt of services. The decision to focus on existing users often reflected areas wanting to work with those they knew and being concerned about the time it would take to develop new assessment pathways while still meeting their statutory duties.

Setting up the pathfinder infrastructure

There had been clear progress in mapping out the assessment and plan pathway by the end of March 2013. Almost two thirds of areas had reached 'full implementation', although the other third reported that they were still developing their approach.

Most areas had developed a similar pathway, with comparable stages and sequencing. This included family engagement, assigning a key worker, co-ordinating assessments / drawing together previous assessments, and single planning.

All areas have begun the new process with an initial family engagement stage, to formally introduce the pathfinder and start the development of a family-based profile. The development of a profile was reported by key workers to have been a positive experience for families. The provision of a single point of contact for the family from the outset of the process had also been well received.

Family engagement, while widely welcomed, also brought challenges around: the levels of understanding and confidence of some key workers; insufficient involvement from children and young people; and concern around the capacity of local areas to sustain and roll out their engagement strategy.

Most areas chose to focus on the single planning stage. This reflected many pathfinders focussing on existing service users, rather than newcomers to the system. A small number of pathfinders had looked more closely at integrating assessments for newcomers, but this was often at an early stage or outside of the case study areas.

Across the case studies there was a sense that the 'ethos' of the process was changing, resulting in the required movement to a more family-centred, outcomes-based and multi-agency approach. In addition, all of the case study areas had trialled the use of a single document combining both the results of the coordinated assessment/review and the plan.

Key working was viewed as a core part of the new approach. The role was widely welcomed, although in many cases the training requirements appear to have been underestimated by pathfinders and key workers themselves. The number of areas that had split the role, with two professionals delivering distinct elements (although different elements in different pathfinders), grew over time and many areas were considering splitting the role going forward.

There remained a number of points which would need to be tested and developed more widely beyond writing the plan around: the allocation of actions to different agencies; the resourcing of individual activities; and the sign off and approval process. This reflects that many plans were developed just as evaluation data was gathered, and so the need to address these issues had only recently arisen.

Many areas had found it difficult to develop personal budgets. This reflected the complexities to be worked through in terms of how resources could be calculated and allocated, either for individual services or across all three. The accelerated learning group established by DfE is intended to speed up progress on this element.

Evaluation of the pathfinder support team

The effectiveness of the Pathfinder Support Team (PST) (Mott MacDonald) was reported to have grown over time. It was seen to organise useful events and to act as a useful conduit between the pathfinders and DfE. As a result perceptions of the importance of the PST had also risen, with three quarters of the areas reporting the support to be fairly or very important to their success.

Evaluation of SEN direct payments

Across the 14 SEN direct payments pilot case study sites, a total of 290 SEN direct payments had been approved. Over 270 of these cases covered home to school personal transport. The others were supporting individual complex cases, and one area was providing seven direct payments for early years nursery funding.

The limited take up was driven largely by the challenges and complexities experienced by pilot sites in the design and implementation of the SEN direct payments offer. The main challenges have been around identifying budgets and funding streams (with personal transport budgets the easiest to disaggregate).

Demand for SEN direct payments amongst parents appeared low. More than half of the families that were invited to participate in the pilot chose not to take up the offer. However, there was an appetite among parents to be involved in the decision making around support for their child, and to have choice and control. It was not the direct payment itself that mattered, but the personalisation process that attracted parents to the pilot.

Most areas had identified individual families where children had complex needs, or where parents were generally dissatisfied with the current offer, to test the extent to which the SEN direct payments offer could provide alternative and better solutions. Since these are specific cases, areas are apprehensive about the extent to which this testing could be rolled out to a wider population.

Conclusions and implications

Taken together the findings presented above are broadly positive. The pathfinders have travelled a considerable distance and learned much that can be shared with others. There is broad acceptance of the direction of travel, with considerable support for the new approaches being adopted. In the additional time that the pathfinders now have it is important that they address the remaining challenges so that the full benefits of the planned changes are realised.

1: Introduction

SUMMARY

- This report is the first of two volumes containing the evaluation findings from the first 18 months of the Special Educational Needs and Disabilities (SEND) pathfinder programme.

- This volume covers the *process and implementation evaluation,* which describes and analyses the approaches adopted to deliver the new processes.

- *The impact evaluation,* which will provide an assessment of the experiences, outcomes achieved and distance travelled by the initial cohort of participating families, will be published in autumn 2013.

- This report contains data gathered through the self-reporting of progress by pathfinders against the Common Delivery Framework (CDF) and in-depth case study work in ten selected areas.

- In each case study we interviewed a range of people including: pathfinder leads; service leads; schools and colleges; the VCS; parent carers; and key workers.

This report is the first of two volumes containing the evaluation findings from the first 18 months of the Special Educational Needs and Disabilities (SEND) pathfinder programme[1]. The two volumes cover:

- *The process and implementation evaluation,* which describes the progress made by the pathfinder areas, the approaches adopted to deliver the new process, what has worked well and less well, and emerging lessons – **these issues are contained in this volume**

- *The impact evaluation,* which will provide an assessment of the experiences, outcomes achieved and distance travelled by the initial cohort of participating families, an analysis of the extent to which working practices have changed for the staff who have worked directly with participating families to deliver the process, and an indicative assessment of the costs of the reforms. This report is due to be submitted to the DfE in summer 2013 and will be published in autumn 2013.

The SEND pathfinder programme

The initial 18 months of the SEND pathfinder programme sought to explore how to reform the statutory SEN assessment and statement, and the post 16 Learning Difficulties Assessment framework, for children and young people aged 0-25, as a means of:

---

[1] The previous quarterly and interim evaluation reports can be found at
http://www.education.gov.uk/childrenandyoungpeople/send/b0075291/green-paper/evaluation.

- Better supporting life outcomes for children and young people

- Giving parents confidence by giving them more control

- Transferring power to professionals on the front line and to local communities[2].

The pathfinder programme involved the development and delivery of approaches that could enhance or replace the existing system. Each pathfinder was tasked to develop and trial an assessment process; a single, joined up 'education, health and care plan' (hereafter referred to as the EHCP); and personal budgets across education, social care and health, and adult services as appropriate for children and young people. In addition, the programme explored how best to utilise and build the skill and resource of families and the voluntary and community sector (VCS), and the development of a local service offer.

Twenty pathfinder sites[3], comprising of thirty-one local areas were commissioned to run from October 2011 to March 2013. Each pathfinder area was grant funded and was made up from the relevant local authorities, NHS agencies and a range of partners from the VCS, parent-carer groups, colleges and schools.

SEN direct payments

The SEND Green Paper made a commitment to "*test how the scope of direct payments might be increased to include funding streams from education and health*". New legislation[4] was introduced which allowed for pilot projects to be established in all SEND pathfinder local authorities as well as in the five local authorities that had previously participated in the individual budgets (IBs) for families with disabled children pilot[5] but were not part of the wider SEND pathfinder. Direct payments could be piloted for education services that were covered by:

- The special education provision specified in a SEN statement

- Provision identified in a Section 139A Learning and Skills Act 2000 Assessment

- Transport (or anything else that may be subject to arrangements under specified sections of the 1996 Education Act).

---

[2] Department for Education (July 2011) Pathfinder Specification and Application Pack

[3] The Bromley and Bexley consortium, Calderdale, the Cornwall and Isles of Scilly consortium, Devon, Gateshead, Greenwich, the Hartlepool and Darlington consortium, Hertfordshire, Lewisham, Manchester, the Northamptonshire and Leicester City consortium, North Yorkshire, Nottinghamshire, the Oldham and Rochdale consortium, the SE7 consortium (Brighton & Hove, East Sussex, Hampshire, Kent, Medway, Surrey and West Sussex), Solihull, Southampton, Trafford, Wigan and Wiltshire.

[4] The Special Educational Needs (Direct Payments) (Pilot Scheme) Order 2012

[5] The five were Coventry, Derbyshire, Essex, Gloucester and Newcastle

An introduction to the evaluation

The aims of the evaluation, as set out in the Terms of Reference, were to establish whether the pathfinders:

- Increased real choice and control, and improved outcomes for families with disabled children and young people and those who have special educational needs

- Made the current support system for disabled children and young people and those with SEN and their parents or carers more transparent, less adversarial and less bureaucratic

- Introduced greater independence into the assessment process by using the voluntary sector

- Demonstrated value for money, by looking at the cost of reform and associated benefits

- Were effectively supported by the pathfinder support team.

The evaluation therefore sought to capture evidence on:

- The **process involved in setting up and delivering** the pathfinder – to understand what changed in terms of the assessment, planning and support process

- The resultant **outputs, outcomes and impacts**[6] that were experienced by families and agencies – to understand what worked, for who, in what context and why.

The methods adopted to undertake the evaluation are set out in Annex A of the report.

Self-reported progress

The Common Delivery Framework (CDF) was developed to enable structured data collection about the delivery and costs at different stages of the pathfinder process. It set out a series of themes and elements which it was anticipated each pathfinder would need to address as part of developing its local activity (see Annex A). Progress has been tracked on a quarterly basis. It was for each area to judge its own progress.

Analysis of the submissions made throughout the 18 months of the programme are detailed within this report under the four themes of the CDF: organisational engagement and cultural change (chapter 3); engaging and involving families (chapter 4); setting up the infrastructure (chapters 5 and 6); and safeguarding and risk management (chapter 6). Progress was judged on a scale from

---

[6] Outputs are defined as the direct and immediate effects of the pathfinder, that can be monitored during the programme; outcomes are defined as changes in the behaviour, capacity and performance of the families, professionals and other organisations that participate and/or are involved in the pathfinder; and impacts are defined as the effects that the pathfinder outcomes have in improving high level and longer term change on those directly and indirectly involved in the programme.

'not yet begun' through to 'full implementation' and is illustrated throughout the report using the colour coding shown in Figure 2.
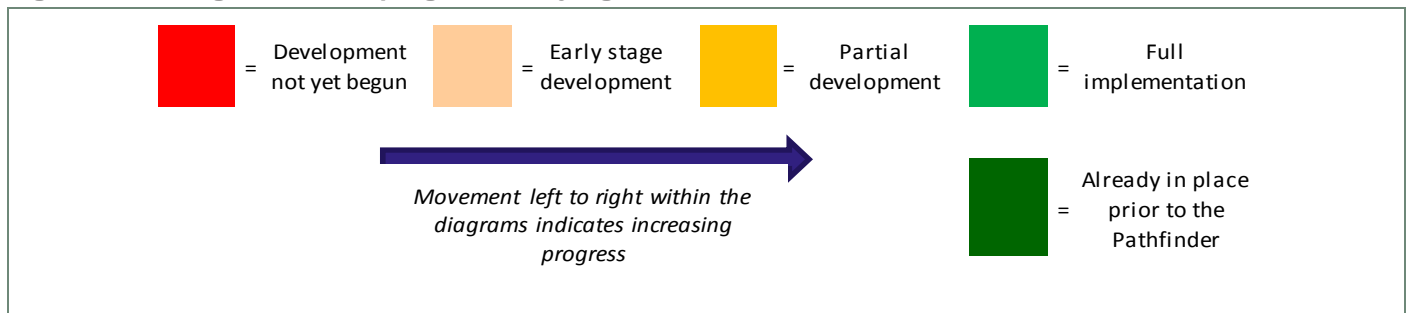
Each pathfinder area that received DfE SEND pathfinder grant funding completed monitoring submissions. The data analysis is based on 29 area monitoring responses from the 31 pathfinder local authorities as: one consortium of two local authorities received a single grant; and another consortium of two authorities pooled their grant funding and thus completed a single monitoring submission. The other consortia supplied individual returns, which enabled a programme-wide analysis.

The report

This report presents:

- Commentary and analysis on the progress made against the CDF over the initial 18 month period by all pathfinder areas, using data drawn from the quarterly monitoring returns that were submitted to the evaluation team

- Commentary and analysis on the progress made by the ten in-depth case study areas, each of which participated in three rounds of case study visits over the course of the programme – in each case study a range of views were collected from a variety of stakeholders, including the pathfinder lead and manager, representatives from health, social care, SEN, schools/colleges, the VCS and parent carers, the collection of which are presented in the report

- A final count of the number of families recruited as part of the initial pathfinder cohort and the number of families that subsequently went on to complete their EHCP by the end of March 2013

- Feedback on the activities undertaken by the pathfinder support team reported through the monitoring returns and the case study research

- Progress made developing Special Educational Needs direct payments (SEN DPs).

In addition to the primary research, the emerging results were validated through a workshop with up to two people from each case study area. This usually included the pathfinder lead.

2: An introduction to the case study areas and their existing systems

KEY FINDINGS

- Ten Pathfinder areas were selected to take part in the in-depth case study research. The evidence from the case studies adds depth to the self-reporting of progress by all pathfinders.

- The previously existing models of provision tended to be segregated along service lines and drew heavily on traditional assessment and planning processes.

- The pathfinders recognised the limitations of their existing systems and wanted to use the pathfinder programme to begin to address some of these issues.

- There were a few exceptions where pathfinders reported existing good practice, which included joint/integrated working between services and personalised approaches.

- Many of the areas expected to build on these exceptions, which were felt to work well and align with the direction of travel set out in the SEND Green Paper.

- Recognising the challenges involved, almost all of the areas intended to develop small-scale trials to inform their understanding of what needed to be taken forward over the longer term.

This chapter introduces the ten pathfinder case study areas that participated in the in-depth strand of the evaluation (see Annex A for more details). It includes an account of the strengths and weaknesses of the existing statutory service provision that was in place to support families with children and young people with SEND prior to the pathfinder programme and a description of the local aims and objectives of the areas. It therefore sets out an overview of the starting point of the case study areas as well as their intended direction of travel.

Case study selection

The in-depth case study areas were selected using a set of criteria: willingness to participate; mix of rural/urban and regional spread; mix of consortium and single site areas; coverage of optional elements[7]; and scale (recruitment of a sufficient number of families and ability to recruit a comparator group). The criteria were designed to ensure coverage of the diversity of the pathfinder areas and variations in approach across the areas, in combination with a capacity to deliver the required research.

Thirteen of the pathfinder areas and sixteen individual local areas (taking multiple area consortia into account) volunteered to form part of the in-depth case study research. Discussions were held with most of these areas to: further our understanding of their proposed activities; explain and

---

[7] Optional elements consisted of: personal budgets, banded funding, age range and employment, support to parents and young people, and support to vulnerable children

discuss the research expectations associated with the case study process; and assess each of the areas' capacity and suitability to take part in this strand of the evaluation.

A final shortlist of ten case study areas (see Figure 3) was subsequently approved by DfE and the Department for Health (DH) in January 2012, following which the areas participated in three rounds of case study visits. Each case study visit involved the collection of a range of views from a variety of stakeholders including: the pathfinder lead and manager; representatives from health, social care, SEN; schools and colleges; the VCS; and parent carers. Their collected views are presented in the report.

Figure 3 Geographic distribution of case study areas

1. Gateshead (C)
2. Hartlepool
3. Darlington
4. North Yorkshire
5. Calderdale (C)
6. Rochdale
7. Oldham
8. Manchester (C)
9. Trafford
10. Wigan
11. Nottinghamshire
12. Leicester City (C)
13. Solihull (C)
14. Northamptonshire (C)
15. Hertfordshire (C)
16. Medway
17. Bexley
18. Greenwich
19. Lewisham (C)
20. Bromley
21. Kent
22. East Sussex (C)
23. Surrey
24. West Sussex
25. Brighton and Hove
26. Hampshire (C)
27. Southampton (C)
28. Wiltshire
29. Devon
30. Cornwall and Isles of Scilly

Pathfinder Area
Pathfinder Case Study Area

Contains Ordnance Survey data
© Crown copyright and database right 2013

NOTE: Northamptonshire and Leicester City were treated as a single area as they acted as a consortium

Existing support for families with SEND

The current offer of statutory support to families with children with SEND involved separate assessment and planning processes for SEN, social care and specialist health services across the majority of the case study areas. These structural arrangements reflected the organisation of existing operational delivery teams.

Exceptions to the traditional service offer included some examples of joint/integrated working between services, and pockets of personalised approaches which sought to empower and involve families in decision making processes. This included: multi-disciplinary early support/intervention teams for 0-5 year olds; social care transition teams for the 14+ year olds; multi-disciplinary service panels for children and young people with the most complex needs; two joint social care and health teams; Right to Control pilot work; use of social care direct payments; and social care personal budgets and personal health budgets.

As such, although the overarching structure of the existing systems was similar across most of the case study areas, specific local developments meant that each was starting from a different point and therefore had a distinct foundation to build upon. This led to varied pace, scale and forms of delivery across the areas, which provided a good range of experience to evaluate.

Strengths of the existing system

Reflecting on what worked well and what aspects of the existing system areas wanted to retain as they developed their local pathfinder, it was clear that most felt that their operating structures were sound and contained appropriate levels of expertise. Areas also reported good relationships between the different services at the strategic level, which had helped in some cases to initiate changes in culture and a movement towards integrated working. There was therefore no great appetite to re-organise existing operational teams at the outset of the programme; emphasis was more often placed on enhancing joint-working between the teams and the introduction of holistic and personalised approaches.

Many of the areas also reported that their existing multi-agency or joint-working arrangements worked effectively. They therefore wanted to broaden the coverage of and enhance these approaches. In effect they were seeking to build on strengths and through this to identify weaknesses, rather than starting a fresh. Among the types of activities that areas sought to build on were:

- Many areas convened **multi-agency panels** to support children and young people with the most complex needs, which included SEN, children's and adult social care, and specialist health services. The remit of these panels often encapsulated assessment, resource/budget allocation and planning processes

- The **early years/intervention services** delivered in the majority of areas had led to the development of key workers who support families with young children and help to develop

the skills of the workforce in pre-school settings. This nature of work also led to a growth in the use of a team around the child (TAC) approach

- Three areas had **joint social care and health teams**, two of which had responsibility for integrated health and social care referral, assessment and planning processes for children and young people aged 0-18 years, and the other of which was a targeted transition service for the 14+ age group

- Close working between health and social care teams in another area had led to the formalisation of joint planning and decision making arrangements for continuing health care.

In some areas, Aiming High for Disabled Children had left a legacy of more inclusion workers/service coordinators, whose job included providing support to families to increase their access to mainstream and community based services. The skill-set and approach used by these staff was felt to work well, and therefore areas hoped to carry this forward. In addition, one area noted that these workers had also aided the development of the local authority based Family Information Services, which could contribute to the development of and act as facilitators of the pathfinder approach and local offer.

Weaknesses of the existing system

Professionals/practitioners and parent-carer representatives had experienced a wide range of challenges with the existing statutory support system. These challenges were consistent across the pathfinder areas and mirrored the issues raised in the SEND Green Paper, including:

Joint working

- **Untimely and disjointed assessments** – with different assessments being undertaken for each service at a point at which the relevant service had capacity to undertake the assessment, but not with reference to the other assessments and so to a lack of holistic planning

- **Lack of familiarity with individual families on the part of professionals drafting assessment and plans/service packages** – assessment and subsequent planning was often undertaken by professionals who had not been given the opportunity or resource to establish a relationship with the families prior to assessing their needs. Capacity to meet families was felt to be a specific problem within the teams that drafted the SEN statements

- **Multi-agency attendance at school annual review meetings was patchy** – which was not due to a lack of desire on the part of professionals to work together but instead, was felt to be the result of a lack of capacity to enable joint-working.

Planning

- **Use of 'diagnosis' or 'deficit' based assessment and planning –** the existing system tended to focus on identifying and planning around what children and young people could not do, which fostered feelings of inadequacy and unhappiness within families. The focus was then on what services would be received, not on the bigger picture about the life the young person and family wanted. This led to pressure from families for more services

- **Focus on service delivery –** the SEN statement in particular was felt to focus on solving the 'big' problems encountered by a child/young person and putting services in place to address these, but lacked the sophistication to resolve small problems/challenges that could make a significant difference to families both in the short and long term (for example, resolving poor relations between a family and an agency/service provider)

- **Lack of clear linkages between assessment and care planning driven by supply-led working –** 'services' or 'interventions' were often not linked to either a needs assessment or the achievement of outcomes, as professional working practice was driven by a supply-led culture in effect fitting a child/young person to what provision was available

- **Variable quality of care/health/education plans (including SEN statements) –** the quality of plans had not been effectively monitored or reviewed in many cases, which led to varied levels of satisfaction amongst families

- **Conflict over resource allocation within multi-agency plans (including SEN statements) between service areas –** where multi-agency planning did take place, professionals still reported difficulties in agreeing which agency or indeed agencies would resource the actions agreed

- **Lack of clarity on who is responsible for delivering the activities listed in a care/education/health plan (including SEN statements) –** both agencies and families had often been unclear about who (service manager/department and family members) was accountable for ensuring that each element of the relevant plan was delivered

Transparency/engagement

- **Limited parental/carer involvement and engagement of young people in care/support planning –** parents/carers voiced concerns that their views and wishes were not generally taken into account during the planning of services for their child and similarly, that children and young people had not been encouraged to express their thoughts or preferences. This problem was also likely to be heightened for more vulnerable and less articulate families

- **Issues of language -** the complex and specialist terminologies used varied considerably between agencies, and were difficult for parents/carers (or indeed for other professionals) to understand

- **Limited choice of provision –** the local service offer for families with children with SEND was often constrained by existing and inflexible block contracts

- **Lack of awareness of what local VCS organisations could provide –** many practitioners reported that they were unaware of the support services available within their locality and therefore felt that the offer they presented to families was not reflective of this wider provision.

All areas recognised that there were a number of parts of their local processes that were not working well, and expressed frustration with this. There were high levels of enthusiasm and strong intentions to begin to address these issues through the pathfinder programme.

Rationale and objectives of the pathfinders

Each case study area developed a set of local objectives for their pathfinder, the majority of which largely aligned with the overarching aims of the pathfinder programme. Figure 4 presents a summary of the common local objectives, the issues they were seeking to address and the outcomes they hoped to achieve as a result of their planned activities.

The set of objectives illustrated a strong desire on the part of the case study areas to improve the experience of families with children and young people with SEND. This was to be achieved through more meaningful involvement of families in assessment and planning, in combination with understanding how current working practices needed to evolve to facilitate this change. It was subsequently hoped that the short-term system change would lead to improved outcomes for both families and children/young people, although it was unclear what these outcomes would be and therefore how areas would know when they had been achieved. Case study areas also recognised the limitations of what could be achieved within the 18 month timescale of the pathfinder programme and therefore nearly all planned to develop and deliver small-scale trials of the potential reforms to inform wider roll out after the end of this period.

Figure 4 Local pathfinder objectives and planned activities

ISSUES TO SOLVE

Absence of sufficient joint working and coordination

Deficit driven assessment and planning

Lack of transparency & engagement of parent carers and children and young people

Limited choice of provision

OBJECTIVES

TO TRIAL...

...a new process that puts the family and child/young person at the centre & is outcome focused

...how to introduce effective multi-agency working and coordination

...key working or some form of coordinator/navigator role

...the use of personal budgets, using multi agency resources

...the development of a clear local offer

...how best to engage the VCS

OUTCOMES

Improved family 'experience of the system' and choice and control – leading to better outcomes

Effective model of multi-agency working with potential of adding key working role

Better use and coordination of resources

Target families and intended recruitment

The majority of the case study areas intended to recruit families with children and young people from across the 0-25 years age range, with two areas specifically targeting 14+ year olds and 0-5 year olds. Most of these families were to be invited to take part in the pathfinder having first been identified by professionals or through introductory sessions held at specific education providers.

Intended recruitment numbers varied considerably across the areas. This reflected different developmental approaches and timescales, as well as differing levels of risk aversion on the part of the case study areas. Some were more willing to recruit families from the outset and develop the process with their families on an iterative basis, whilst others wished to have a more concrete approach in place prior to trialling this with families.

Summary

Ten pathfinder areas were selected to take part in the in-depth case study research, following a call for volunteers and subsequent selection process. The ten areas were – Calderdale, East Sussex, Hampshire, Hertfordshire, Gateshead, Lewisham, Manchester, Northamptonshire and Leicester City (a joint pathfinder), Solihull and Southampton.

The provision of existing statutory support services within the case study areas was largely provided by distinct service specific teams. This model of provision tended to be segregated and drew heavily on traditional assessment and planning processes, which were generally supply-led and not holistic or person/family centred. Exceptions to the traditional service offer included some examples of joint/integrated working between services, and pockets of personalised approaches which sought to empower and involve families in decision making processes.

Many of the areas expected to build on these existing exceptions and good practice which were felt to work well and align with the direction of travel set out in the SEND Green Paper. They also recognised the limitations of their existing systems and wanted to use the pathfinder programme to begin to address some of these issues. Therefore, the extent to which individual case study areas wished to change their existing systems depended largely on their starting position at the outset of the pathfinder programme.

Recognising the challenges involved, almost all of the areas intended at the outset of the programme to develop small-scale trials to inform their understanding of what needed to be taken forward over the longer term.

3: Organisational engagement and cultural change

KEY FINDINGS

- Following a set up period of 3-6 months, there appeared to have been good levels of strategic involvement in pathfinder governance structures from across most parties.

- Project boards in the case study areas met on a regular basis and were reported to have been well attended. Exceptions to this general pattern included some variable attendance from health, education providers and representatives from the VCS.

- The individuals leading the pathfinders most commonly came from an education background, in recognition that much of the programme focused around education and SEN.

- The majority of areas reported they had fully established commitment to share education (23 areas out of 29 areas) and social care (22 areas) resources to develop and deliver the pathfinder by the end of March 2013. Fifteen areas reported having achieved similar commitment to share health resources.

- Effective engagement of parent carers in the development of the pathfinder included ensuring that this group were represented and appropriately supported to attend and contribute to both the project board and as many of the local workstreams as possible.

- Although the effective engagement of children and young people with SEND in strategic developments was universally recognised as challenging, 10 out of 29 areas reported having reached full implementation of this activity by the end of March 2013.

- The limited engagement of the VCS within some of the case study areas was reported to be the result of an on-going lack of clarity amongst pathfinders and VCS organisations about possible roles.

- Progress on the local offer had begun slowly, before gathering speed in the last six months. However, many areas had underestimated the level of resource required to develop their local offer, and remained unclear about what should be covered.

The effective delivery of the new pathfinder processes was expected to be dependent on the engagement and commitment of a number of stakeholders in each area, including strategic and operational staff, families and young people, and the voluntary and community sector (VCS). Moreover, it was anticipated that the pathfinders would need to build the skills and capacity of stakeholders to enable them to drive forward and champion the work of the pathfinder and to ensure the required level of cultural change was delivered.

This chapter presents the self-assessed progress of pathfinder areas against the four elements which make up the *organisational engagement and cultural change* theme of the CDF:

A. Engagement of relevant stakeholders

B. Recruitment of designated staff

C. Change management

D. Market development and the local offer.

This analysis is supplemented by detailed findings and examples gathered from the ten pathfinder case study areas.

A. Engagement of relevant stakeholders

Setting up pathfinder governance structures

Project governance structures took an average of 3-6 months to comprehensively set up across all pathfinder areas, meaning that most were in place by the end of March 2012. Figure 5 illustrates the self-reported starting point of all pathfinder areas (as reported in Q3 2011/12) relative to their position at the end of Q4 2012/13 in relation to the setting up of pathfinder governance structures. It shows all areas had made strong progress setting up their project boards, and agreeing a set of objectives and project plan.

There appeared to have been good levels of strategic involvement in pathfinder governance structures from across most parties following an initial engagement period (Figure 6). The data illustrated that a common group of stakeholders had been engaged across the majority of pathfinder areas including: professionals from local authority education and children's social care services (29 areas); parent carers (29 areas); the local VCS (26 areas); and professionals from health (27 areas), adult social care (25 areas) and schools (25 areas). Twenty of the areas (69%) had engaged each of the stakeholders within this common group.

Other stakeholders continued to be less commonly engaged in the governance of the pathfinders. This included colleges, which had been engaged in 9 areas by the end of the first 6 months of the programme, and 17 areas by end of March 2013, implying increasing recognition of the post-16 population. This was encouraging given several comments made during the case study visits about education providers (including both schools and colleges) proving challenging to engage given their focus on the school funding reforms as opposed to the pathfinder. However, it was also apparent that many of the case study areas were working with the 'willing' in the first instance and would seek to engage the remaining majority of education providers at a later stage.

Figure 5 Pathfinder progress setting up governance structures by the end of March 2013[8]
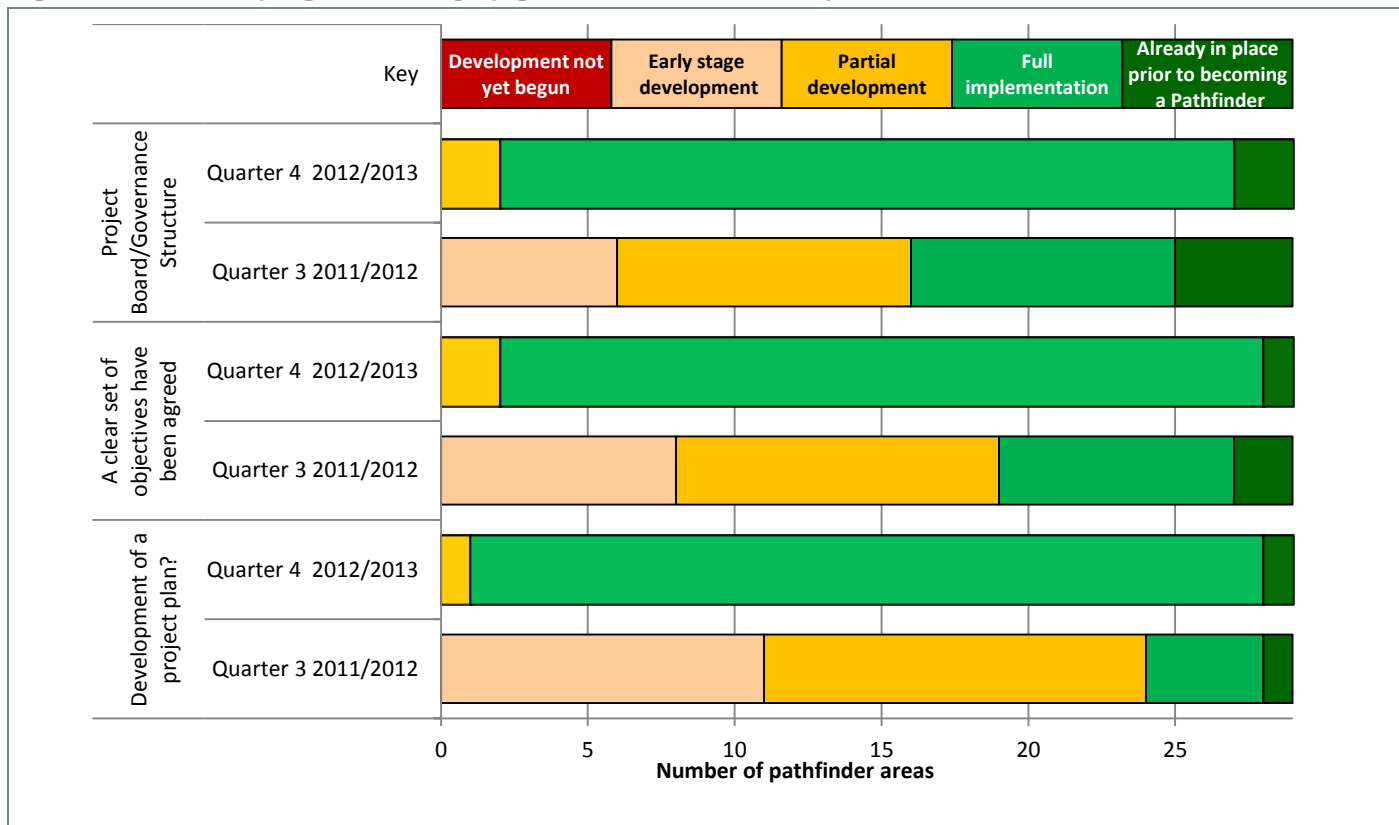
Figure 6 Stakeholders engaged in the governance of the pathfinder
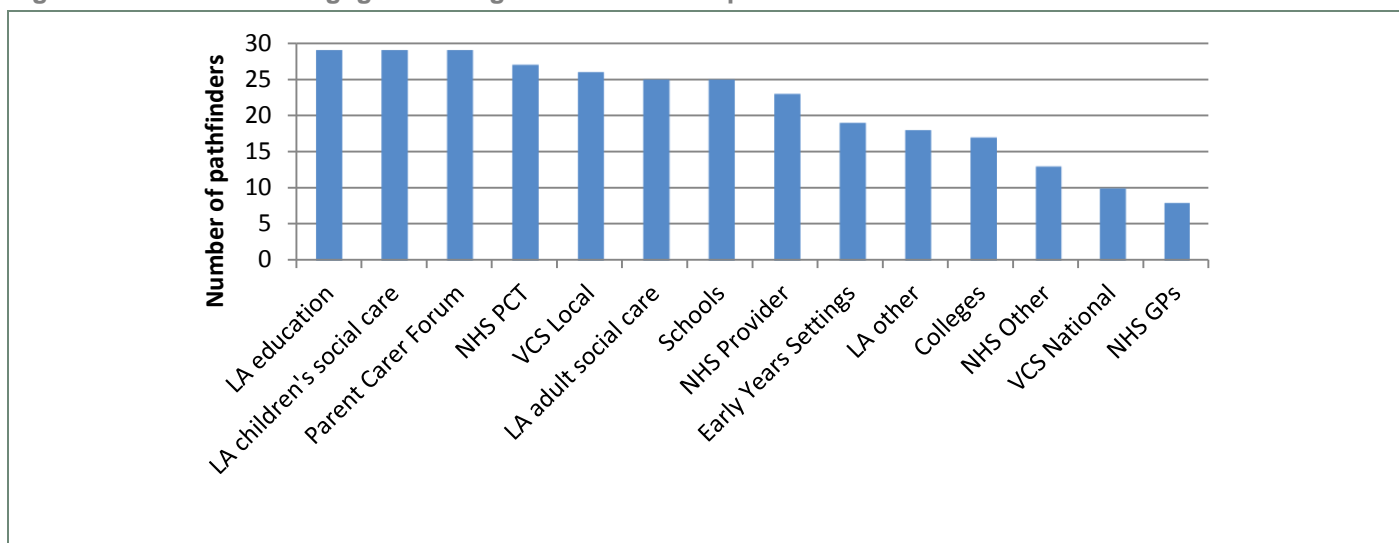
Project boards in the case study areas met on a regular basis (often fortnightly in the initial stages) and were reported to have been well attended. Exceptions to this general pattern included some variable attendance from education providers and representatives from the VCS, which was

---

[8] Please note that all CDF charts present self-reported data from the pathfinder areas. Reductions in the number of areas reporting a particular element was 'already in place' between data submissions illustrates a subsequent recognition that the existing system required moderation to ensure it met the needs of the pathfinder

largely caused by capacity issues. Some areas sought to address this issue by providing funding to backfill posts or additional resource to the relevant agencies/individuals, to ensure they were able to contribute.

Attendance from senior health representatives in some areas also proved variable over the course of the programme. Both health and non-health professionals felt this was the result of the:

- **Lack of explicit guidance from the Department of Health on how to engage with the SEND pathfinder for the majority of the programme** – nearly all the case study areas voiced their frustration at the lack of guidance on expectations around health engagement with the pathfinder and reported that joint-sponsorship of the programme had not been sufficient to engender the required engagement. However, areas more recently added that they were pleased that the pathfinder had been formally recognised within the most recent NHS Mandate[9]

- **Uncertainties surrounding the reorganisation of the health service** – all parties recognised that health engagement had been hampered by the uncertainties associated with the on-going health reforms and a lack of understanding around how health services for families with children and young people with SEND would be commissioned from April 2013 onwards

- **Lack of senior capacity to sufficiently engage** - much of the pathfinder responsibility tended to lie with senior children's health commissioners whose positions could not be backfilled and as a result, it appeared that many senior health professionals struggled to balance the demands of the pathfinder and their core health work

- **Uncertainty around who to engage from an adult health perspective –** although children's health commissioners were generally engaged in some form on the pathfinder boards, the extent to which adult health had engaged seemed limited, causing concern that the specialist health needs of young people aged 19 years and over had not been represented sufficiently.

Looking forwards, the DfE and Department of Health made an announcement in early March 2013 to introduce a new legal duty on Clinical Commissioning Groups to secure services set out in EHCPs from September 2014. As such, both children's and adult health professionals will have a statutory duty to engage with the new process. This announcement was welcomed by the pathfinders. However, they recognised that detailed discussions would still be required locally to fully engage health and some concerns were raised as to how flexible some colleagues might be, or how relevant they thought this agenda was for them.

---

[9] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/127193/mandate.pdf

B. Recruitment of staff

The majority of pathfinder areas appointed a strategic lead to champion and be accountable for the pathfinder at the outset of the programme (see Figure 7). Dedicated project managers were generally recruited during the first 3-6 months of the programme. Their main responsibility was to oversee and bring together the activities of the pathfinder on a day-to day basis.

Evidence from the case study areas illustrated the importance of both the lead and project manager role, which had been vital in driving forward and coordinating activity at the local level and maintaining regular communications between different stakeholders. It also appeared that areas had made quicker progress in instances where:

- The project manager had worked full time on pathfinder activities and therefore was not undertaking the role in addition to their existing role

- The project lead and manager had remained the same throughout the duration of the pathfinder which had ensured continuity

- The pathfinder manager had been well supported by the pathfinder lead to address any challenges that had arisen.

Figure 7 Pathfinder progress recruiting designated staff by the end of March 2013
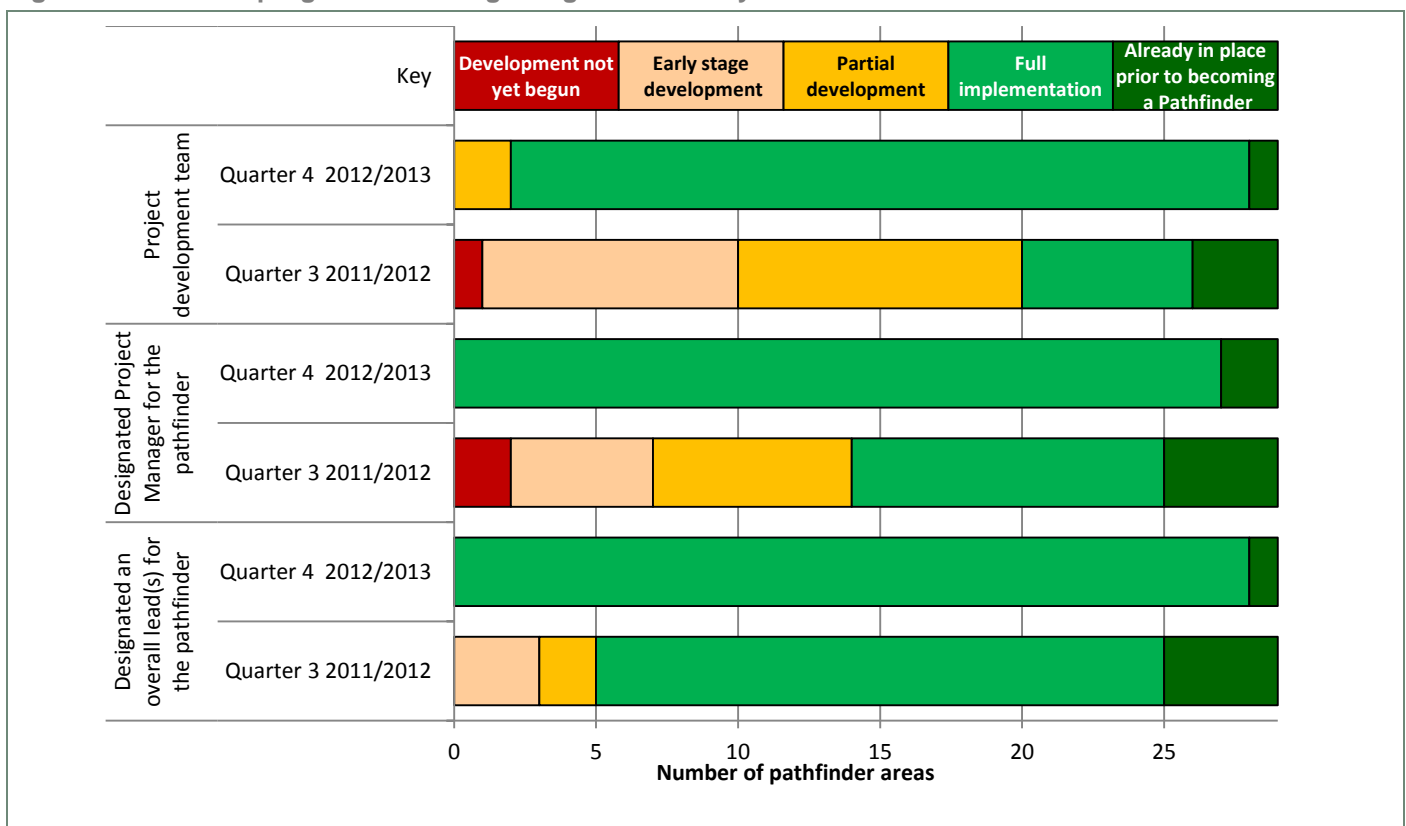
N=29 responses

Source: Pathfinder monitoring returns

33

The individuals leading the pathfinders most commonly came from an education background, in recognition that much of the programme focused around education and SEN (see Figure 8). Indeed, 13 Project Leads came from education alone, whilst a further 8 leads came from a multi-agency background, which included education in addition to health and/or social care.

Project managers tended to be sourced from a wider variety of backgrounds, including education, social care and non-service specific backgrounds including corporate services. These roles had generally been filled through secondments from within the local authority in the case study areas. Exceptions to this pattern included two areas that recruited external consultants and a third area that recruited a member of their well-established Parent and Carer Forum to undertake the role. The rationale for these choices was either driven by a lack of capacity within the local authority to take on the role or a desire to put families at the heart of the developments.

Figure 8 Which agencies were the project lead and manager from?
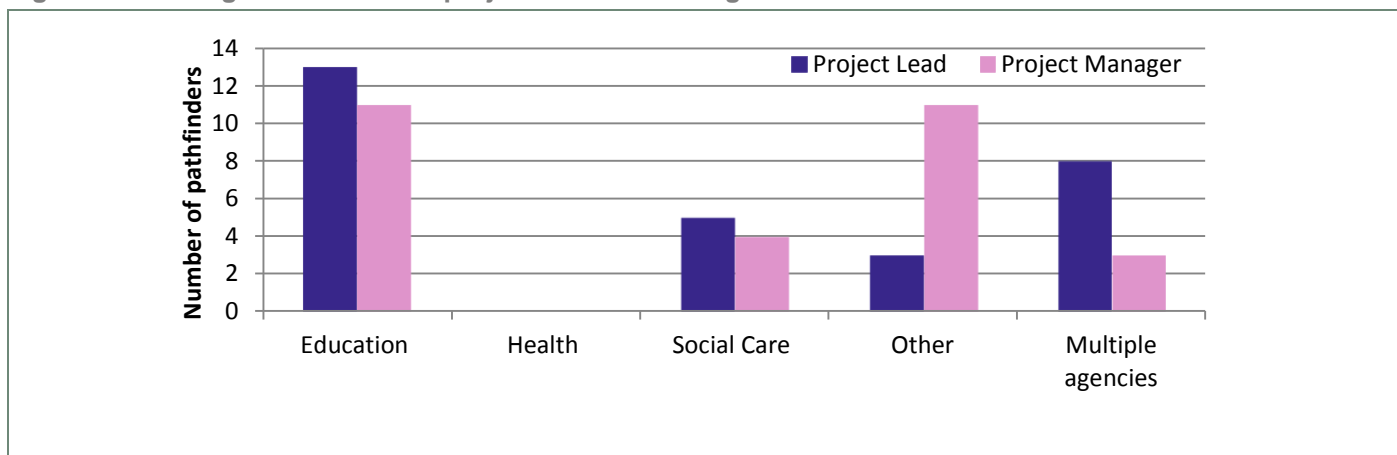
The background of the project lead and manager did not appear to influence the progress made by individual areas. However, as stated earlier, it was apparent that areas that had continuous leadership from both roles had made more progress. In addition, the presence of project development teams that supported the delivery of the pathfinder also appeared to lead to more progress in relation to: developing the infrastructure required to deliver the pathfinder; developing and delivering change management processes; and raising awareness and recruiting families and young people to take part in the pathfinder. This highlights the importance of having dedicated resources in place.

A wide range of stakeholders had been involved in the development of the pathfinder process. This most commonly comprised: education practitioners (across 28 of the 29 pathfinder areas), the VCS (28 areas); parent carers (28); education commissioners (27); social care practitioners (27); education providers (25); and health practitioners and commissioners (25). As a result of internal capacity issues, a number of the case study areas had also commissioned specialist external consultants to support specific elements of their delivery. This most commonly included work to support the engagement and recruitment of families, the development and delivery of staff training, support to develop the EHCP template and support to develop a personal budgets offer.

The case studies primarily developed the elements of the pathfinder through project work streams/working groups. Individual work streams drew upon the expertise of a varied group of individuals, which included local authority staff, education providers, parent carers and the VCS. However, it was evident that whilst some groups had worked well and made progress, others had begun as more of a 'talking shop' and therefore taken longer to produce any tangible outputs.

As each work stream was responsible for constructing an element of the local approach, it was important for areas to regularly draw these together to ensure each was following a consistent approach. This proved a challenging task for the majority of case study areas and led most to take one of the following two approaches. The first entailed a prioritisation of the development of the new single planning process in the first instance, followed by the engagement of families and workforce development. Areas that followed this approach made strong progress setting up a process and trialling this with families, but this was often to the detriment of other pathfinder requirements such as the development of personal budgets, resourcing and the local offer. Conversely, another group of case study areas sought to develop their work streams simultaneously, which required additional time and closer management of the individual elements. This generally led to more comprehensive but slower progress, with a smaller number of families having been taken through the new process by the end of March 2013.

It remains to be seen whether one of the two approaches described above will prove more effective than the other. The family survey should indicate the extent to which parents have been involved, and the impact of this on their satisfaction. However, the difference in approach highlights the importance of mapping out all requirements and their interdependencies at the outset of the pathfinder, to inform any prioritisation that may be required and to ensure that all pieces of the developing jigsaw fit together.

Commitment to share resources

The majority of areas reported they had fully established commitment to share education (23 areas) and social care (22 areas) resources to develop and deliver the pathfinder by the end of March 2013 (see Figure 9). However, only 15 areas reported having achieved similar commitment to share health resources, and areas were almost as likely to report reaching 'partial development'. This suggests that it is a subject where discussions are on-going, but was behind other services due to the issues around engagement described above.

It also remained evident that partners were more willing to commit staff time to support the development of the pathfinder than funding for either development or service provision (see Figure 10). This seemed to reflect general tightness around resources and an associated fear of taking on any additional funding commitments.

While there were on-going efforts to engage other services and to secure resources, as time went on it became apparent that the pathfinders were increasingly being driven by and focussed on SEN. This seemed to reflect:

- The leadership of the pathfinder resting in DfE at the centre and with education services in local authorities

- The Draft Bill which was read to be skewed towards placing responsibilities on education.

In addition, the need to consider resources was reduced by the decision of many pathfinder areas to focus on existing service users. In many cases the assumption was that planning would take place in the same funding envelope as before, and so the issue of resourcing was not directly addressed. The disaggregation of resources from social care should in principle be easier given that they are furthest advanced in offering personal budgets. More recent progress has been made in health, although to a much lesser scale (see the section on *resourcing* in chapter 5 for more details).

Figure 9 Progress gaining commitment to share resources by the end of March 2013
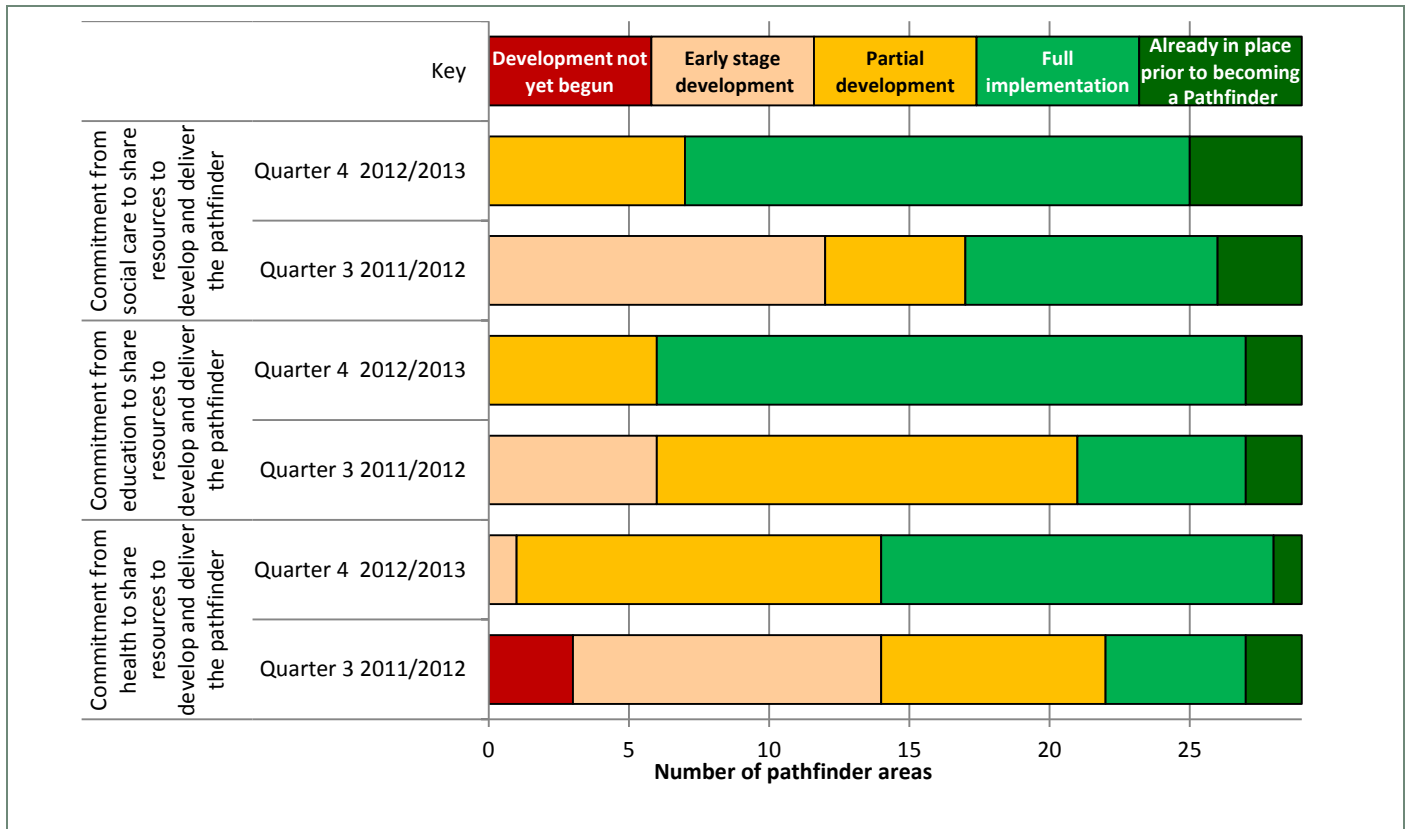
N=29 responses

Source: Pathfinder monitoring returns

Figure 10 Which of the following agencies have agreed to share resources to date?
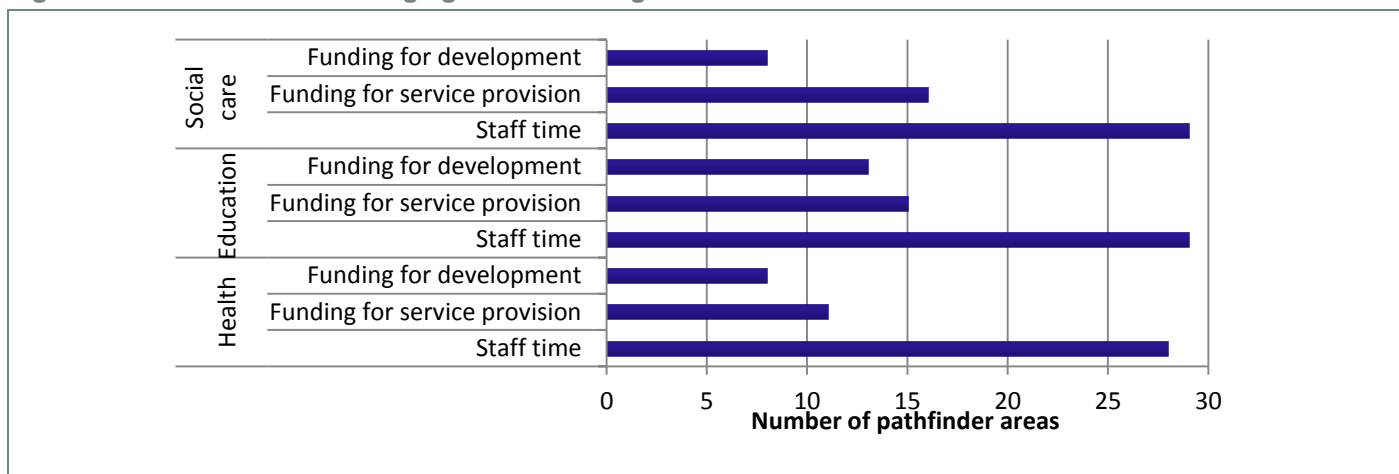
Engagement of parent carers, children/young people and the VCS

Parent carers

Although some areas appeared slow to engage parent carers in the planning and development of the pathfinders, nearly all (27 out of 29 areas) reported having reached 'full implementation' by the end of March 2013. This represented an increase from eight areas at the outset of the programme (see Figure 11).

Figure 11 Progress engaging parent carers, children and young people and the VCS by the end of March 2013
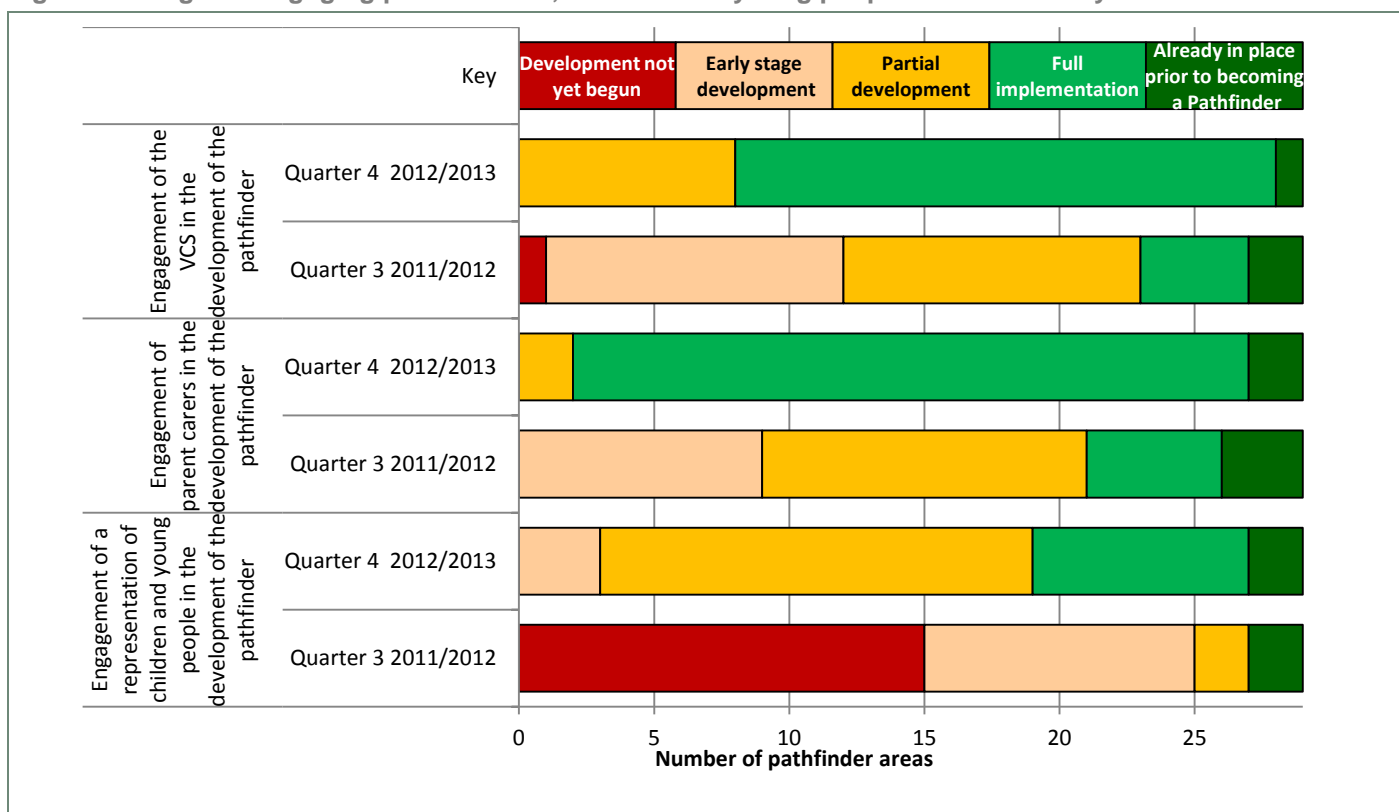
The engagement of parent carers in the case study areas illustrated a similar picture, with some areas ensuring that they were engaged from the outset of the programme, whilst other areas sought to undertake some of their initial development and then engage parent carers. Differences in the timing of engagement more commonly related to either a desire to ensure parent carers were on board from the beginning or to develop a clear specification setting out the expectations of the role(s) prior to engagement. Several of the case study areas also reported finding it challenging to identify parent carer representatives in the early stages, as a result of either the embryonic nature of or poor relations with their local Parent Carer Forum (PCF). Representation was therefore sought from a variety of sources including the PCF, parent carers from existing local authority working groups, recruited volunteers and parent carers participating in the local pathfinder trials.

Effective engagement of parent carers in the development of the pathfinder included ensuring that this group were represented and appropriately supported to attend and contribute to both the project board and as many of the local work streams as possible. The provision of support included development work to build the capacity of parent carer representatives to enable them to confidently voice their views within professionally-led meetings, provision of regular feedback and in some cases enabling two representatives to attend meetings together as a form of peer support. This had in some cases led to the successful co-production of pathfinder materials and guidance, as well as the joint-delivery of pathfinder training for professionals and families.

Stakeholders reported having experienced a variety of positive outcomes as a result of successful co-production and parent carer engagement. These are set out in the adjacent examples box and were felt to have contributed to the strengthening of relationships between professionals and the parent carers involved in the development of the pathfinder.

On a less positive note, although all parent carers consulted through the case study research had valued their involvement in the pathfinder, a small number voiced their concerns about the time commitment involved which had been difficult to balance with caring responsibilities. They added that it had often been difficult to keep up with the numerous decisions that were being made and

Perceived outcomes of successful parental carer engagement:

1. Co-produced materials – felt to lead to more effective marketing of the Pathfinder to potential families than comparative information developed by only professionals for other programmes

2. Joint delivery of training -

   - professionals reported feeling more informed about the challenges faced by parent carers and as a result felt better equipped to support them

   - parent carers reported feeling more informed about resource constrained decision making processes and internal pressures faced by professionals to deliver within rigid frameworks

3. Co-production involving a Parent Carer Forum – had often resulted in the development of the capacity of the Forum as a whole

felt that more feedback could have been provided to help them understand what had been decided and how this would influence subsequent activities.

The majority of case study areas recognised that sustained parent carer engagement would be vital as they moved forwards towards meeting the requirements of the SEN reforms. However, although some were beginning to embed this in their normal working practices, many were also concerned about how to resource this in the absence of the pathfinder grant funding. This will require consideration in each area going forward.

Children and young people

Although the effective engagement of children and young people with SEND in strategic developments was universally recognised as challenging, 10 out of 29 areas reporting having reached full implementation of this activity by the end of March 2013 (see Figure 11). This lack of involvement may reflect variations in the local infrastructure at the start of the programme and the challenges around involving this group. That many areas remained at 'partial development' suggested they were continuing to seek additional ways to increase the involvement of children and young people.

Two of the case study areas provided effective working examples of this form of engagement:

- Recruitment of two young people to sit on their post 16 work stream to help develop a more appropriate approach to transition

- Appointment of a group of young people to gather feedback from peers who had participated in the pathfinder process.

However, although some progress had been made, it was apparent that children and young people had not been fully involved in influencing pathfinder activities in many areas. Although it is currently too early to tell, this lack of engagement may result in the new processes being more parent carer focused, as opposed to child and young person. This could cause issues where young people and their parents have differing views about their needs or outcomes.

The VCS

Engagement of VCS representatives appeared to take time, as pathfinder areas were often faced with trying to recruit one or two organisations out of a large and diverse pool of both local and national organisations that operated in their area. Achieving full representation from across this group was therefore not a realistic proposition and led areas to engage the 'willing and interested.' It was often limited to engagement on project boards. Potential reasons for limited engagement was reported by some case study areas to be the result of an on-going lack of clarity amongst pathfinders and VCS organisations about what role the VCS should have in both the development and delivery of the pathfinder. In many cases these issues had not been resolved by the end of March 2013 although as we discuss below some models were emerging albeit with uncertainty about their affordability.

Positive examples of engagement of the VCS had often occurred in case study areas that had externally commissioned the VCS to deliver support services to families with children and young people with SEND. This included independent Parent Partnership Services (PPS) and/or existing contracts/links to VCS organisations. These organisations had established relationships with the local authority and the target group of families and were therefore in a good position to extend their services to support the development of the pathfinder, through:

- **The provision of advice and information** to raise awareness of the pathfinder and subsequent support to recruit families to take part in the new process

- **The delivery of advocacy and or a facilitation/person-centred planning role** to support families participating in the pathfinder – which in some cases included the front end meeting with the family to gather information about what was working well/less well and reflections on what the family would like to achieve

- **Workforce training** for staff working directly with families participating in the pathfinder

- **Development of the VCS related element of the local offer** - which was initiated towards the end of the 18 month programme.

It was therefore evident that some of the case study areas had introduced an element of independence into the delivery of their new process to test the effectiveness of this model of working. However, although the VCS had been involved in both the front-end (coordinated assessment) and the back-end (planning) of the new process, they had not been commissioned to undertake specialist assessments. The consensus from both VCS and non VCS stakeholders was that this would be inappropriate. In effect, the VCS role seems to have focussed on supporting families to engage in the process more fully or on a more equal basis with professionals.

Feedback on the effectiveness of VCS engagement highlighted that awareness raising and the provision of advice, and the facilitation of training had been delivered effectively. However, views on VCS involvement in the delivery of the new process were more mixed, and illustrated that it had only worked well in cases where the VCS role had been accepted and was therefore adequately supported by all the relevant local authority/health based professionals. For example, one area that had commissioned the VCS to undertake the front-end of their process, reported that the VCS organisation had not been able to perform their role effectively as they had not been given sufficient access to family information prior to undertaking their initial visits. This had meant they were beginning the process by duplicating work that had already been undertaken. Conversely, a second area, that had commissioned the VCS to undertake a similar role, had been more successful as they had created the appropriate access to information at the outset of the new process and the role was more widely accepted with the professionals involved. The VCS organisation in this second area had an existing relationship with the local authority as it delivered the PPS, which was felt to have supported the effective partnership formed in relation to the pathfinder.

In terms of future intentions, it was widely accepted that sustained engagement of the VCS would be challenging in the absence of specific funding from central government, as a result of the economic climate and the associated funding cuts that were being experienced in the public sector. Therefore, it was likely that some areas would continue to raise awareness and share information through their VCS partners, but delivery of the new process was more likely to be delivered in-house with limited involvement from the VCS.

C. Change management

Given the intended transformational nature of the pathfinder programme, it was vital that areas begun to induce cultural change amongst their local workforce (and local families – see chapter 5 for more details), to ensure that all parties understood the rationale for change, the mechanics of how this was to take place and the anticipated change in ethos required to deliver the new approach. This required each area to map out some form of process or blueprint for their new process, which took varying lengths of time in each area (see Figure 12).

Figure 12 Pathfinder area progress developing change management the end of March 2013

<div align="right">
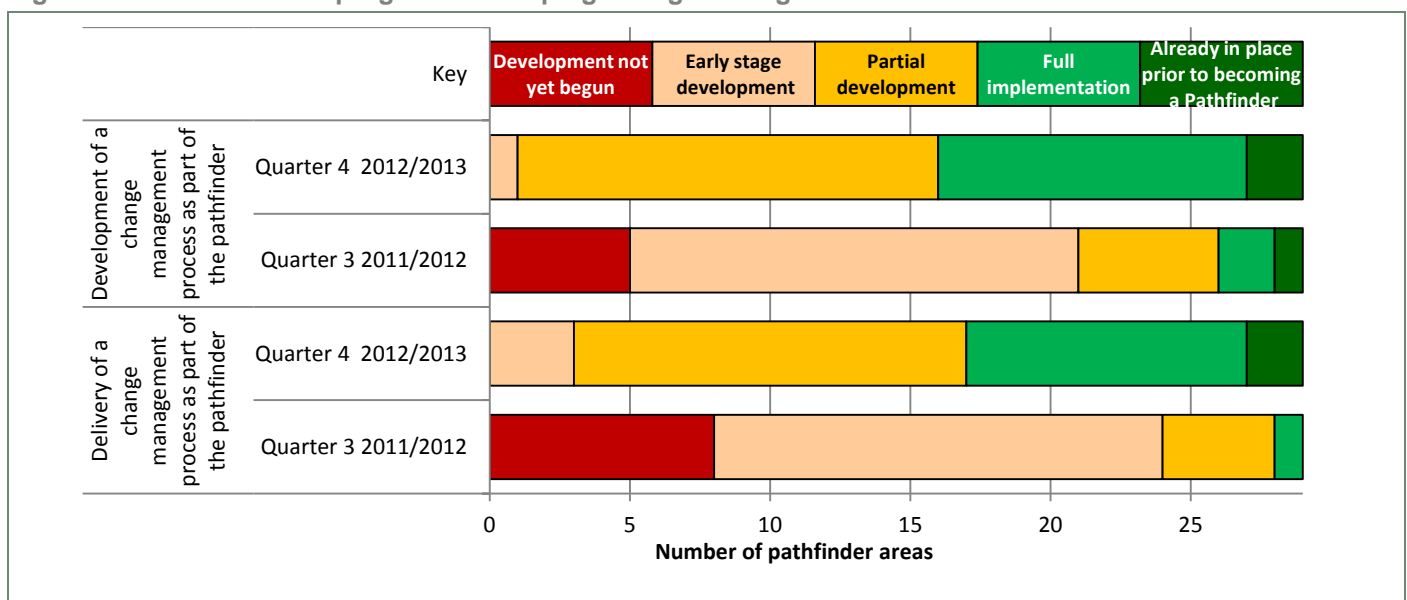
N=29 responses
Source: Pathfinder monitoring returns

</div>

Stakeholders in the case study areas highlighted that workforce related change management had been delivered through a mixture of formal and informal routes: where formal change management had involved organised workshops and training; and informal change management had involved staff supporting each other informally to learn new ways of working. Examples from the case study areas included:

- **Introductory events for cross sections of professionals** – which had usually been well attended and received

- **Key working training for staff/VCS** - detailing the new approach, family-centred planning and how to effectively support families – where particular mention was given to parent

involvement in the delivery of the training which was felt to have added to the success of the relevant sessions and illustrated the importance of bringing families and professionals together to create a shared understanding

- **Development of e-learning materials** - to provide an introduction to all managers and frontline professionals who may have some involvement in the integrated assessment and single planning process

- **Providing an introduction to the workings of health and social care colleagues** for school based staff who would acting as key workers, to help them take a holistic approach

- **Light bite sessions with professionals and families -** (which were run after key working training) to discuss their experiences with the new approach, to help inform the thinking of the pathfinder.

The efforts at change management also highlighted engagement challenges with particular groups of professionals, which differed across the areas and appeared to depend on how relevant individuals felt the pathfinder was to them. For example, one area had been unable to engage their transition team, as they felt they were already working in the required person-centred way and therefore did not need to attend training events. Conversely, another area reported difficulties engaging their educational psychologists as they did not feel they needed to change their current working practices.

Case study evidence also illustrated that beyond general awareness raising, change management had more often been undertaken on a small scale, focusing on those professionals and the supporting workforce (e.g. service managers) that worked with the families that were participating in the pathfinder. This seemed a sensible approach given the trial based nature of much of the activity delivered over the course of the programme. Areas went on to state that following consolidation of their learning they were now considering how to scale up the required cultural change. This was likely to include a mixture of both formal training for the wider workforce, using the professionals involved in the trials as champions and on-the-job mentoring/support to manage the new process as it is rolled out. Most areas agreed that this future work would have to either replace existing training/workforce development, or be embedded within it as there was no additional funding to undertake this wide scale transformation.

D. The local offer and market development

Although some progress had been made by areas, including consultation with providers and work on the local offer, the majority of areas reported having reached only partial development against these elements by the end of March 2013 (see Figure 13). Evidence from the case studies suggested that slow progress had been made because most areas had only begun to develop their local offer during the last 6 months of the programme, as they had focused their initial energies on developing their new process and the EHCP template. Progress on the local offer had also been slowed by many areas having:

- **Underestimated the level of resource required**, which had proven to be 'a whole project in itself' and would therefore take time to complete

- **Been unclear about what should be covered**, reflecting the limited initial guidance, and so they both spent time trying to develop the concept and in other cases awaited further guidance from DfE.

Figure 13 Pathfinder area progress developing the local offer and the provider market the end of March 2013

Key	Development not yet begun	Early stage development	Partial development	Full implementation	Already in place prior to becoming a Pathfinder

Consultation with provider market during the development of your pathfinder

Quarter 4 2012/2013

Quarter 3 2011/2012

Development of the local offer

Quarter 4 2012/2013

Quarter 3 2011/2012

Number of pathfinder areas: 0, 5, 10, 15, 20, 25
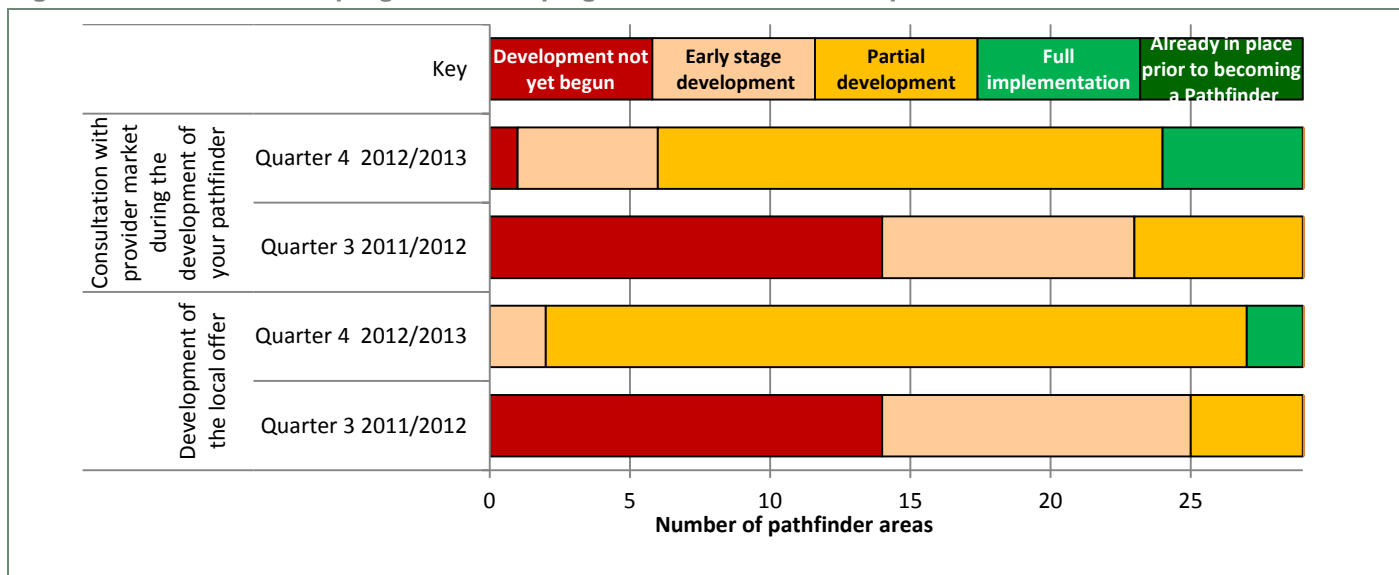
Although progress had been slow, encouragingly, all case study areas had sought to consult and engage parent carers in the development of their local offer, asking for their help to inform what should be included and how this should be presented. This had helped areas to recognise the importance of the local offer and the high expectations that parent carers associated with this element of the pathfinder.

Looking at the specifics of what was to be included in the local offer, most of the case study areas reported they were likely to include information on statutory and non-statutory education, social care, health and VCS related provision. Given the large amount of work involved in collecting this information, most case study areas had initially focused on understanding what information already existed and could therefore be built on (most often around social care short breaks and Family Information Service (FIS) data).

They then turned their attention to the education element of the local offer, reflecting the perceived focus of the pathfinder. This had included raising awareness of the local offer with education providers and understanding how best to engage this group. This proved challenging in many cases as although some could see the advantages of putting together a short prospectus of what they could offer and had in that sense embraced inclusivity, others felt it would 'open the floodgates' to an increasing number of children and young people with additional needs at a time

when funding was declining. At the same time there were concerns about how to engage Academies, which the local authority had very little control over.

It was evident that limited progress had been made in relation to the social care, health and VCS elements of the local offer and there remained a host of unanswered questions, which pathfinder areas required more clarity on prior to completing their local offer – these are illustrated in the adjacent box.

Of the areas that had made more progress, most had tried to construct some form of framework to underpin their local offer, which included a standard set of questions for providers, to ensure consistency in the information provided. This structured form of approach was likely to work well, provided a balance was struck between what families wanted to see and the subsequent burden placed on providers to issue and update the relevant information.

The local offer – remaining challenges…

- What should a comprehensive local offer include?
  - Costs of provision?
  - Eligibility for individual services?
  - Consistent information across all providers?
  - Quality assurance of each provider?
  - How to provide sufficient details on out of area provision?
- Challenges of engaging all services:
  - How to ensure the 19+ years group are catered for?
  - How to manage the disincentives of contributing to the local offer raised by some education providers?
- Who should be responsible for maintaining the local offer over time and how should this be resourced?
- How to ensure that families are adequately supported to access the local offer once it has been published?
- What are the legal implications associated with the local offer and could families challenge the local authority if they feel the local offer does not provide sufficient information?

One set of areas also reflected that they intended to use their structured approach across a number of neighbouring areas, to support cross-boundary working, which again was likely to prove effective provided all the relevant areas adhered to the agreed set of standards/principles. However, there is still some way to go before we are able to identify what works well and why.

Variations in self assessed progress across pathfinder areas

Figure 14 provides an illustration of the perceived progress made by each of the pathfinder areas (each column represents a single area's responses) against each of the 16 progress measures contained in the organisational engagement and cultural change theme. It highlights the range of self- reported progress across the areas: with 19 out of the 29 areas perceiving themselves to be fully delivering against at least 11 of the 16 progress measures; whilst two others (i.e. those represented at the right-hand side of the Figure) only judged themselves to be fully delivering against 4 and 6 of the measures respectively.
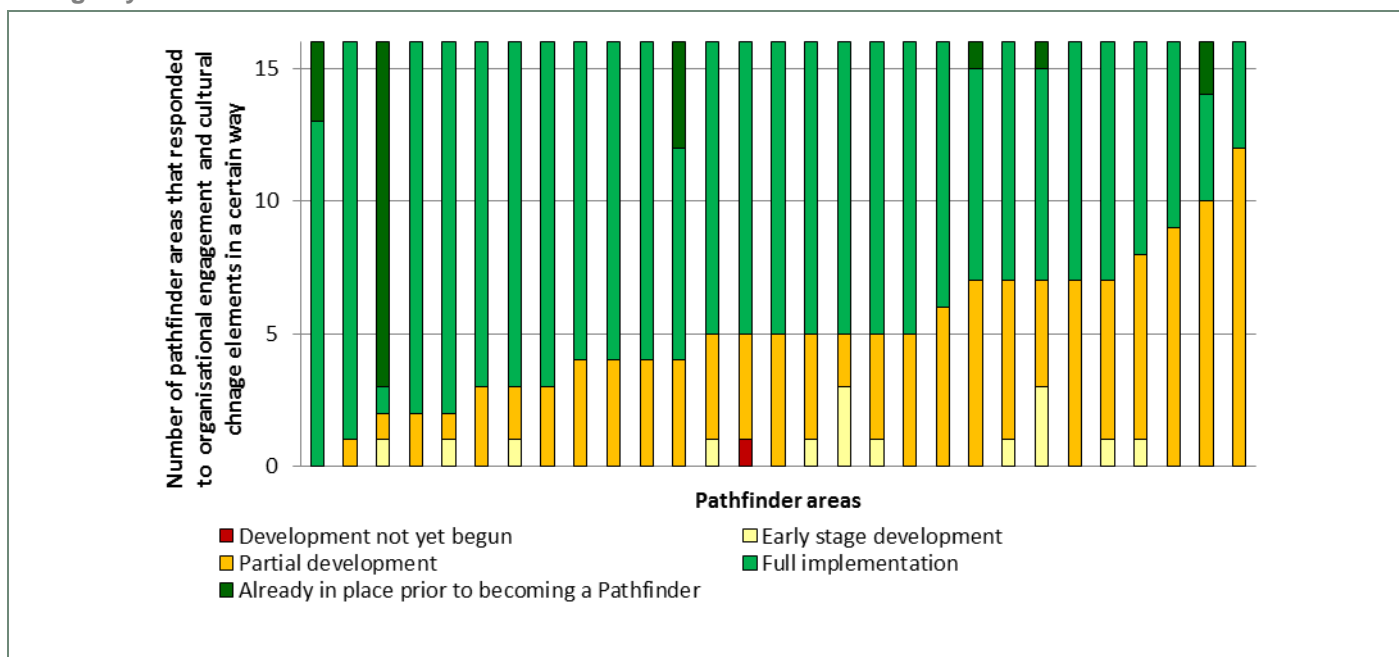
Summary

Project governance structures took an average of 3-6 months to comprehensively set up across all pathfinder areas. Thereafter, there appeared to have been good levels of strategic involvement in pathfinder governance structures from across most parties. A common group of stakeholders had been engaged across the majority of pathfinder areas including: professionals from Local Authority education and children's social care services (29 areas); parent carers (29 areas); the local VCS (26 areas); and professionals from health (27 areas), adult social care (25 areas) and schools (25 areas).

Project boards in the case study areas met on a regular basis (often fortnightly in the initial stages) and were reported to have been well attended. Exceptions to this general pattern included some variable attendance from education providers and representatives from the VCS, which was largely caused by capacity issues. Attendance from senior health representatives in some areas also proved variable over the course of the programme. Again, this was related to capacity and also a perceived lack of guidance about what was expected, or from whom.

The majority of pathfinder areas appointed a strategic lead to champion and be accountable for the pathfinder. Dedicated project managers were generally recruited during the first 3-6 months of the programme. Their main responsibility was to oversee and bring together the activities of the pathfinder on a day-to day basis. The individuals leading the pathfinders most commonly came from an education background, in recognition that much of the programme focused around education and SEN.

The majority of areas reported they had fully established commitment to share education (23 areas) and social care (22 areas) resources to develop and deliver the pathfinder by the end of March 2013. Fifteen areas reported having achieved similar commitment to share health resources, while in others work was on-going. Partners appeared more willing to commit staff time to support the development of the pathfinder than funding for either development or service provision.

Although some areas appeared slow to engage parent carers in the planning and development of the pathfinders, nearly all (27 out of 29 areas) reported having reached 'full implementation' by the end of March 2013. Effective engagement of parent carers in the development of the pathfinder included ensuring that this group were represented and appropriately supported to attend and contribute to both the project board and as many of the local workstreams as possible. Stakeholders reported having experienced a variety of positive outcomes as a result of successful co-production and parent carer engagement.

While the effective engagement of children and young people with SEND in strategic developments was universally recognised as challenging, 10 out of 29 areas reported having reached at least full implementation of this activity by the end of March 2013.

Engagement of VCS representatives appeared to take time. Potential reasons for limited engagement of the VCS within some of the case study areas was reported to be the result of an on-going lack of clarity amongst pathfinders and VCS organisations about what role or purpose the VCS should have in both the development and delivery of the pathfinder.

Progress on the local offer had begun slowly, before gathering speed in the last six months. Areas have increasingly recognised the importance of the local offer, and have worked with parents and others to develop the concept and format locally. However, progress had also been slowed by many areas having:

- Underestimated the level of resource required

- Been unclear about what should be covered by the local offer.

4: Engaging and involving families

KEY FINDINGS

- Over 800 families joined the pathfinder.

- Recruitment increased in advance of the school summer holidays, plateaued over the summer holiday period and then ramped up from October 2012 onwards.

- The majority of referrals came through education professionals working within schools or the local authority. As a result, most of the young people covered were of school age and already in receipt of services.

- The decision to focus on existing users often reflected areas wanting to work with those they knew and being concerned about the time it would take to develop new assessment pathways while still meeting their statutory duties.

As part of the pathfinder, areas needed to raise awareness of the programme and communicate the opportunity to participate to prospective families. Then once families were recruited, areas needed to offer some form of support to their participating families.

This chapter presents the progress made by all pathfinder areas against the two elements which make up the engaging and involving theme of the CDF:

E. Awareness raising with families

F. Peer support.

This analysis is supplemented by detailed findings and examples gathered from the pathfinder case study areas.

E. Awareness raising with families and young people

By the end of March 2013, nearly all areas (26 out of 29 areas) had completed their awareness raising activities with prospective families and young people (see Figure 15). This had been undertaken in a variety of ways including:

- **Distribution of flyers and printed information** to prospective families and young people

- **Introductory events**, which had largely taken place in schools

- **Targeted introductions** with families and young people that had been identified as those that may benefit from and were likely to take part in the pathfinder.

The case studies illustrated that events and targeted introductions, which had enabled discussion about the pathfinder, had provoked a more tangible response. However, they added that printed information had also been useful, as it had enabled them to introduce the pathfinder to a wider number of families and young people than were able to attend events. Many pathfinder areas had used a combination of these approaches to raise awareness of the local programme, which would need to be continued in the future.

Evidence from the case studies also illustrated that in a number of cases, PPSs and PCFs had effectively led or supported awareness raising activities through both their formal and informal networks and the delivery of introductory events. Feedback from parent carers on some of the events showed they had particularly valued input from parent carer champions, who were able to describe their own experiences. However, they also raised some concerns around the events raising the expectations of parent carers, which placed a large responsibility on the pathfinder areas to deliver against their commitments. Similar initial concerns were raised at the outset of the individual budget pilot programme, which were addressed through on-going communication with families and openness on the part of the pilot staff about the exploratory nature of the activities[10].

Recruitment of families and young people who were to participate in the new pathfinder process was reported to have reached full implementation in most areas (23 out of 29 areas) by the end of March 2013. However, there remained a small number of areas that were still recruiting families into their initial cohort, which was surprising given 18 months had passed since the launch of the programme. Discussions with some of these areas indicated that slower progress had been caused by: a combination of changes in the pathfinder lead and/or manager over the course of the programme; and the adoption of a relatively risk averse approach, implying that all infrastructure had to be in place prior to recruiting families to take part.

There was a clear link between areas which had progressed awareness raising and recruitment. The data also showed that those areas that were more advanced in the development of their assessment and plan pathway had generally made more progress raising awareness and recruiting families and young people. This suggests that areas were waiting until they had developed their local approach before fully engaging families and young people.

---

[10] Prabhakar, Thom and Johnson (2011) Individual budgets for families with disabled children
Final evaluation report: The IB process, DfE

Figure 15 Pathfinder area progress relating to awareness raising with families by the end of March 2013
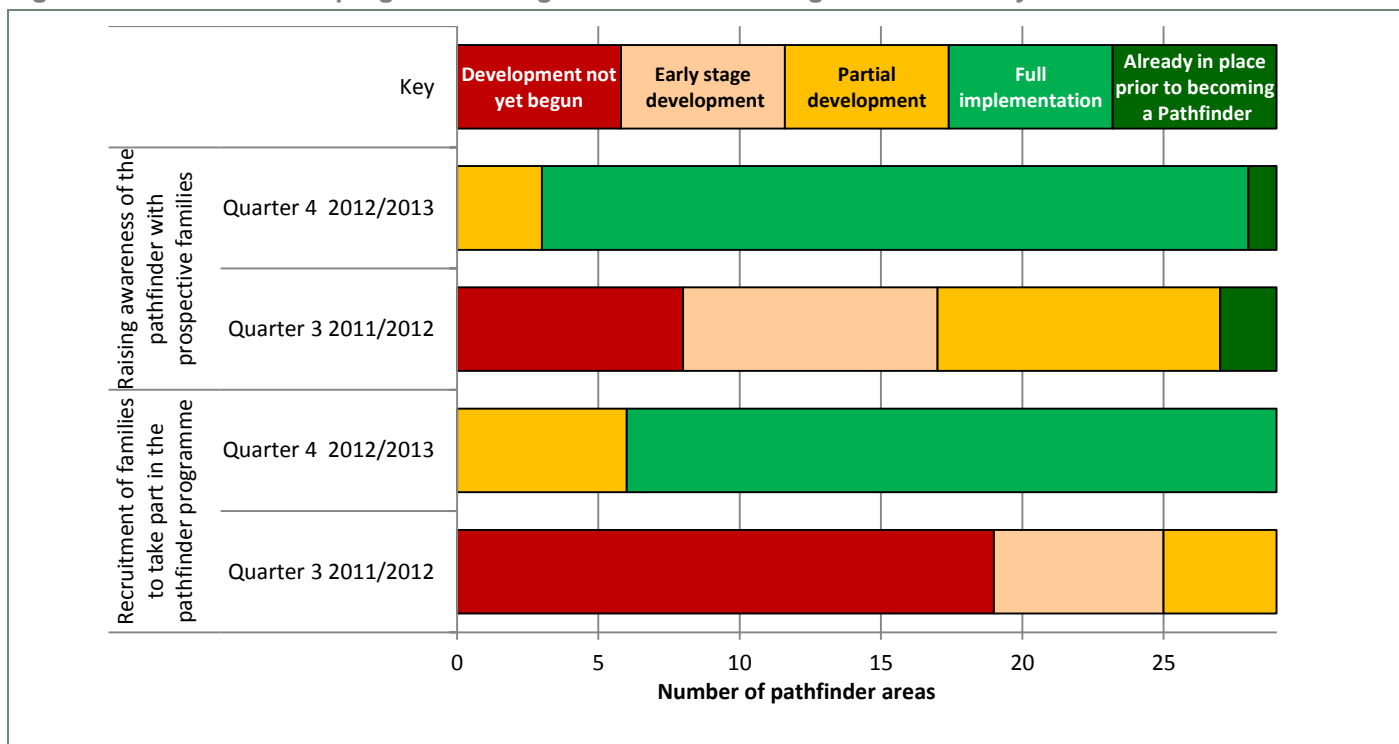
Family recruitment

By the end of March 2013[11], 839 families and young people had been recorded on the monitoring tool as being recruited[12] from across all 29 pathfinder areas. Nearly half (45%) of all recruitment had taken place within the ten pathfinder case study areas (see Figure 16). Recruitment increased in advance of the school summer holidays, plateaued over the summer holiday period and then ramped up from October 2012 onwards (see Figure 17). This reflects that the majority of referrals into the pathfinder came through education professionals working within schools or the local authority, and simply that it took areas time to agree their approach and identify families, before they were able to begin to recruit them.

---

[11] Figures correct as of the 8th of April 2013

[12] Recruitment figures cover the families and young people that had consented to take part in the research and subsequently been entered onto the Pathfinder monitoring tool. A number of families will have taken part in the Pathfinder but declined to take part in the evaluation.

Figure 16 Families recruited by the 8th of April 2013

Figure 16 Families recruited by the 8th of April 2013

	All pathfinder areas			Pathfinder case study areas		
	Number of families	**Number of areas these families come from**	**Range of families per area**	**Number of families**	**Number of areas these families come from**	**Range of families per area**
Pathfinder families and young people recruited	839	29	1 to 78	375	10	1 to 78
Families that have left the pathfinder	63	15	-	41	8	-

Note: This includes families that had agreed to take part in the evaluation and whose details had been registered in the monitoring tool by the 8th of April 2013

Source: Pathfinder monitoring returns

Figure 17 Trajectory of families recruited between May 2012 and by early April 2013
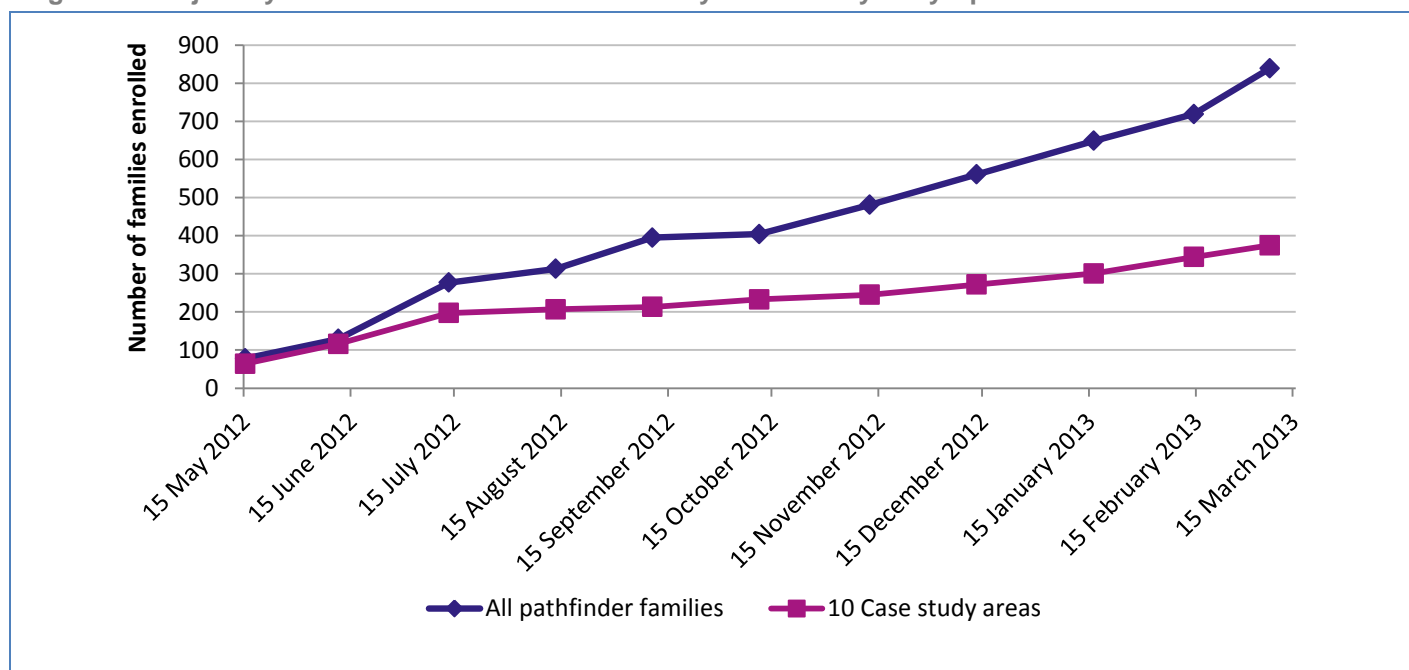
Note: Lines used to connect the data points illustrate the increase in recruitment within a given month

Source: Pathfinder monitoring returns

Although the case studies as a collective recruited a mix of children and young people from across the 0-25 age range and spectrum of SEN, most had reduced the scale of their original recruitment intentions over the course of the programme. This reflected that they had:

- **Underestimated the resource required to undertake effective recruitment** at the outset of the pathfinder, which required more face to face discussions with families and young people than was originally anticipated

- **Encountered challenges getting sign up from some local authority based professionals** and school-based staff to support the identification and engagement of families

50

- **Revised the original target groups** to accommodate changes in direction of the pathfinder, which had come about as a result of either the publication of the DfE SEND Next Steps document or changes in senior leadership within the area.

Evidence from the case study areas also illustrated a bias towards the recruitment of families who had previously accessed services and in some cases families that were specifically unhappy with their existing package of support and therefore easier to identify. Several reasons were provided to support the decision to either limit or not recruit families who had not previously accessed services, which included:

- **Lower levels of throughput** of new families into the system

- **A desire to work with the 'known' and 'familiar'** and a feeling that working with new families would not necessarily offer the diversity of families one area was seeking to work with

- **Identification and recruitment processes** in some cases had led to the exclusion of new families as services and schools had been asked to identify families that they felt would benefit and be willing to participate in the pathfinder, which relied on professionals already having established relationships with the relevant families

- **Uncertainty about how long the pathfinder process would take** due to its developmental nature and a desire to respect current statutory requirements so as not to compromise families rights led some areas to focus on families who were not involved in statutory processes

- **A perception that areas would not have the time to rationalise assessments** across agencies for new families within the original 18 month timeframe.

The consequence of this bias in recruitment was that the large majority of the approaches developed were only applicable to existing service users, which are different in nature to new families, and that the results may reflect the views of those families who are happier to engage in the pathfinder. This is likely to create issues when areas start to consider how to scale up their approaches to include a wider cohort of families, which will need to include both new families and those that are more difficult to engage.

Nature of the pathfinder families and young people

Figure 18 details the characteristics of the first cohort of children/young people recruited to take part in the pathfinder by the end of March 2013. It shows that children/young people were recruited onto the pathfinder from across the age range, with 62% reported to be attending to school. It is also apparent that older young people (aged over 19) made up a very small share of the total cohort.

Figure 18 Characteristics of pathfinder families recruited by the 8th of April 2013

		N	%
Age of child/young person	0-5 years	261	31%
	6-11 years	222	26%
	12-13 years	115	14%
	14-15 years	75	9%
	16-18 years	124	15%
	19+ years	42	5%
Formal education setting	Mainstream schooling (including sixth form)	253	30%
	Special school	269	32%
	Early years	120	14%
	FE college or sixth form college	42	5%
	Not in an education setting	35	4%
	Academies	12	1%
	Pupil Referral Unit (PRU)	10	1%
	Not in education, employment or training	7	1%
	Hospital school	5	1%
	Supported employment	5	1%
	Work-based training	2	<1%
	Home educated	3	<1%
	Employment	1	<1%
	Undisclosed at time of reporting	75	9%
Looked after child	Yes	29	4%
	No	740	88%
	Undisclosed at time of reporting	70	8%

N= 839 children/young people from pathfinder families
Source: Pathfinder monitoring returns

Over half (53%) of children/young people recruited by the end of March 2013 had a statement of special educational needs (see Figure 19).

Figure 19 SEN level of intervention prior to the pathfinder

Pie chart segments:
- S139a/Learning Difficulty assessment and transition plan (52)
- Undisclosed (76)
- None (67)
- Early Years or School Action (49)
- Early Years or School Action Plus (148)
- Statement of special educational needs (447)

Most families and young people recruited were existing SEN (84%[13]) and health (65%) service users prior to pathfinder. However, less than half (46%) were known to have previously accessed social care services.

Figure 20 Services received prior to the pathfinder

Services received prior to the pathfinder

Key: Existing service user | Not an existing service user | Undisclosed at time of reporting

Categories: SEN, Specialist Health, Social care

X-axis: Number of pathfinder families (0 to 800)

---

[13] Please note that there is a discrepancy between the percentage of children and young people reported as being in receipt of SEN services prior to the Pathfinder (85%) and the level of SEN intervention prior to the Pathfinder (68%), which is caused by differences in the undisclosed data for both questions

F. Peer support

The delivery of peer support to parent carers, the impression from areas remained mixed, with the largest proportion of areas having reached partial development (15 areas) by the end of March 2013 (Figure 21). While this represents considerable improvement relative to the position reported at the end of the first quarter of the programme (Q3 2011/12), few areas (9 areas) had reached full implementation or had this activity already in place prior to the pathfinder.

Delivery of peer support to children and young people was less developed relative to that for parent carers, with only 12 areas having reached at least partial development by the end of the March 2013.

Examples of how peer support had been taken forward in the case study areas included:

- Support from the PPS or PCF to participating parent carers as part of existing local authority contracts

- The recruitment of a set of young people from an established user group who gathered feedback from those young people that participated in the pathfinder

- Virtual forums set up by the pathfinder to provide families with the opportunity to share their learning, experiences and concerns

- Families who were already accessing personal budgets were asked by one area to act as champions and supporters to the new set of families.

Figure 21 Pathfinder area progress relating to the delivery of peer support by the end of March 2013
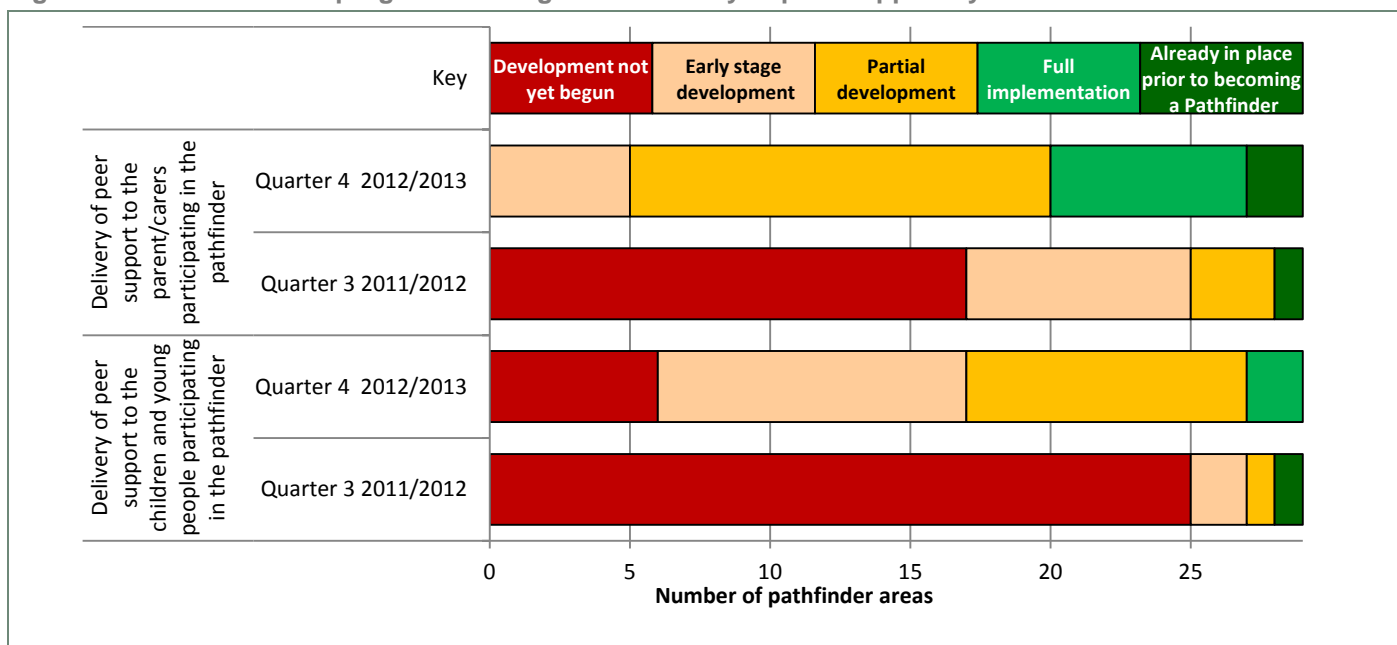
N=29 responses

Source: Pathfinder monitoring returns

Summary

The Pathfinders had made considerable progress in raising the awareness of families and young people. This led over time to recruitment increasing, with over 800 families joining the pathfinder. Recruitment increased in advance of the school summer holidays, plateaued over the summer holiday period and then ramped up from October 2012 onwards. This reflected that the majority of referrals into the pathfinder came through education professionals working within schools or the local authority. As a result, most of the young people covered were of school age and already in receipt of services.

The decision to focus on existing users often reflected areas wanting to work with those they knew and being concerned about the time it would take to develop new assessment pathways while still meeting their statutory duties.

Peer support to families was less well developed across the pathfinders. This may reflect that it would probably follow families joining the programme, and this had tended to happen later in 2012 and early 2013.

5: Setting up the pathfinder infrastructure – part I

KEY FINDINGS

- Most pathfinders had developed a similar assessment and planning pathway, with comparable stages and sequencing. This included family engagement, assigning a key worker, co-ordinating assessments/drawing together previous assessments, and single planning.

- All areas begun the new process with an initial family engagement stage, to formally introduce the pathfinder and begin the development of some form of family profile. The development of a family profile was reported by key workers to have been a positive experience for families.

- The provision of a single point of contact for the family from the outset of the process had been well received.

- Family engagement while widely welcomed also brought challenges around: the understanding and confidence of some key workers; insufficient involvement from children and young people; and concern around the capacity of local areas to sustain and roll out their engagement strategy.

- The development of the single planning stage formed the main focus for the majority of pathfinder areas.

- Across the case studies was a sense that the 'ethos' of the process was changing and as a result was bringing about the required movement to a more family-centred, outcomes-based, multi-agency approach.

- All of the case study areas had trialled the use of a single document combining both the results of the coordinated assessment/review and the plan.

- There remained a number of points which would need to be addressed beyond writing the plan around the allocation of actions to different agencies, and the sign off and approval process.

- Key working was viewed as a core part of the new approach. The number of areas that had split the role grew over time and many areas were considering splitting the role going forward.

Each pathfinder was tasked with developing and delivering a new multi-agency assessment and planning approach, which sought to bring together the range of support for children, young people and their parent carers and families. The *setting up the infrastructure* theme of the CDF covers four elements, each of which would contribute to this process:

G. Mapping of the coordinated[14] assessment and plan pathway

H. Coordination and delivery of the pathfinder approach

I. Development of personal budgets

J. Development of IT resources.

This chapter provides an account of the progress made against the first two elements of this theme. The remaining elements are discussed in the next chapter.

G. Mapping the coordinated assessment and plan pathway

There had been clear progress in mapping out the assessment and plan pathway by the end of March 2013 (Figure 22). Almost two thirds of areas had reached 'full implementation', although perhaps slightly surprisingly given the importance of this task, the other third only reported being at 'partial development'. 'Full implementation' was most usually reported by areas that had taken an initial cohort of families through the new process, whereas those areas that reported 'partial development' tended to still be working with their initial families. The findings therefore illustrated that all 29 areas had developed and were in the process of trialling a new pathway by the end of March 2013, which is a significant and positive achievement.

Figure 22 Pathfinder area progress mapping the assessment and plan pathway by the end of March 2013
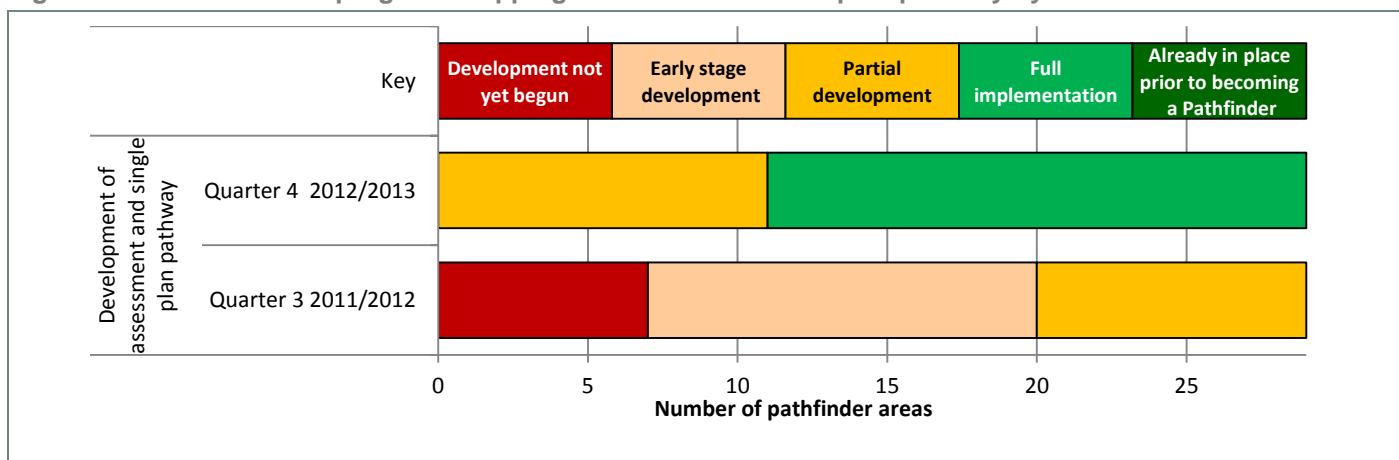
The new process - stages and sequencing

Looking across the ten case study areas, it was evident that most had developed a similar pathway, which included comparable stages and sequencing of these stages (see Figure 23). The evaluation has sought to separate the assessment and planning elements of the process for the purposes of analysis and reporting, as we wanted to understand what came before the actual

---

[14] Note that the original terminology relating to 'single assessment' has been changed to 'coordinated assessment' to reflect a change in emphasis that occurred during the course of the programme.

planning stage. Activities undertaken prior to the single planning stage will subsequently be referred to as the 'front-end' of the process and activities undertaken after this point will be referred to as the 'back-end' of the process.

Each of the stages set out is described in more detail below.

Figure 23 The new process – summary of most common stages and sequencing
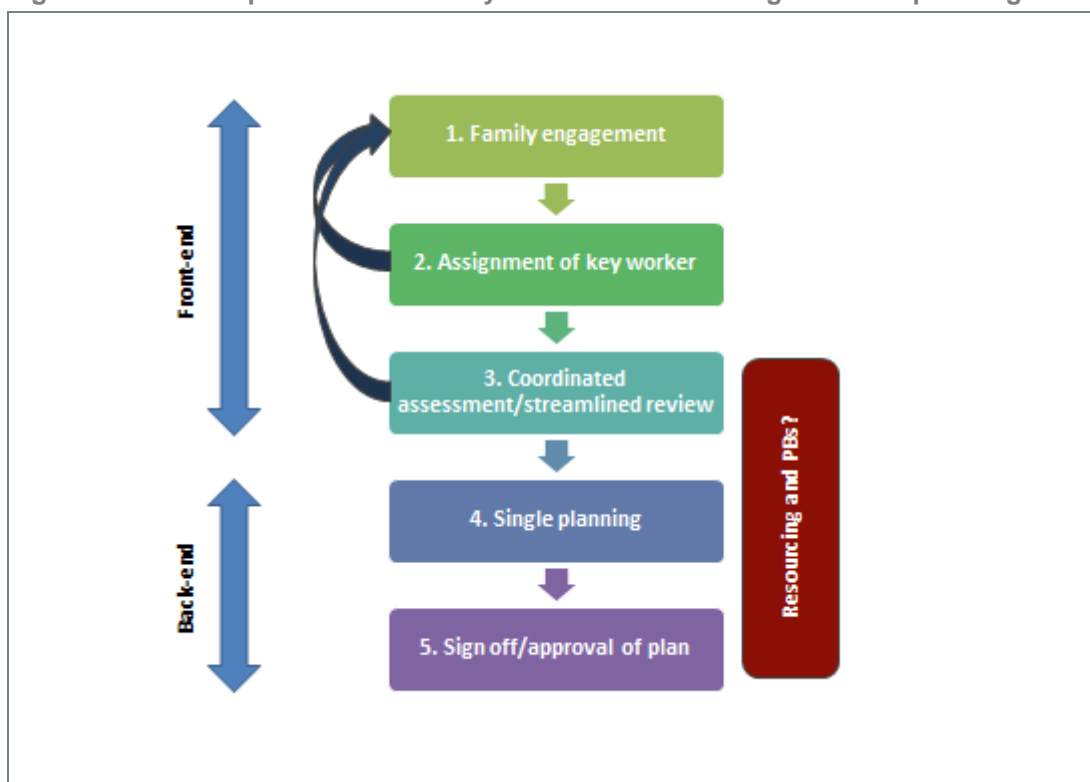
NOTE: The review stage does not appear in the above diagram as it had not yet been considered

Family engagement

Following the recruitment of individual families, all areas began the new process with an initial family engagement stage, to formally introduce the pathfinder and begin the development of some form of family-based profile. This stage was undertaken by a key worker[15] who sought to support the family through the front-end of the process.

Activities undertaken during this stage differed across areas, depending on the extent to which stages 1-3 shown in Figure 23 were undertaken simultaneously. For those that sought to separate initial family engagement and the subsequent undertaking of coordinated assessment/review, common activities included:

- **Providing comprehensive introduction to the pathfinder** and the opportunity for families to ask questions

---

[15] In the case study areas, this role was referred to by a range of different titles, including co-ordinator, facilitator and system navigator.

- **Gathering contact details of any professionals/services the family were working with** to inform who should be involved in the subsequent stages of the process

- **Gaining an understanding of what was currently working well and what was working less well from the perspective of each family** which in most cases was used to inform the development of a 'family profile' which set out the family's priorities for their child/young person, their strengths and hopes/aspirations

- **Developing an understanding of the 'circle of support' or 'real wealth' that was accessible to each family**, i.e. the wider resources that they could draw on through family, friends and the local community.

Reflecting on what was perceived to have worked well, several of the case study areas agreed that the provision of a single point of contact for the family from the outset of the process had been well received by families, especially those that had previously found themselves trying to coordinate multiple professionals. They added that it was important to ensure that this point of contact was the 'right' individual with the appropriate skill set, as initial conversations with families had often involved some challenging and probing discussions, which needed to be approached sensitively and with caution.

Professionals that acted in the key working role emphasised the importance of ensuring that families felt comfortable during this initial stage. They commented that undertaking this stage within the family home had worked well, as families felt comfortable in their own environment. The home setting had also provided many of key workers with a useful insight into the workings and dynamics of the family, which had not been well understood before when all of the meetings had been held within a local authority or service based setting.

> **Home visits**
>
> One key worker commented that the home visit undertaken with one family that was having problems with their child's school had worked particularly well. They described how the home visit had helped to build trust between the family and the key worker in a 'safe' environment, and had resulted in the father participating in the subsequent single planning meeting, despite having never attended previous meetings involving the school.

Similarly, the development of some form of family or personal profile was reported by key workers to have been a positive experience for families as it: provided them with something to 'own' from the outset; tangibly illustrated that their views were being listened to; focused on the positives by setting out the strengths of the child/young person; and provided them with an opportunity to air any on-going problems. It illustrated the extent to which a change in focus and language from the professional could help broker trust between the professional and family, and create the required 'buy-in' to participate in the process.

Completed family profiles formed part of the initial information illustrated within the EHCP and were therefore intended to inform the subsequent process. However, the effectiveness of the development of the family profile will depend on the extent to which different groups of professionals accept this new source of information as common currency, which is yet to be seen.

Consideration of a family's 'circle of support' or 'real wealth' was also reported to have been valuable as it helped families recognise the extent to which they could draw on support from wider family members and their local community. However, key workers commented that this subject had to be approached sensitively by professionals to avoid families perceiving the activity as a cost savings exercise, as opposed to a means of building family resilience.

Family resilience workshops were also offered as part of this initial stage to families in some areas to build their confidence and capacity to engage effectively in the process. The workshops were delivered by trained parent carers, who were able to share their own experiences with participants. This activity was reported to have had good take-up and to have helped equip families for the rest of the process.

Figure 24 Summary of what worked well and what worked less well in relation to family engagement

Worked well

- Single point of contact from outset
- Home visits well received
- Opportunity for family to describe themselves in personal profiles
- Developing understanding of 'circle of support'
- Opportunity to air any current problems
- Offer of resilience training

Worked less well

- Insufficient involvement of children and young people in many cases
- One to one introduction is very resource intensive and may not be sustainable
- Lack of understanding of new process by KWs to answer Qs raised by families
- Challenging to manage family expectations given evolving nature of the process

Source: SQW

Conversely, several of the case study areas reported experiencing some challenges during the family engagement stage (see Figure 24). The first set of challenges, which could probably be viewed as 'teething' problems, appeared to relate to a lack of understanding and confidence on the part of some key workers to answer some of the more in-depth queries posed by families or to manage family expectations. It was likely that these issues would be addressed in the future via

the provision of more comprehensive information and training for key workers and by them simply gaining more experience of delivering the role (this is discussed further in the section on coordination and delivery of the pathfinder approach below).

The second set of challenges was more fundamental and included: limited involvement from children and young people in many cases; and considerable concern around the capacity of local areas to sustain and roll out this resource intensive introduction to the new process to all their target families. Areas were therefore considering how to address these issues in the future. The issues around children and young people seemed to reflect uncertainties about how to include some groups of young people, especially more complex cases, and perhaps a lack of experience about how to balance the views of parents and young people (which are not always aligned). We discuss later in this chapter interesting examples of where children and young people have been involved.

Assignment of a key worker

Although many of the case study areas had originally intended to provide participating families with a choice of key worker, most had been unable to do so as they only had a small pool of individuals delivering this role. However, these areas did ensure that all families were given a 'power of veto' that would enable them to change their key worker if they felt they would be unable to work with the relevant individual. This model appeared to work well, as areas reported that very few families sought to change their key worker, implying that the majority were happy with their allocation.

One case study area, that recruited only families that were already in receipt of services, successfully provided a choice of key worker to all their families. The majority of families chose professionals that were already known to and were working with the family. Families were reported to have been pleased to be offered a choice as it enabled them to ensure that they were working with someone they liked and most importantly they trusted. However, the provision of choice was not without its difficulties and resulted in:

- **Capacity problems** - several families nominated the same individual(s) who did not have the capacity to act as a key worker to all the relevant families, which led to an alternative offer being made by the pathfinder manager

- **Uncertainty on the part of some families about who to nominate** – many families were unsure of who they would like to act as their key worker and therefore support was provided by the pathfinder manager to allocate available key workers to these families and to explain the reasons why the allocated key worker was a good selection for each family

- **Key workers from one key service not being selected** – the group of families actively avoided nominating key workers from a particular service and were resistant to accept professionals from this service when suggestions were made. Although this led to some ill-feeling within the service in question, the head of the service used this finding to reflect on

the skillset of their staff and to consider how to incorporate key working training into the existing complement of training.

Having completed work with their initial cohort of families, the area reflected that where possible and relevant, they would like to continue to offer families that were already in receipt of services some degree of choice in their allocation of key worker. However, this offer was likely to be more limited moving forwards, as it was unlikely to be the case that all professionals working with a family would have the required skills to effectively undertake the role. The area also stated that this model would not be feasible for families that were new into the system, as they would need to be matched up to an appropriate key worker. In general, across the case studies, there was acceptance that some form of choice should be offered, even if the choice was simply to ask for someone else.

Further details about key working and the coordination of the new process are detailed in the *Coordination and delivery of the new process* section below.

Coordinated assessment / review

Looking across the pathfinder areas as a whole, the assessment stage of the new process had most commonly involved: a set of assessments by different agencies being brought together (Category A, 23 out of 29 areas); or a single assessment episode supplemented by ad hoc specialist assessments (Category B,15 out of 29 areas) (see Figure 25). Although the evaluation had previously suggested that Category A was likely to be used for those families that were already accessing services, whilst Category B was more likely to be used for new families entering the system, the case study evidence illustrated that things were not that clear cut. That is, a number of case study areas that had selected Category B had brought together existing assessment information and discussed this at a single assessment meeting with both the family and relevant professionals to develop a set of priorities and outcomes. The distinction between the two categories was therefore less stark than first suggested. It was therefore clear that most areas are working to develop a 'coordinated assessment' that brought together all the necessary specialist expertise to inform the subsequent single planning stage.

Figure 25 Assessment stage of the pathway

Assessment pathway will consist of...
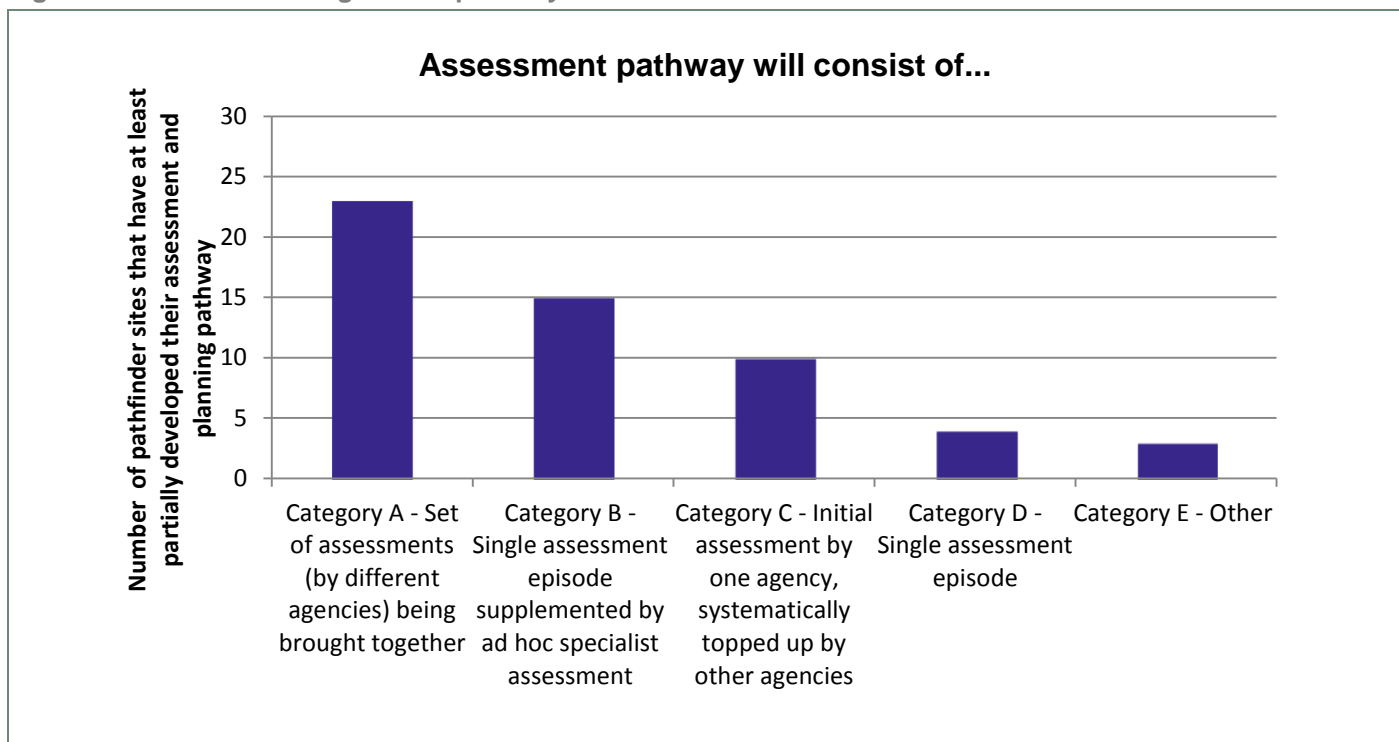
N=29 responses
Source: Pathfinder monitoring returns

The following section has been developed in two parts. It differentiates between: new families which required some form of *coordinated assessment*; and families already in receipt of services who received a *coordinated review*, which then informed the planning stage.

New referrals and coordinated assessment

As only two out of the ten case study areas choose to target families that were new referrals into services, only limited evidence was gathered about developing a coordinated assessment process[16]. The findings presented below should therefore be treated as indicative in their nature and will need to be supplemented by future evaluation research.

Both areas that targeted new referrals developed a process that sought to build on existing joint-working structures which brought together either social care and health, or elements of social care, health and education. This implied that coordinated assessment of some form was already being undertaken between the relevant services in these areas.

In both cases, a key worker was appointed. In one the key worker then convened a meeting of professionals to agree the approach to the assessment(s). The family was then informed of this, and assessments took place, often based around the CAF. The family was then informed of the results. Similarly, another area that worked with a small number of new families used the CAF as their initial assessment tool, which was then used to inform any requirements for additional specialist assessments.

---

[16] A small number of pathfinders had looked more closely at integrating assessments for newcomers, but this was often at an early stage or outside of the case study areas.

In the second case the family and professionals came together in a team around the family (TAF) meeting to build a comprehensive assessment of need. This meeting often also identified the need for additional specialist assessments, which were undertaken following the meeting. The suite of information was then drawn together to inform the EHCP.

In light of the very small number of new families that had completed their EHCP within these areas by the time of the final case study visit (February 2013), it is not possible to draw any conclusions about the effectiveness of these approaches. However, it was apparent that the process had resulted in the development of both an SEN statement and an EHCP for this group of families. The statutory SEN assessment had been used to produce the Statement, which had then been used to inform the EHCP. Much of the reason for retaining the SEN statement in the short term was driven by a desire to ensure all families were provided with the statutory backing currently associated with the Statement. This approach was to be streamlined over the coming months, which would result in the discontinuation of the SEN statement and the SEN assessment forming part of the holistic assessment that would subsequently inform the soon to be statutory EHCP.

Discussions with additional case study areas highlighted a number of issues that they felt needed to be considered during the development of a coordinated assessment. These are set out in the adjacent box.

Issues to consider during the development of a coordinated assessment

1. Initial information gathered from families should be shared with all relevant professionals to inform the coordinated assessment process

2. Where a need to undertake multiple specialist assessments is identified, agencies should try to coordinate these to minimise the burden placed on families

3. The culture of the assessment process, including the undertaking of specialist assessments, needs to embrace the new family-centred ethos, to ensure families feel involved and valued throughout the process

Families in receipt of services and coordinated review

Eight out of the ten case study areas targeted their efforts on families that were already in receipt of services. They explored how to translate existing assessment information and the newly developed family profile into a *coordinated review*. This generated a spectrum of approaches which involved varying levels of both family and professional input (see Figure 26).

Figure 26 Spectrum of approaches

Top down - process driven by meeting statutory requirements	• Professionals drafted majority (if not all) paperwork, following initial engagement with the family - including the plan itself, based on the outcomes families wished to achieve and the drawing together of previous assessments • Perceived to work well from a systems point of view and as a replacement for the SEN Statement
Middle ground - bringing all parties together usually through TAF	• Coordinated review and plan developed in the presence of all parties, including the families • Perceived to work well when all parties attended TAF meetings, but was often not the case • Felt to be the 'good practice' but unsure whether would be scalable given current resource constraints
Bottom up - process driven by meeting family requirements	• Families led the process and usually drafted the paperwork, often including the plan • Perceived to work well for articulate, proactive families but unsure about others • Info produced was thought unlikely to stand up to statutory scruntiny

Examples of each of the illustrated approaches included:

- **Meeting statutory requirements** – a structured discussion meeting was held between an assessment coordinator and a family, which involved the coordinator gathering a set of information using a defined set of questions and prompts, including about the family's views on the strengths and aspirations of the child/young person. Additional specialist assessments were subsequently undertaken if required. The assessment coordinator then drew together information from the meeting and from existing assessments/reports into a structured discussion record, which followed the same structure as the questions/prompts and was sent to the family to enable them to confirm it reflected what they had agreed

- **Middle ground** – following the initial family engagement stage where key information had been gathered from the family (often including the development of a family profile), a meeting was held to bring both the family and all relevant professionals together to discuss and agree needs. This included the commissioning of additional specialist assessments where required

- **Meeting family requirements** – this was mainly driven by the development of a family profile, which in many cases drew upon supporting evidence from existing assessments.

Each of the different approaches offered the professionals working with the families an insight into working in a more family-centred way and enabled stakeholders to better understand the skillset that was required to distil large and varied amounts of assessment evidence. Many of the

approaches also included an initial exploration of the outcomes a family wanted to achieve, as these should, in principle, be linked to the needs identified and agreed during this stage of the process (outcomes development is discussed in more detail in the *single planning* section below).

In the absence of supporting evidence as yet from the parent carer survey and the family based case studies, we are unable to comment on the effectiveness of the approaches and whether any one approach is better than another. However, each area reported that there were elements which had worked well and others which would require attention:

Worked well

- **Provision of semi-structured questions and guidance** for key workers which enabled the undertaking of consistent coordinated reviews across families

- **Greater involvement of the family** either through the use of the initial information gathered during the family engagement stage, e.g. the family profile, sustained engagement with a key worker and/or involvement in coordinated review meetings

Remaining challenges

- **How to refine their coordinated review approach** to ensure it meets both statutory requirements and engages families sufficiently?

- **How to ensure that information is shared** effectively across the relevant professionals and agencies?

- **How to ensure that professionals have the appropriate skillset and knowledge** to distil assessment information from across agencies and undertake this role effectively?

- **How to ensure all professionals attend multi-agency TAF meetings** in cases where this approach was likely to be the most effective?

Single planning

The development and trialling of the single planning stage of the new process formed the main focus and priority of the majority of pathfinder areas, as this was perceived by stakeholders to be the point at which most change could be made. Looking across all pathfinder areas, the most commonly developed approaches included: holding a single planning event attended by professionals and the family (reported to be used in 25 out of 29 areas); and the use of a planning coordinator to create a plan with the family, while seeking professional input from relevant agencies (22 out of 29 areas) (see Figure 27). The relative prominence of these approaches compared to multiple staged planning events suggested that the prospect of a 'single' plan had led areas to integrate (or at least aspire to integrate) the planning process.

Figure 27 Single planning stage of the pathway

Planning pathway will consist of...

Number of pathfinder sites that have at least partially developed their assessment and planning pathway

Category A - Single planning event between all relevant professionals and the family: 25

Category B - Planning coordinator creates plan with family and seeks professional input from relevant agencies: 22

Category C - Multiple staged planning event: 6

Category D - Other: 3
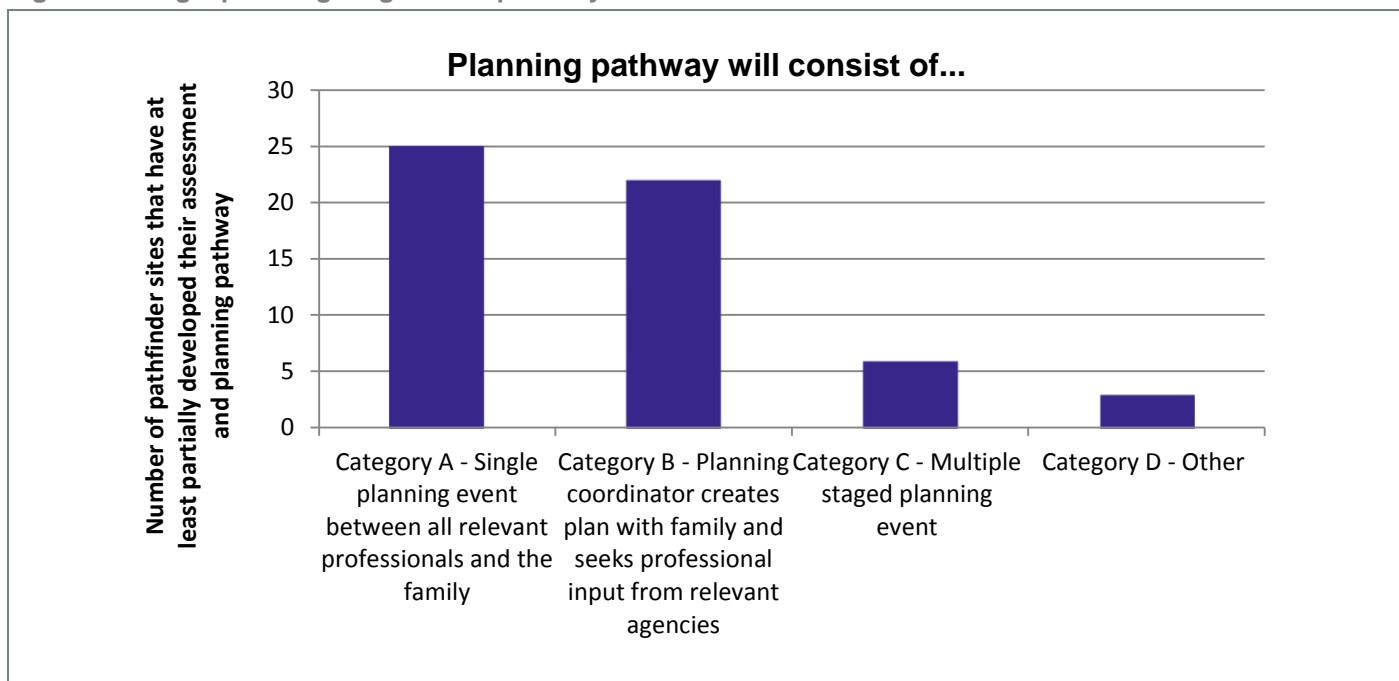
Discussions with several of the pathfinder areas indicated that they aimed to deliver multi-agency and outcome-based action planning. That is, a series of actions and support activities were to be holistically developed with input from all required services. Each action would in theory be linked to the achievement of one or more of a set of identified outcomes, assigned to one or more agencies to deliver and be measurable to ensure effectiveness could be assessed. However, although areas had set out relatively clear intentions, most recognised a number of challenges in achieving this approach, as they had little or no experience of working in this way.

Despite the perceived challenges, all ten of the case study areas had trialled or were in the process of trialling single planning at the point of the final case study visit (February 2013). All stakeholders and key workers consulted commented that this had been a valuable process which had resulted in several positive outcomes. This included a general feeling that the 'ethos' of the process was changing and as a result was bringing about the required movement:

- **From a professional led to a more family-centred approach** – where families were reported to have an increased voice and more influence

- **Towards the use of an outcomes-based approach** – although many areas experienced difficulties in defining outcomes within the EHCPs due to a lack of experience in working in this way

- **Towards improved multi-agency working and holistic planning** – again although many areas had not fully addressed all the challenges associated with drawing together diverse sets of professionals to create a single cohesive plan, all had begun to make progress in

bringing together professionals to work together. All of the key workers that had worked directly with the families supported this direction of travel

- **Of combining several plans to a single plan**.

Several different models of planning were trialled in the case study areas, as illustrated in the adjacent box. These follow on from the spectrum of approaches illustrated above in the *coordinated review* section with the first providing an example of the meeting statutory requirements approach, whilst the third provides an example of the meeting the family requirements approach. The main differences between the models appeared to be:

- The extent to which and the way families were involved

- The way multi-agency working took place

Different models of planning trialled in the case study areas included:

1. Draft plan developed by the key worker/coordinator following family engagement and coordinated assessment/review stage

   - Either in consultation with other agencies and then passed to the family for feedback

   - OR developed and then passed to the family and other agencies for feedback

2. Use of a TAF approach to bring the family and all relevant professionals together to define and agree a plan

3. Bi-lateral planning between the family and the key worker/coordinator, and where possible the keyworker/coordinator and other agencies

- And as a result of the first two, the sequencing of decision making used to reach a point where the key worker and family were happy with the content of the plan.

Looking specifically at the first of these, the extent to which and way in which families were involved in planning (and each stage of the new pathway) appeared to differ considerably across the areas. That is, some areas appeared to have fully embraced a family-led process which ensured families were present and involved in most, if not all meetings. Conversely, others had developed a process that sought to meet the relevant statutory requirements and as such relied more heavily on professional judgement, and included varying levels of opportunity for families to express their views and influence the process. The effectiveness of these two extreme examples was unclear and therefore it remained to be seen whether both have a part to play in any new system. However, it is likely that areas will need to offer families a choice of how much they would like to be involved in their assessment/planning process to ensure they are inclusive and accessible to all families.

All areas experienced a range of different challenges and recognised that their first cohort of plans did not necessarily represent the ideal, as the plans produced ranged in quality. The most common reasons provided for the wide variation in the quality of plans are listed in Figure 28.

Figure 28 Challenges experienced during the single planning stage

Challenge	Reason
Multi agency involvement limited in a number of cases leading to the development of several incomplete plans	• Areas had often focused on gaining buy-in from strategic and operational staff, but had failed to engage service managers that would act as the gatekeepers for improved multi-agency working • Engagement from operational health and often social care was limited as professionals felt that the EHCP and surrounding process had not been made relevant to them and therefore would not be able to replace the assessment and planning processes they were currently using – they therefore often struggled to understand the benefits of getting involved • Where health professionals did engage, they were often reported to have preferred providing written inputs as opposed to attending multi-agency meetings/participating in bi-lateral discussions, but non-health key workers found this written material difficult to interpret
Outcomes often poorly defined as a result of lack of understanding and experience of using this type of approach	• The skills required to undertake the key worker role effectively were underestimated and off-the-shelf key worker training did not provide sufficient coverage of how to develop outcomes • Families had little experience of developing outcomes and were therefore unable to steer the key worker
Absence in many cases of linkages between the identified needs, outcomes and actions	• Most key workers and families had little or no experience of working in this way and therefore struggled to make the relevant linkages between the different stages of the process
Key workers/coordinators were unclear of the degree of freedom within which they could plan	• Key workers were often unsure of what resources and provision were available from other agencies and therefore found it difficult to either provide suggestions during the planning stage or challenge suggestions made by families – led to limited changes being made relative to existing care packages and more of a focus on addressing relatively minor issues, such as improving relationships between services and families
TAF meetings were often complex and lengthy	• Key workers often lacked the experience to effectively facilitate meetings and in some cases TAF meetings were reported to have included too many professionals, which had created a more complex dynamic and lengthened meetings
Limited engagement from children and young people in a number of cases	• Engagement tended to favour parent carers and often did not include much if any involvement from the child or young person
Quality assurance/review process of plans had not been sufficiently developed	• Many areas did not have robust quality assurance processes in place to review completed EHCPs, which made it difficult to systematically review plans to ensure they were consistent and of sufficient quality

Source: SQW

The majority of early plans did not result in significant changes being made to existing service packages. Instead, they addressed peripheral changes to mainly non-education related elements. The process also helped to resolve minor issues, which key workers reflected had been helpful and ensured that families felt they had been listened to (see the box below for examples). They added that many families with an existing SEN statement had specifically stated that they did not want changes made to that element of their provision as many had 'fought hard' to receive the relevant services and did not want to jeopardise that offer in any way.

Examples provided by key workers to illustrate the benefits of minor problem solving:

1. A key worker described her experience of working with a family on low income that had been struggling to care for their child and had been paying for incontinence pads as they were unaware that they met the eligibility criteria to receive these free of charge. An assessment was subsequently undertaken and the family are now provided with this service and were reported to be 'delighted' with the outcome.

2. One Mum, was described as being 'enthused' through the EHCP process, which was felt to have energised her to start looking to the future to see how she could help to achieve independence for her 17 year old. The key worker went on to report that the young person had had a social care direct payment for some time but hadn't really used it as they were unaware of what they could do with it. The new process therefore enabled them to plan how to use the direct payment to support the achievement of their newly defined set of outcomes.

3. Another family described to their key worker that they had been on the local authority equipment waiting list for 18 months to access a wheelchair for their child, only to find that when they received the wheelchair it was too small and would only really be appropriate in the very short term. As part of the planning process, the key worker used their influence to make a professional enquiry to the equipment service, as the family felt they would not be listened to if they contacted the service directly, which resulted in them being listed as a priority to receive a replacement wheelchair.

4. The EHCP process helped to identify a pattern of behaviour for one young boy, which led him to regress over the summer holidays causing repeated problems at school during the autumn term. As a result it was agreed that he would be provided with support to access activities over the summer holidays to enable him to maintain his progression and keep him engaged. Feedback from the school in September 2012 subsequently showed that he had not regressed in the way that typically had happened and that he was much more settled coming back to school than in previous years.

The examples provided above illustrate the effectiveness of the initial problem solving approach that had been used for many cases involving families that were already in receipt of services. A smaller number of examples where wider changes had been delivered were also provided, some of which are illustrated in the box below. Areas reflected that over time as the new process became more embedded within existing structures and the offer was extended to new families, there was likely to be a shift towards larger changes being made leading to the development of

more diverse EHCPs. It may also be that by solving apparently minor issues the relationship between families and professionals improve and in time this may lead to further benefits, although these cannot be evidenced as yet.

Examples provided by key workers to illustrate wider changes in delivery:

1. A transition team in another area sought to support a set of four young adults all aged 20+ years and their families to develop an independent living solution for the group. The four young adults all attend a non-maintained independent specialist provider, whose Principal, alongside a nominated lead parent carer of the young adults, acted in a pivotal role in the EHCP process. All four young adults were receiving support funded through adult continuing health care (CHC) and tailored residential provision from the independent service provider which focused on the achievement of learning and life skills and was therefore not 'formal' education provision. The EHCP process was being used to develop a longer term solution for the group once they left the ISP at the age of 25 years. This had resulted in adult CHC committing to pool the funding receiving by the four young adults to enable the group to commission a tailored independent living setting and therefore avoid them being placed in a local authority residential setting. Professionals from housing, adult CHC and the transition team were therefore working with the families to develop a suitable solution.

2. Multi-agency planning identified that one family had been using two wheelchairs – one provided by health and the other by education – to support their child in the home and in school, as the family had no means of transferring one wheelchair from home to school. The EHCP process therefore enabled the two services to work together to provide a single wheelchair and appropriate transport of this to and from school.

3. One young man had been in private education, which had led there to be no local authority record for him. He was later referred to the local authority as a 'crisis case', as he had been in trouble with the law and his parents had stated that if he were not given a school residential placement, they would need to place him in care. The local authority therefore considered whether to use the SEN statementing process to support the family but felt that it would have been too procedural, inflexible and slow. They therefore invited the family to take part in the pathfinder, which enabled the team and family to look at issues in situ and place the young man with an independent provider. This placement avoided the young man having to serve a custodial sentence and professionals perceived the young man was doing reasonably well.

Although much of the initial planning appeared to be quite parent carer focused, a small number of areas reported that they had engaged children and young people effectively in the planning stage. This was done through:

- **Transition planning in school –** one area worked with a whole year group in one school and undertook a group planning exercise, which was felt to have been effective in allowing young people to develop their own profiles and benefit from the support of their peers

- **Planning in the school environment** - key workers in one area had worked with children and young people in their school setting to gather their views

- **Development of a child/young person's passport –** another area intended to develop a passport with children and young people which set out what they wanted to achieve and what was important to them.

Areas that had not yet achieved sufficient engagement of this group recognised the issue and were taking steps to address this in future.

The EHCP template

Evidence from the case studies illustrated that all areas had trialled the use of a single document combining both the results of the coordinated assessment/review and the plan. The plans were outcome as opposed to provision focused and were jointly owned in most cases by both the family and the relevant professionals (depending on the extent to which families and young people were involved in the planning process).

The move from multiple planning documents to a single plan/document had initiated a move towards:

- Families holding all their information in one place/document

- A reduction in the number of plans required

- Creation of stronger linkages between assessment/review and planning.

The majority of the case study areas had developed a formal template (or set of templates for different age groups) which were trialled with participating families. The remaining areas mapped out a skeleton set of headings which formed a framework against which reviews/plans were developed and learning from the pathfinder subsequently informed the development of a final template.

The starting point for each of the templates/skeletons varied across the areas. This included: the CAF in areas where this tool had been well embedded and therefore accepted across professional disciplines; existing joint action planning processes and associated templates; the early support programme; transition plans and the Learning for Living and Work Framework; and starting from scratch in cases where existing templates were felt to be flawed.

There were a number of commonalities between the templates, which included:

- **Key/basic information** - containing information about the child/young person and their family, and the services they were currently being supported by

- **A headline assessment/pen picture** – including an evidence-based picture of the strengths and dislikes (including the identification of needs) of the child/young person and their priorities

- **The identification of outcomes** – a table to record outcomes (both short and longer term) and means of measuring these

- **An action plan** – to show how each outcome would be achieved and which agency/service would be responsible for delivering each action

- **Appendices** – to include supporting information such as assessment evidence.

It is again too early to comment on whether a particular type of template proved to be more effective than others. However, it was evident that all areas were refining their templates as a result of their initial experiences.

Resourcing and sign off/approval of the EHCP

As the majority of case study areas selected to work with families that were already in receipt of services, they did not comprehensively consider how to resource their EHCPs as they worked within the confines of the existing packages and assumed any changes were cost neutral. Three areas did however make some progress in this area, as illustrated in the adjacent box.

A small number of additional areas also commented that they wanted to move towards the pooling of budgets across the three services. However, the pooling of budgets was likely to be challenging to achieve in many areas, especially across the local authority (education and social care) and health, as a result of a general tendency towards the protectionism of distinct budgets by individual agencies.

> Progress made developing a resourcing model
>
> 1. One area trialled the integration of resource allocation into their new process by developing an indicative budget based on an initial professionally drafted plan and had a Senior level panel to sign off resourcing for all plans
>
> 2. Another two areas had begun to cost their services in preparation for including a more comprehensive resourcing stage

Due to the time it had taken the case study areas to recruit and support families through the process, and the limited work around resourcing, there remained a number of points which had been important issues in the old system, which would need to be addressed:

- **How will the actions set out in the EHCP be assigned to agencies** and what happens in the event that any one agency does not agree to deliver a particular part of the plan – although areas intended to assign actions to agencies, most had not worked through the detail of how this would be done

- **How actions will be funded** – areas will need to develop a resourcing model that is aligned with the means by which accountability is defined, and which integrates the delivery of personal budgets

- **At which stage in the new process resourcing should be considered** - areas were still debating whether resourcing should be considered either pre or post the single planning stage, and how to effectively embed transparency into their resourcing model.

The sign-off or approval of plans had similarly not been fully resolved by the end of March 2013, and was something that many of the case study areas were intending to consider over the coming months. Short-term solutions for sign-off had been used to date and included: multi-agency panel sign off, linked to agencies as opposed to individuals to avoid issues of staff turnover; sign off by the pathfinder lead and manager; and sign-off undertaken during the planning TAF meeting as a consequence of senior management attending the meetings. The latter model had worked well during the trial but may be difficult to sustain over time as senior involvement in TAF meetings was unlikely to be scalable going forwards.

Looking ahead, several areas were considering how to develop a proportionate sign off process, which would be based on the risk and resource associated with each plan, and involve a mixture of low level sign off by key workers and their managers and higher level sign off by senior budget holders.

A further consequence of the limited consideration of both resourcing and sign off had been a lack of clarity about which professionals would be responsible for monitoring and ensuring the EHCPs were delivered. This issue was yet to be resolved in the majority of the case studies.

H. Coordination and delivery of the new process

As anticipated in previous reports, key working was viewed as a core part of the new approach. Six of the ten case study areas had chosen to split the key working function into distinct roles covering:

- Assessment and planning

- Assessment/planning and delivery of the plan

- Facilitator and independent support/advocate.

The number of areas that had split the role grew over time and many areas were considering splitting the role going forward, in recognition of the wide range of skills required including the capacity to: understand how to resource a plan; understand the relevant legal framework(s); work in an open and family centred manner; work across multi agencies and distil assessment information; facilitate; project manage; source information; and advocate.

One of the areas that had split its key working function had also selected to deliver both roles through the VCS as a means of also introducing independence into the process. However, the area also commented that they were likely to face financial challenges sustaining this resource beyond the funded pathfinder programme. Other areas had split the role by:

- Drawing in the PPS or PCF to the support/family advocate role

- Providing the key workers with administrative support, for example to gather, circulate and chase paperwork.

The chosen key workers came from a range of backgrounds including professionals, the VCS and parent carers. Looking forward there was some expectation that the role would increasingly be filled by the current SEN casework/assessment team. This was expected to be cost effective, with them focussing on developing paperwork and facilitating the plan. Support to families would probably sit with the PPS/PCF, although this raised resourcing issues which remained to be addressed.

The size of the key worker group varied considerably across the case study areas (between 2 to over 20 key workers). In the short term those with smaller numbers appear to have gained more consistency, but may face issues moving forwards around scaling up their approach. Those with larger initial numbers faced larger risks, training needs and consistency issues. However, the approach should be easier to roll out, assuming that the same people stay involved.

All areas had provided training for their key workers. However, it was generally reported that the training requirements and skill set had been underestimated at the outset. This had led to inadequate preparation and mismatched skill-sets. In other cases, professionals had declined training due to feeling that they already had the skills, although they later recognised this was not the case, especially given the breadth of issues covered by the pathfinder.

Some of these issues were reported to have impacted on the quality of the process and plans developed as key workers:

- **Lacked confidence** to work outside remit of their own agency and were uncertain how far they could commit other services to fund actions

- **Sought a more structured approach to planning** and the solutions that could be offered, than others had envisaged – they tended to focus on more traditional actions

- **Lacked an understanding of what an outcome was** and how to develop these, and instead would focus on activities to be delivered.

The issue around outcomes appeared widespread. It is a major challenge given the common acceptance that planning should be outcome focussed. Other issues which areas still needed to consider included the resourcing of key workers, with concerns that the model trialled in some places was too resource intensive to be used widely; and uncertainty about how long a key worker

would be assigned to a child or young person – just until the plan is agreed, up to a point of review or transition?

Summary

The development of a new assessment and planning process was a key activity for the pathfinders. They have generated much valuable learning. There had been clear progress in mapping out the assessment and plan pathway by the end of March 2013. Almost two thirds of areas had reached 'full implementation', although perhaps slightly surprisingly given the importance of this task, the other third only reported being at 'partial development'.

Most had developed a similar pathway, which included comparable stages and sequencing. All areas begun the new process with an initial family engagement stage, to formally introduce the pathfinder and begin the development of some form of family-based profile. The development of a profile was reported by key workers to have been a positive experience for families, as it: provided them with something to 'own' from the outset; tangibly illustrated that their views were being listened to; focused on the positives; and provided them with an opportunity to air any on-going problems.

Several of the case study areas also agreed that the provision of a single point of contact for the family from the outset of the process had been well received, especially those that had previously found themselves trying to coordinate multiple professionals.

However, there were also challenges. The first set of challenges, which could probably be viewed as 'teething' problems, appeared to relate to a lack of understanding and confidence on the part of some key workers to answer some of the more in-depth queries posed by families or to manage family expectations. The second set of challenges was more fundamental and included: insufficient involvement from children and young people in many cases; and considerable concern around the capacity of local areas to sustain and roll out this resource intensive introduction to the new process to all their target families.

The development and trialling of the single planning stage of the new process formed the main focus and priority of the majority of pathfinder areas, as this was perceived by stakeholders to be the point at which most change could be made. Looking across all pathfinder areas, the most commonly developed approaches included holding a single planning event attended by professionals and the family and the use of a planning coordinator to create a plan with the family, while seeking professional input from relevant agencies.

Across the case studies was a sense that the 'ethos' of the process was changing and as a result was bringing about the required movement to a more family-centred, outcomes-based, multi-agency approach. This ran through the different models which were tried, with variations in:

- The extent to which and the way families were involved

- The way multi-agency working took place

- And as a result of the first two, the sequencing of decision making used to reach a point where the key worker and family were happy with the content of the plan.

All of the case study areas had trialled the use of a single document combining both the results of the coordinated assessment/review and the plan, which had initiated a move towards families holding their own information and stronger linkages between assessment/review and planning.

Due to the time it had taken the case study areas to recruit and support families through the process, and the limited work around resourcing, there remained a number of points which would need to be addressed around the allocation of actions to different agencies, and the sign off and approval process.

As anticipated in previous reports, key working was viewed as a core part of the new approach. The number of areas that had split the role grew over time and many areas were considering splitting the role going forward, in recognition of the wide range of skills required. All areas had provided training for their key workers, although it was generally reported that the training requirements and skill set had been underestimated at the outset.

6: Setting up the pathfinder infrastructure – part II

KEY FINDINGS

- Areas had found it difficult to develop personal budgets. This reflected the complexities to be worked through in terms of how resources could be calculated and allocated, either for individual services or across all three.

- Information sharing had been achieved, but primarily through asking families to consent to share information. Few areas had progressed an IT based solution.

- Safeguarding had not been a major consideration of most pathfinders. As they were dealing with existing service users they thought that the issues had been covered previously. However, they recognised that more attention would be required in the future, including as part of key working training.

This chapter provides an account of the progress made in relation to the development of *personal budgets* and the development of *IT resources*. It also summarises progress made against the final theme of the CDF – *safeguarding and risk management (element K)*.

I. Development of personal budgets

Development of personal budgets remained at a formative stage across most areas (Figure 29). The majority of areas remained at either partial or early stage development in terms of the progress measures associated with personal budgets[17]. This finding reiterates the evidence detailed in the previous evaluation reports. It was also recognised by DfE, which put in place an accelerated learning group for personal budgets to support a sub-set of pathfinder areas to make progress in this area. The work of this group was still on-going at the point of drafting this report.

---

[17] Development and implementation of a resource and funding mechanism, support planning and development of a choice for PB funds.

Figure 29 Pathfinder area progress developing personal budgets by the end of March 2013
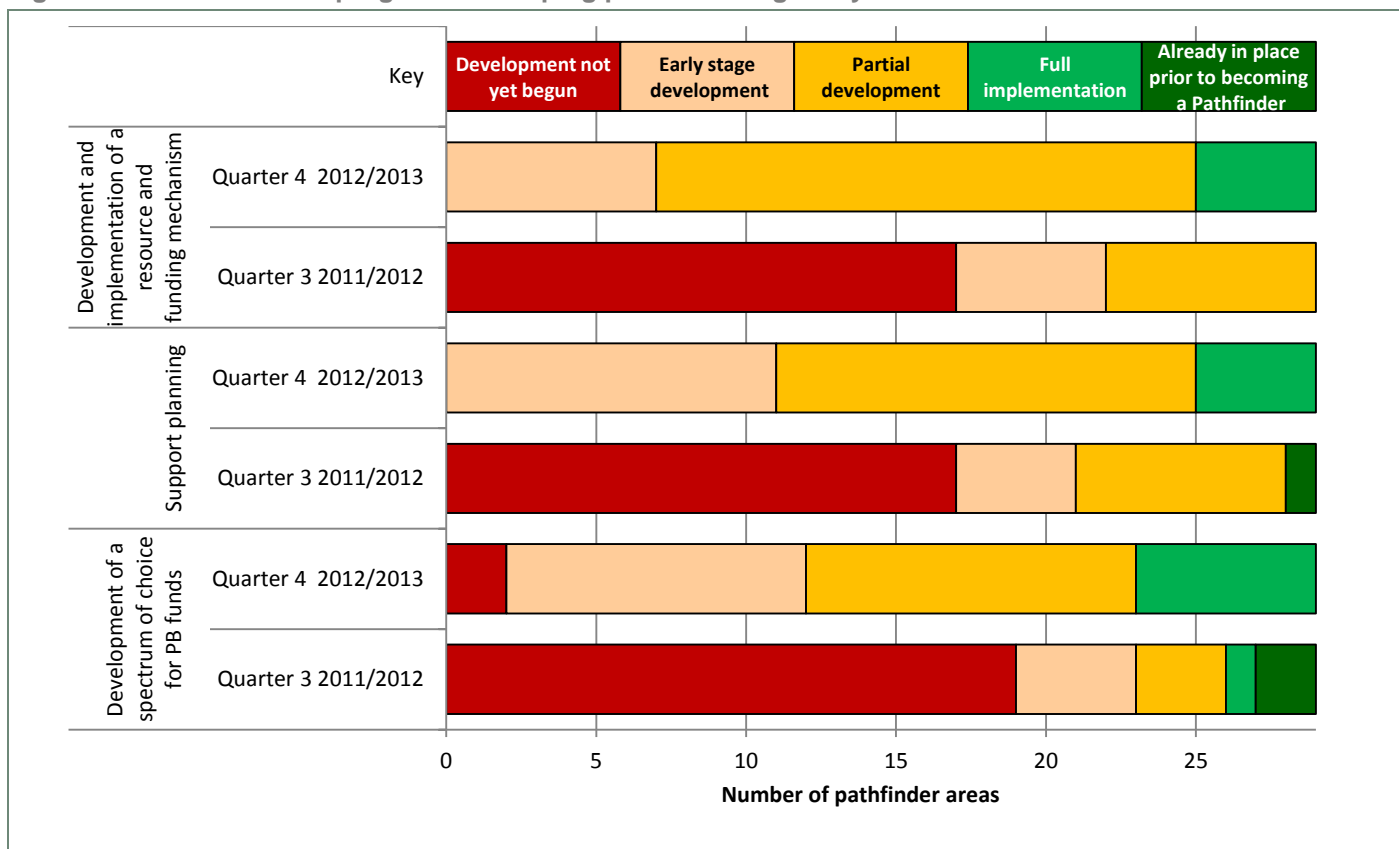
Progress across the case study areas was mixed, with only half of the areas having made tangible progress. The more advanced areas had either: started to build on pre-existing social care personal budget pilot activities; or had recognised that the development of personal budgets required external support due to lack of capacity or expertise in this area. They therefore commissioned resource from external organisations, that had run workshops to help inform both initial and on-going developments.

The more advanced areas had begun to trial either distinct or joint social care, health and SEN personal budget packages. In considering how to allocate resources:

- Two areas were undertaking a **comprehensive unit costing exercise across social care, health and SEN** to inform longer-term development of a resource allocation mechanism – but this was proving challenging as a number of services had not previously been costed on an individual basis, and therefore required complex work to be undertaken to disaggregate the fixed costs of the services such as overhead and management costs

- Another area was **developing a single multi-agency resource allocation mechanism** – this had involved tailoring a resource allocation system (RAS) that had been developed by another pathfinder area, and then undertaking a desktop exercise to compare the RAS scores with individually costed packages. Early feedback from this work had suggested a

good correlation between the RAS scores and the relevant social care provision, and to a lesser extent health provision, but correlation with education was poor

- Two additional areas were developing **distinct mechanisms for social care, SEN and health** – and at the time of the final visit were piloting both social care and continuing health care personal budgets.

Much of the work that had been undertaken to date had taken place within distinct personal budget work streams, with a unique set of families relative to the group participating in the new pathfinder process. This separation of activities had taken place as most areas felt it would be too difficult to align the two within the timescales of the pathfinder programme. They therefore intended to 'get their models of working right' and then embed them within the new pathfinder process. One notable exception to this included an area that had sought to develop indicative costs for their professionally drafted EHCPs, which were approved by a multi-agency panel, and subsequently discussed and refined with the family. This meant that both the key worker and family were aware of the indicative budget, which the area believed helped to introduce greater transparency to the process.

Additional challenges identified during the case study research included:

- **Difficulties understanding how to begin the development of personal budgets** – those areas that had made limited progress expressed concerns that they did not know where to start or which services should form part of a personal budget, which had led them to make slow progress

- **Challenges understanding which funding can and should be included in a personal budget and how to present the combination of the flexible and non-flexible funding to families –** areas remained unclear about which budgets could be disaggregated into a personal budget (especially health and SEN budgets) and which needed to remain as non-flexible funding that could be 'personalised' through the new process

- **Capacity of key workers to consistently cost EHCPs / use resource allocation tools –** areas raised concerns about the capacity of their key workers to consistently cost the EHCPs and therefore recognised that this would need to form part of the skillset required to undertake the role

- **A dichotomy between the means by which social care/health and SEN services were costed** – a number of areas discussed differences between the model used by which social care/some health services, which tended to allocate personal budget resources prior to planning; and SEN services, which tended to allocate resources at the end of the planning stage (i.e. based on provision). Areas needed to reconcile this difference in approach and work through whether they wished to provide an up-front indicative budget prior to the

planning stage, cost the plan once it had been developed or use a combination of these approaches

- **Concerns that the pathfinder timescales had limited the extent to which areas could move beyond the provision of notional personal budgets** – a number of areas voiced concerns that they had been unable to release service-specific budgets to facilitate direct payments prior to March 2013. Provision of notional budgets had therefore been the default position, which areas hoped would change over the subsequent 18 month period.

A detailed discussion of the progress made by the SEN direct payments pilot programme is set out in chapter 7. It highlights similar issues around understanding what is possible and the complexities of developing unit costs and resource allocation approaches.

J. Development of IT resources

Areas reported mixed progress in relation to the development of IT infrastructure and appropriate management information. Most progress was evident in areas that had been easier to achieve in the short term (see Figure 30). This included:

- Gaining family consent to share their information with other agencies (24 out of 29 areas reporting full implementation or already in place)

- Sharing of information between agencies (16 areas reporting full implementation or already in place)

- Development of inter-agency sharing protocols (14 areas reporting full implementation or already in place).

Progress with the development of appropriate management information and shared IT systems was more limited, as this was likely to take time. In many areas these issues had not been considered until the draft Bill and regulations had been published, as this was seen to confirm the direction of travel.

These findings were supported by evidence from the case studies, which showed that most had developed or already had in place means of gaining family consent to share information across agencies and inter-agency information sharing protocols. Similarly, although some were considering how they might develop their IT systems over the longer-term (beyond the lifetime of the funded pathfinder programme), all of the areas intended to rely on secure email and/or paper copies of information for the purposes of the pathfinder. Areas did not feel that the small scale nature of the pathfinder warranted the level of investment that would be required to re-develop IT systems and some felt that a national solution should be developed to address this issue (although there is no commitment to do so).

One area had made progress in relation to developing a shared IT solution through partnership working with an external IT supplier who was supporting them to develop a shared database that would house EHCPs in the future. This development formed part of a wider transformation of the area's children's social care database and had resulted in a prototype of the new system, which was capable of following the family journey throughout the new pathfinder process. Although it would take time for the new database to be build, tested and made live, the area felt positive that this solution would support multi-agency working and the monitoring of the delivery of the EHCPs over the longer term.

Other areas commented that the integration of the education and social care databases was likely to be achievable as both systems were held and managed by the local authority. However, concerns were raised about how to integrate health information into a shared system, given the complex safeguarding and security protocols that govern this data.

Figure 30 Pathfinder area progress developing IT resources by the end of March 2013
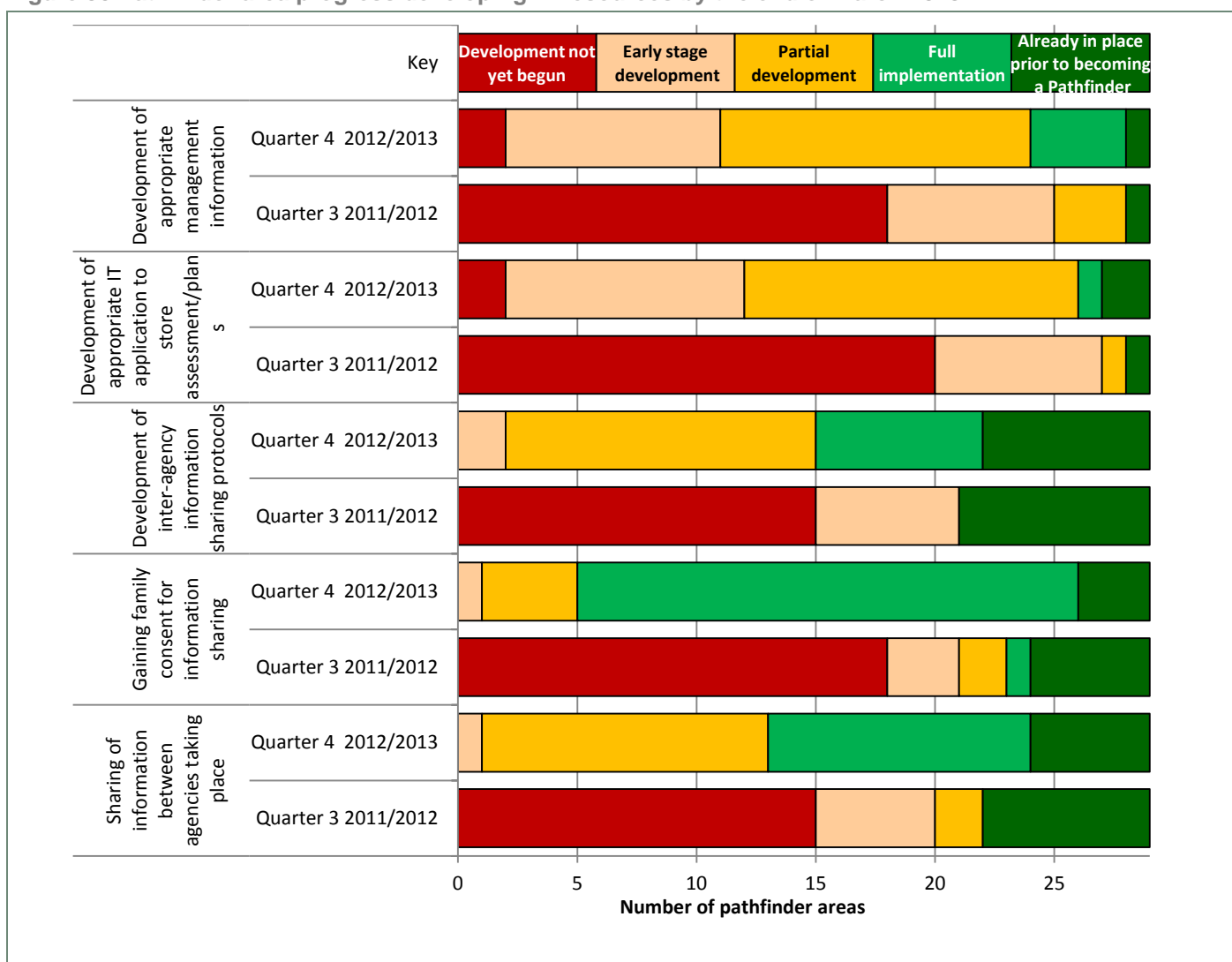
K. Safeguarding and risk management

Evidence from the case studies illustrated that most areas had had minimal discussions about safeguarding. As they were often working with existing service users and they thought that safeguarding procedures were already in place. However, there was a growing recognition that the safeguarding procedures of the separate agencies – health, education and social care – would need to be brought together over the longer term to develop a common approach to safeguarding.

Areas also commented that future key working training would need to include safeguarding and risk management, to ensure that all professionals working in this capacity followed the appropriate protocols. This would ensure that all key workers took a collective responsibility to deliver the duty of care.

Figure 31 presents the self-reported progress that had been made across the pathfinder areas, which illustrates a similar picture to that reported by the case studies.

Figure 31 Pathfinder area progress relating to safeguarding and risk management by the end of March 2013
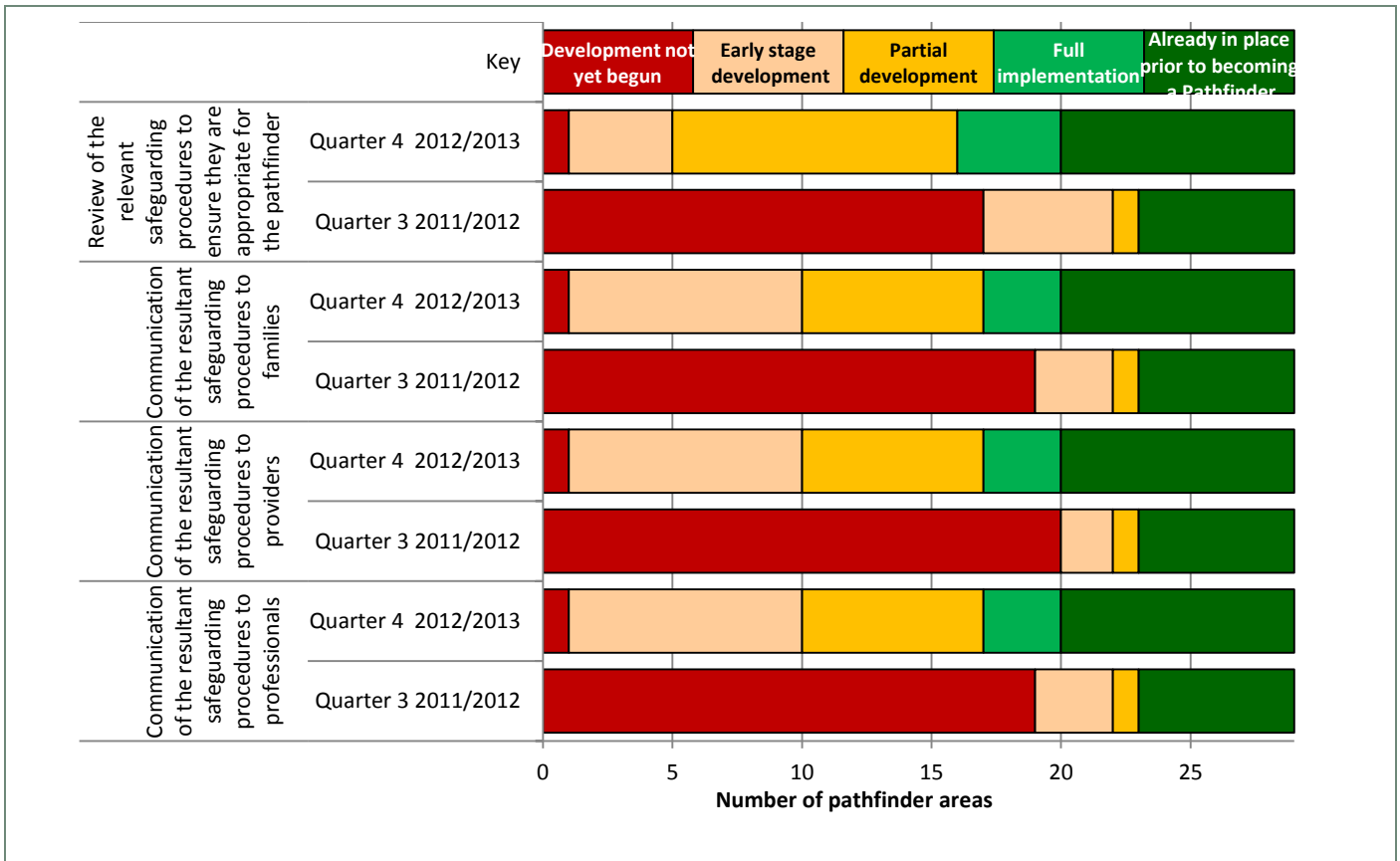
N=29 responses

Source: Pathfinder monitoring returns

Summary

Overall there was less progress in these areas of the CDF. Areas had found it difficult to develop personal budgets. This reflected capacity issues, but more significantly the complexities to be worked through in terms of how resources could be calculated and allocated, either for individual services or across all three.

Information sharing had been achieved, but primarily through asking families to consent to share information. Few areas had progressed an IT based solution and many appeared not to be considering this for the future.

Safeguarding had not been a major consideration of most pathfinders. As they were dealing with existing service users they thought that the issues had been covered. However, they recognised that more attention would be required in the future, including as part of key working training.

7: Feedback on the pathfinder support team

KEY FINDINGS

- The effectiveness of the Pathfinder Support Team (PST) was reported to have grown over time. Three quarters of the pathfinders reported that it was fairly or very important to their success.

- The PST was seen to organise useful events and to act as a useful conduit between the Pathfinders and DfE.

This chapter reflects on the performance of the pathfinder support team (PST) over the 18 month pathfinder programme. It is informed by feedback from the first and last monitoring submissions[18] to provide a snapshot of pathfinder area views, in addition to qualitative feedback from case study areas.

Overall quality and importance of support

There has been an improvement in perceptions of the quality of support provided by the PST over the last 18 months (illustrated in Figure 32). A number of areas felt that delivery by the PST had started slowly, with delivery of tailored support packages beginning in January 2012 and events from February 2012, once the pathfinder areas had already begun to develop their governance and processes. However, since then the support was felt to have ramped up, and by March 2013 23 out of the 29 areas perceived the support to be good (with over half viewing it as very good), while only one area felt the overall quality of the support was fairly poor.

Figure 32 Pathfinder area perceptions of the overall quality of support provided by the PST
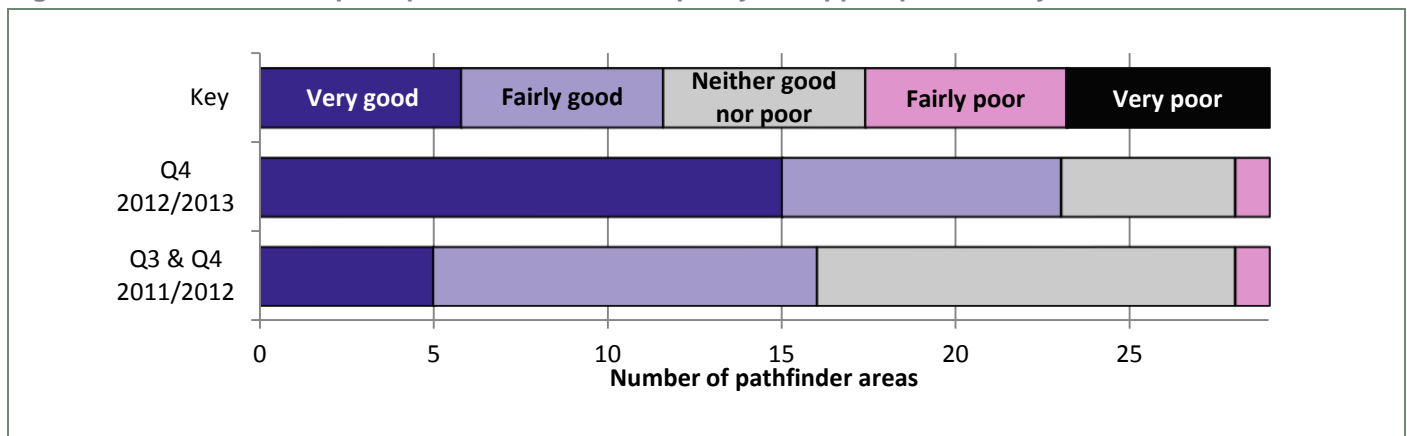
N=29 responses

Source: Pathfinder monitoring returns

Perceptions of the importance of the role also improved over the course of the pathfinder to date; perhaps as areas experienced first-hand the benefits of the support (Figure 33). By March 2013 three quarters of areas (22 areas) perceived the support to be fairly or very important to the

---

[18] Quarter 3 & 4 2011/12 and quarter 4 2012/13

success of the pathfinder – compared to 17 areas in quarters 3 and 4 of 2011/12. Indeed, the only area to view the support as 'not at all important' was the area that viewed the support as fairly poor; in part because they were unable to identify anything specific that the PST could assist them with.

Figure 33 Pathfinder area perceptions of the importance of the support from the PST to the success of the pathfinder
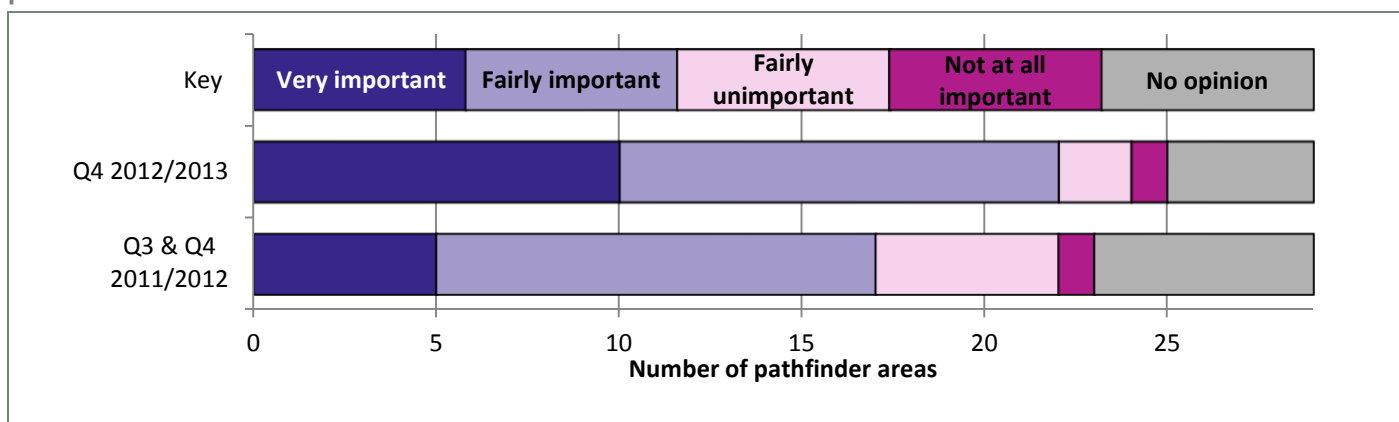
Pathfinder support

Sharing of learning from other pathfinders, felt by some to be limited at the start of the pathfinder (perhaps because there was limited information to share during start up) has become a key strength of the support. The support team was reported by one area to have become *"an effective conduit for information sharing."* The PST facilitated this sharing of information through:

- **Workshops/Action Learning Networks** – The vast majority of pathfinder areas that attended pathfinder support events were satisfied with them (all attendees of action learning networks and regional events reported being satisfied or very satisfied in March 2013 along with all bar two of those that attended national events). One area noted that the events were particularly productive now that areas were further along in their learning, although another felt that it would have been helpful to focus discussions around actual issues and solutions rather than using the sessions as a more open forum for information sharing. Regular travel to London for workshops was raised as a concern by one area, where the respondent suggested that webinars or virtual meetings could be helpful as an alternative

- **Support setting up and facilitating regional events** – This support was provided to a number of areas as part of their tailored support packages and was felt to have been useful in terms of gaining feedback, developing processes and sharing information. One area reported that the PST had arranged for speakers from DfE and the Department of Health to attend and present at their events – raising the profile of their regional events and prompting interesting discussions about the policy agenda

- **Their website** – Perceptions of the PST website, particularly in terms of the volume of information available, improved over the course of the pathfinder (as illustrated in Figure 34). By March 2013 more areas had used the website and a smaller number were dissatisfied with it. However, some still felt that the website was not fulfilling its potential in terms of providing links to activities across different pathfinder areas.

Figure 34 Pathfinder area satisfaction with the PST website
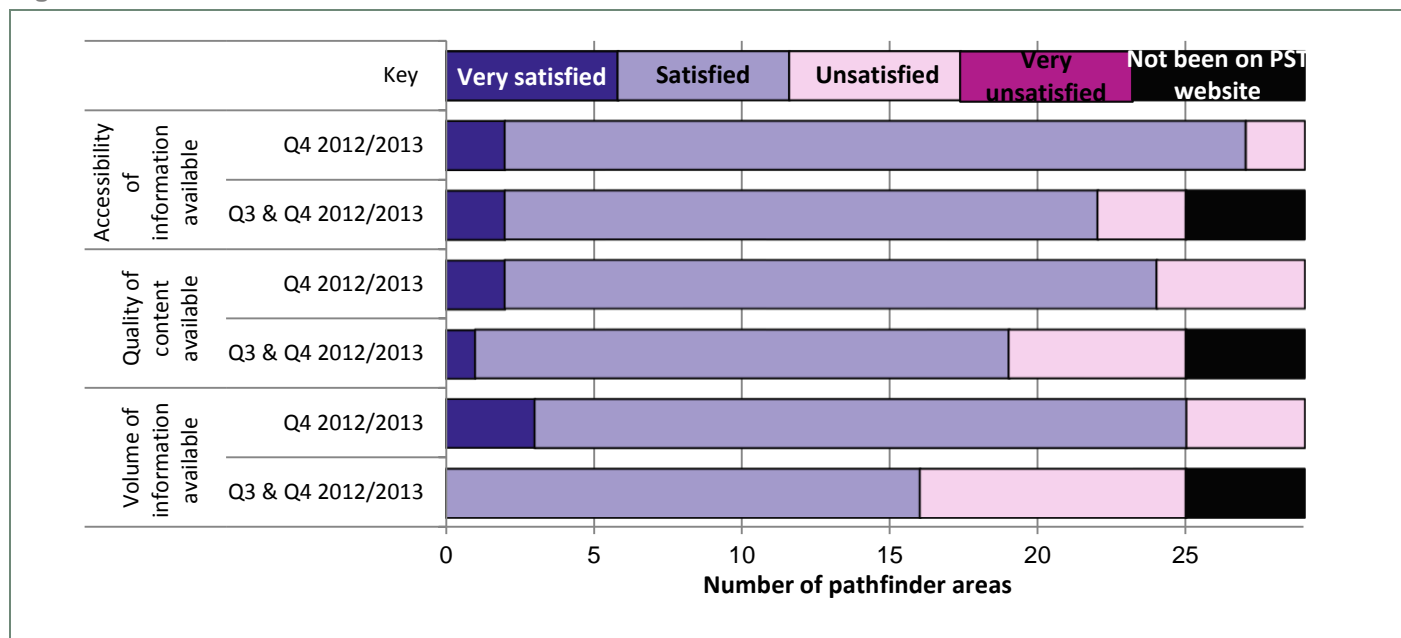
Six areas also commented that the PST had been helpful in terms of planning and making a case for the next phase of support, and one commented on how well the PST had facilitated links between them and DfE.

Feedback from areas suggests that the bespoke one-to-one support had been important to many of the areas, in terms of its responsiveness and flexibility (although some felt that the support could have been more proactive). A key factor in the perceived success of pathfinder support appears to have been the relationship between the PST and pathfinder area leads. This seems to have worked particularly well in areas where the PST lead *"got stuck in"*, providing constructive support and challenge and taking on the role of a *"critical friend"* and *"sounding board"*.

Summary

The effectiveness of the PST was reported to have grown over time. It was seen to organise useful events and to act as a useful conduit between the pathfinders and DfE. As a result perceptions of the importance of the PST had also risen, with three quarters of the areas reporting the support to be fairly or very important to their success.

8: SEN direct payments

KEY FINDINGS

- Across the 14 SEN direct payments pilot sites a total of 290 SEN Direct Payments had been approved.

- Over 270 of these cases covered Home to School Personal Transport. The others were supporting individual complex cases, and one area was providing seven DPs for early years nursery funding.

- The limited take up was driven largely by the challenges and complexities experienced by pilot sites in the design and implementation of the SEN direct payments offer, as well as by apparently low demand from families.

- The main challenges have been around identifying budgets and funding streams (with personal transport budgets the easiest to disaggregate).

- There was an appetite among parents to be involved in the decision making around support for their child, and have choice and control. It was not the direct payment itself that mattered, but the personalisation process that attracted parents to the pilot.

- Engagement with providers has been limited to those that have had direct links with the targeted families and children, and mainly involved schools.

- SEN direct payments had prompted a new way of working with schools, many of which did not have much experience of personalisation activities.

The SEND Green Paper made a commitment to *"test how the scope of direct payments might be increased to include funding streams from education and health"*. This led to the creation of a new power in the Education Act 1996 to establish a set of pilots by order to test the making of direct payments for those education services that are covered by:

- The special education provision specified in a SEN statement
- Provision identified in a Section 139A Learning and Skills Act 2000 Assessment
- Transport (or anything else that may be subject to arrangements under specified sections of the 1996 Education Act).

The legislation covered all SEND pathfinder local authorities as well as the five local authorities that had previously participated in the individual budgets (IBs) for families with disabled children pilot but are not part of the wider SEND pathfinder (SEN DP only areas).

This chapter provides a summary of findings from a series of visits to, and contact with 14 case study areas between August 2012 and February 2013, supplemented by data from pathfinder monitoring returns. The focus was on their thinking around developing an SEN direct payments (DPs) offer, including identifying target groups and budgets, engaging with providers and families

in the process, and delivering direct payments. Where target groups were established and funding streams were identified, the purpose was to understand: which families were being offered an SEN direct payment, from which budgets; how families had reacted to the offer, whether they had taken it up, and their perspectives on the process; the nature of engagement with providers; and challenges and successes in delivering the pilot.

At the outset, it was agreed that case studies would include the five IB sites, a mix of the SEND pathfinder case study sites and additional SEND pathfinder sites.[19] During the scoping exercise, all sites were asked about their intentions towards SEN direct payments and whether or not they would be willing to participate in the case study research. Following the scoping exercise, discussions were held with DfE and the support team to select a group of case study sites. The selection aimed to include a balance of geographies, target groups and the budgets that are intended to be offered as direct payments. The list of case studies were: Coventry, Derbyshire, Essex, Gloucestershire, Newcastle, East Sussex, Manchester, Northamptonshire, Southampton, Bexley, Brighton and Hove, Oldham, Trafford and Wiltshire.

The structure of the chapter is as follows:

- Target groups and budgets
- Offering SEN direct payments to individual cases
- The nature and effectiveness of engagement activities with families and demand for SEN direct payments
- The nature and effectiveness of engagement with providers
- The SEN direct payments processes that are being adopted
- A commentary on future plans and pilots going forward
- Conclusions and key messages.

Target groups and budgets

During the initial stages of the pilot, many case study areas had not decided whether to offer SEN direct payments to particular groups of children and young people, or to identify specific funding streams. However, by summer-autumn 2012, a majority of the sites had narrowed their focus on a small number of specific groups and budgets (see Figure 35), the most common being school aged children, notably those that are eligible for home to school transport. This was largely because this funding stream was perceived to be relatively straight forward to disaggregate to an individual level (as had already been demonstrated by one case study area), and local authority provision for home to school transport was often viewed by parents as inflexible. It therefore provided an opportunity to allowing families to have more choice and control to meet their childrens' needs.

---

[19] The inclusion of additional case studies was to ensure that interesting practice could be picked up, as the original selection of SEND Pathfinder case studies took place before the Direct Payments Order and so intentions around it were not part of the initial selection process.

Several areas also decided to target individual cases, especially where children had complex needs, there was an issue about their current package of support and it was hoped that more personalised packages using SEN direct payments would resolve issues. More detail on this is provided in the following section.

Figure 35 Target groups and budgets in case study areas

Target group	Details
School age students (including post 16 students who remain at school)	Nine of the fourteen case study areas had chosen to offer direct payments for home to school transport support.
	In one area, a school was planning to use part of its budget which is allocated for work experience to offer SEN direct payments to parents.
	One area chose to work with volunteering schools and families to re-work and personalise provision creatively to meet the needs of their secondary-aged children, rather than offer direct payments to parents.
	A further three areas had begun exploring the possibility of using High Needs Block funding to offer direct payments to families. One of these areas was exploring the possibility of using this funding to pay for alternative education provision. The second will offer a SEN PB (potentially with a SEN DP element) to all pathfinder families that can be funded from the high level needs block. The third area was still at a very exploratory stage with this funding stream and could not yet provide further details.
Early years	Three areas were looking at offering direct payments to families receiving early years support. One area had offered a designated nursery budget, for SEN pupils without statements, that can be used to purchase specialist resources, including staffing and equipment. Another area will use their early years and inclusion grants to help children aged 0-5 years to access pre-school. The third area will offer SEN direct payments to all new families identified as requiring additional support using early years funding which is offered at or around a funded setting and tailored to the child's need.
Transition groups	One site had focused on pupils making the transition from school to college, where funding from the Education Funding Agency was used to pay a distance learning provider for a young person receiving home learning and wishing to continue in further education.
	Two sites had focused on pupils making the transition from pre-school to primary school but essentially using SEN budgets to offer personalised packages of support.
Individual cases	Eight areas were targeting a small number of families on an individual basis (these are discussed more fully in the next section).

Source: SQW case study consultations

With the exception of transport, which was seen to be relatively straightforward and based largely on mileage costs, areas found it challenging to disaggregate budgets for possible inclusion in SEN direct payment offers. They cited:

- **Funding tied up in block contracts** or that supported a number of young people was proving challenging to separate out, and local authorities were reluctant to double fund provision or put existing services at risk

- **A lack of information about the market rates** for different services was making it difficult for local authorities to establish unit costs

- **The need to negotiate with different budget holders**. Understanding how to access a variety of funding streams, some of which were not held by the local authority, was time consuming for staff and added to the complexity of the SEN direct payments arrangements.

More generally, SEN budgets were difficult to disaggregate. For example, areas struggled to allocate overheads in an education setting and there were difficulties in treating unused buildings or equipment. The lack of precedence in this field was seen to be a particular challenge and one or two sites anticipated that SEN direct payments across many of the sites may expand further if a few sites are able to show evidence that it had worked well for particular beneficiary groups (as has happened with transport). Even in cases when education funding could be accessed, it involved the use of SEN budgets otherwise unused as a result of a young person being excluded or not attending school. There was some optimism, however, amongst areas that from April 2013, the top up element of the high needs funding block could be potentially used by local authorities to offer as direct payments to families.

Individual cases

A majority of the case study areas had decided to target individual cases as part of their SEN direct payment pilot offer, partly owing to the difficulties in identifying and disaggregating funding streams that could be allocated across whole populations of target groups. These cases generally involved children with complex needs and instances where families were not satisfied with the volume and/or nature of other support they were currently receiving. A direct payment (or a personalised package/personal budget) was seen to offer greater flexibility to identify an individual solution. Other individual cases were simply those families who were taking part in the wider pathfinder.

Examples of packages that had been developed for individual cases are provided in Figure 36, with further cases included in a longer version of the table in Annex C.

Consultations with pilot project managers and stakeholders during case study visits indicated that parents/carers were often more interested in the personalisation of service provision, and less concerned about whether they had responsibility for managing the payment of the support through a direct payment. On a few occasions, SEN direct payment offers had been developed and made to families but they had opted to receive the support directly from the local authority or through a

third party provider, without taking up the option of a SEN direct payment. Professionals reported that families had chosen this option because they:

- Perceived the management of budgets, and especially employing personal or teaching assistants as complicated, and therefore

- Felt more comfortable having the money managed by the local authority or a third party rather than managing it themselves, or

- Viewed it as a less stressful/time consuming option.

Figure 36 below also includes examples of personal budgets packages targeted at individual cases where a personal budget was offered as a direct payment but was not taken up by the parent carer in question.

Figure 36 Personal budget packages targeted at individual cases where a direct payment was not taken up

Young person	Issue	Current status
A young person with profound multiple learning difficulties	The young person was not at school and the SEN budget was therefore unused. The council was keen that they re-engage with learning and so negotiated with the young person's school (a special school) to use their SEN budget to support home schooling by employing a teacher and having their learning supervised.	Personal budget due to start over Easter
A young person with complex learning needs	The parent wished to remove their child from their existing setting and take control of their support. Funding was provided for access to an independent local provider to provide alternative behaviour therapy. The child also got speech therapy, funded through health.	Family is in receipt of SEN DP
A 16 year old with chronic fatigue syndrome	The young person was receiving a home learning programme and was coming to the end of their statutory schooling period and wished to continue into FE, but could not find an appropriate college to attend given their condition. The local authority identified an FE college to act as a conduit for the funding from Education Funding Agency to pay a distance learning provider (it held back some funds for administrative costs).	Personal budget since September 2012

Young person	Issue	Current status
A young person of school age	The young person wanted to undertake work based learning but the most suitable provider was located outside the local authority. The young person now receives a package of support that includes a combination of days at school and days at a work based learning course. The personal budget pays for the costs of the course and for the additional associated travel.	Personal budget
A young person with a statement receiving support for Behavioural, Emotional and Social Difficulties	The parents worked with a therapist outside of school and put forward evidence of additional needs outside of Section 3 of the statement. When the parents wanted their own therapist, the school was not supportive as it thought it would duplicate their provision. A solution was developed whereby the family now receives a SEN direct payment to cover the costs of additional therapy outside of school hours.	Family is currently in receipt of the SEN DP
A 16 year old with severe autism	The young person was not attending school and the school recommended to the family that they access residential education instead. The family then made a request to the local authority for a residential placement. The local authority was keen to find a local, community based solution and so negotiated with the school to disaggregate part of their budget so that, in conjunction with social care funding, he would be able to access a team of trained Personal Assistants (PAs) and a specialist teacher.	The education and social care elements are direct payments.
A four year old child with complex health needs requiring constant ventilation	There was uncertainty around what support would be required to enable to child to attend school. A discussion led to the education department making an SEN direct payment of £750 to enable the family to purchase a piece of equipment to support the child to communicate at school.	Family is currently in receipt of the SEN DP
A young person of college age that is wheelchair dependent	The young person was struggling with getting to college without being accompanied and was attending an average of one day per week. Although the young person had a PA, this was only related to the time they were at school. The education department within the local authority agreed that they would provide additional funding for a PA so that it also covered time involved in supporting the young person to get to and from the school. The young person is now attending 4 days per week.	Family is currently in receipt of the SEN DP
A young person on the autistic spectrum	The young person was in school but struggling, disengaged with learning and at risk of exclusion. Those involved in the case felt that a building-based education was no longer appropriate. It was agreed that the young person could have funding for equine therapy sessions to help re-engage them and achieve learning and employment related outcomes.	Family is currently in receipt of the SEN DP

Source: SQW case study discussions

In a minority of cases, personal budgets/direct payments tended to be offered as a result of tribunal decisions, for example where a ruling may have been made in favour of a family seeking additional or different support for their child not previously provided. In one example, parents had requested occupational, speech and language therapy that had been initially turned down by the local health authority as the child did not meet the necessary criteria for accessing these services. The tribunals subsequently disagreed. In another example, where the parent had withdrawn their child and was home educating, they disputed the volume of support offered by the local authority.

Personalised packages

In a small number of cases 'personalised packages' were being offered as an alternative to personal budgets or direct payments, and where no actual budgets were involved. In these instances, existing provision was simply re-designed rather than allocating resource or identifying funding streams. The purpose was to provide creative freedom within the boundaries of the existing system and offer innovative solutions in order to meet learning and wider outcomes for the young person.

Case study areas provided examples where the SEN direct payment pilot work had prompted discussions with families and providers that had led to existing service provision being adapted or additional services being provided without the use of a personal budget or an SEN direct payment. New plans had also been introduced based on the discussions. One area noted that the SEN direct payment pilot had helped the local authority to engage in these discussions with families and that, without it, it was unlikely that personalised approaches to these areas of education provision would have been developed. Figure 37 provides some examples of such approaches.

Figure 37 Examples of personalised approaches that have been developed without the use of a SEN direct payment or a personal budget

Young person	Issue	Solution
A young person with a life-limiting illness and short life expectancy	Educational outcomes were focused entirely on achieving qualifications that would not make a substantial difference given the young person's life expectancy, but that were causing them considerable stress.	Discussions between the family, school and local authority took place to tailor the young person's education outcomes around their life targets and abilities. There has been a successful shift in the school's approach, in which it has been accepted that education is essentially about building life opportunities, functional skills and a level of independence for the individual.
A young person with a serious skin disorder	The young person's skin complaint meant that she was unable to sit down for more than 30 minutes at a time. This was preventing her from participating fully in educational activity	The school worked with the young person to construct creative alternative approaches that will enable her to participate in classes that she would have otherwise missed. This included the use of Skype to access lessons remotely.

A young person with Asperger's Syndrome	The young person was regularly behaving disruptively at school and was at risk of being excluded. The young person was keen to get work experience but was too young for traditional work experience placements at the school.	A tailored work experience programme was arranged for the young person. As part of this, a contract of behaviour was established and signed to minimise his disruptive effect whilst in school and in return he was given time with local employers in real work situations. These employers could then advise him on which school subjects would be useful in their industry (in the hope that this would also improve his focus on the subjects, although it is too early to see if this will work in practice).
A five year old with Charge syndrome and hearing impairment	They had previously attended an early years special school and parents were keen for their child to attend a mainstream primary.	They were offered a personalised education transition from pre to primary school by trialling a single plan that involved their head teacher, parents, a deaf advisory teacher (who acts as the support worker) and the social care individual budgets pilot lead. The single planning process enabled the identification of the child's needs more holistically and involvement of all key parties. Although the provision was mainly funded by SEN, it was seen as an alternative to statementing, and involved some in-kind support from health, and use of flexible teaching assistants.

Source: SQW case study discussions

Overall scale of delivery

The scale of delivery of SEN direct payments in pilot sites has been relatively small; as of April 2013, a total of 290 SEN direct payments had been approved across all 14 case study areas. Among those areas with approved packages:

- Six areas were providing 273 SEN direct payments for home to school personal transport budgets (one area was responsible for a majority (133) of these)

- Three areas were providing 10 SEN direct payments for individual complex cases

- One area was providing 7 SEN direct payments for early years nursery funding.

As a result of the challenges faced by areas in identifying funding streams to be included, there has been some delay in commencing delivery of the pilot and getting families recruited. It was hoped that the Accelerated Learning Group established by DfE would increase this offering, but this was likely to occur after the data was collected for this report.

That said, areas did not expect numbers to go up significantly in the near future, partly because they continue to be in the process of operationalising direct payments where these have been approved for either individual families or for specific target budgets and age groups, and working

through the issues raised above. They had also planned to start small and test what works before refining and scaling up activity, especially where individual cases had been targeted.

Engagement activities with families and demand for SEN DPs

By April 2013, the monitoring data for all areas (not just case study ones) showed that over 490 families had been invited to participate in the SEN direct payment pilot. Figure 38 illustrates that a majority of the areas had tended to offer SEN direct payments to both pathfinder and non-pathfinder families.

Figure 38 Have you offered SEN DPs as part of the SEND pathfinder or to separate families?

Offered to	Numbers of area
Offered only to SEND pathfinder families	2
Offered only to non-SEND pathfinder families	0
Offered to both SEND pathfinder families and non-SEND pathfinders	10
Non responses	2

N=14. Source: Pathfinder monitoring returns

Areas had concentrated their initial efforts on undertaking a number of awareness raising activities with families using a variety of methods, most commonly through discussions, workshops and conferences, and events organised by providers, in conjunction with printed information such as leaflets and letters. Typically, initial expressions of interest from families would be followed up by phone calls and meetings to provide families with more information about the process and what it would mean for them.

Figure 39 Methods of engagement with families used by areas

Method	Number of areas
One to one discussions	11
Via the PCF	8
Pathfinder events	6
Other events	5
Leaflets	5
SEN DP specific events	4
Online information	4
Other	4

N=14. Source: Pathfinder monitoring returns

Case study consultations indicated that the most effective means of engagement in terms of getting families on board have been events that were specifically designed to take families through

the direct payments process (sometimes as part of the discussion around the single assessment and planning process) in forums that had involved schools, professionals and parents.

What attracted families to the notion of a direct payment (as reported largely by sites) was:

- The ability to look at alternatives if they were dissatisfied with the child's current package

- The opportunity to voice concerns and exercise choice in what could be offered as support, and greater involvement in decision making about their child's support needs

- The flexibility to develop personalised support in order that it better met the needs of the child and the family.

Families placed particular value on the opportunities that were offered to them to discuss their child's needs and develop an SEN support package. The extent to which the budget is managed by the family themselves (i.e. received as a SEN direct payment) or by a third party appeared to matter much less.

However, demand for, and take up of, SEN direct payments in general across all case study areas has been low; indicated by the relatively small numbers of SEN direct payments approved, and number of families recruited to date. There had only been one or two cases of families approaching the local authority about the prospect of a SEN direct payment, without having been directly invited to participate in the pilot activities. At the same time, a majority of families that had been invited to participate in the pilot had chosen not to do so as yet. This most likely reflected the limited offer that has been made and uncertainty from local authorities and families about what would be involved. Areas felt that families tended to perceive direct payments as a complex process and were put off by the prospects of having to review the existing support that their child was receiving, especially when they were satisfied with the current arrangements.

Figure 40 supports this argument: only around half of all case study areas reported that they had fully implemented their recruitment approach; and even during the last quarter of 2012/13, a majority reported that awareness raising was in partial development.

Figure 40 Raising awareness of SENDPs and recruitment of SENDPs with prospective families between Q1 2012/2013 and Q4 2012/13
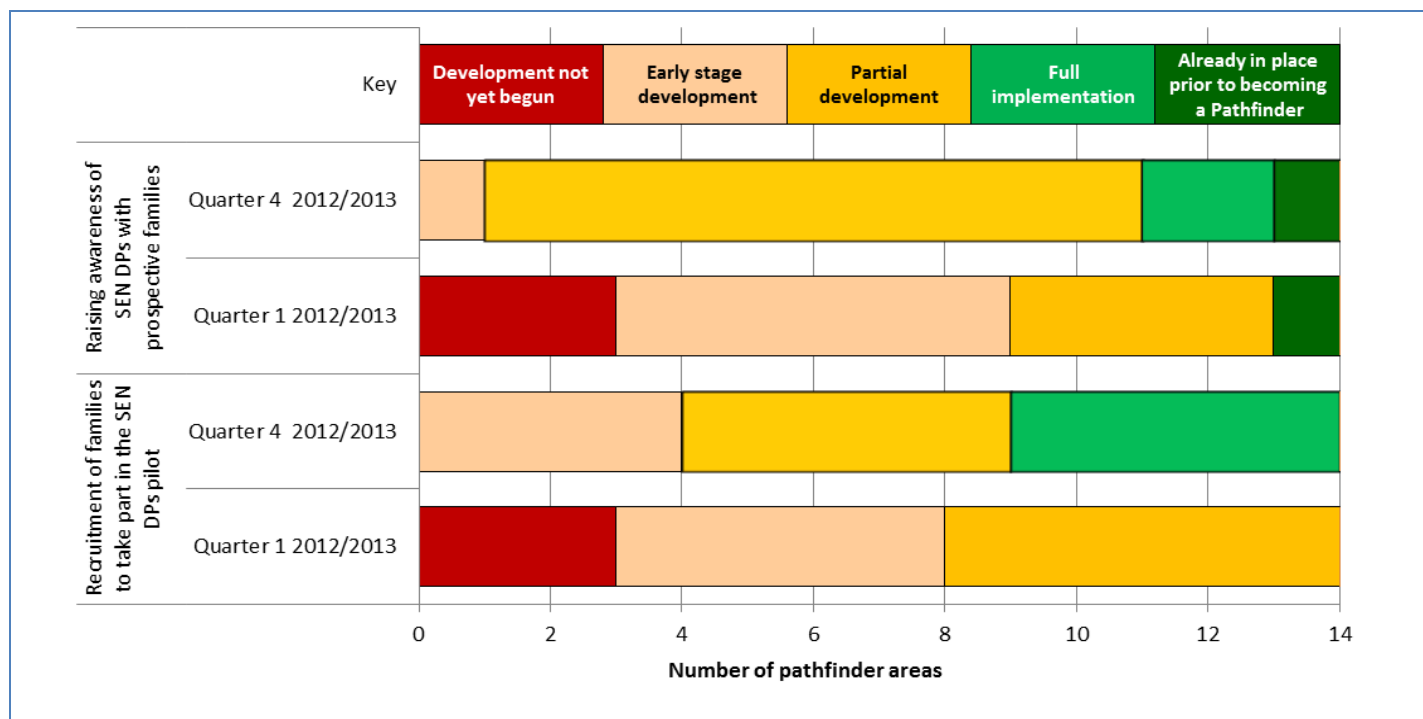
Professionals anticipated that demand from families was likely to remain low in the near future, with the majority of families not raising concerns about their existing service provision and thought to be unlikely to want to make substantial changes to their support. They also thought that in the current climate of reducing services, families may not want to open up a discussion for fear they might get less support than now. An assessment of responses from consultations with stakeholders and a small number of families indicate a number of reasons for low demand for SEN direct payments among families:

- **Satisfaction with the 'status quo'**, particularly education services and reluctance to interfere with the current provision

- **Keenness for choice and control but apprehension about managing funding and service provision**, including setting up bank accounts, employing and managing staff, and reclaiming expenses

- **Concern over taking responsibility for their child's care** - a few parents expressed the view that 'schools know best' and that they lacked the expertise and skills to be able to decide what educational support would be best for their child

- **A perception that this is a 'lot more work'** for them and potentially stressful

- **Potentially a low level of understanding and awareness** among parents with regard to direct payments

- **A lack of clarity** around how the money could be spent.

Engagement with providers

Engaging schools

Engagement with providers was limited to a few individual providers in most areas. It was primarily focused on engagement with schools, reflecting the emphasis of pilot activities in this age group. It included a mixture of special and mainstream schools, and often those schools where targeted children were on the roll. Methods of engagement included inviting schools to information events around personalisation and SEN direct payments, as well as approaching individual schools on a case by case basis to see if they would be interested in piloting SEN direct payments.

Some case study areas noted that there was unease amongst schools with regard to SEN direct payments. This was largely as a result of the lack of understanding and awareness of what the pilot would entail, driven to some extent by their lack of experience with personalisation. Specific concerns raised by schools included the potential impact of SEN direct payments alongside school funding reforms, the time commitment needed school staff in engaging with the pilot, managing expectations of families and dealing with safeguarding issues.

Some schools were reluctant to give up control of their budgets and had unrealistic ideas about what the pilot could offer (additional funding when the intention was to simply use existing provision creatively). There was little incentive for schools to participate in the pilot, and participation was viewed as being resource intensive. One site recognised these concerns and provided participating schools with a £5,000 grant to cover set up and infrastructure costs. The funding potentially incentivised schools to work with the pilot.

One case study area noted an observable difference in the reaction of special schools and mainstream schools to the idea of the SEN direct payment pilot. They found that special schools tended to already have a history of creative, personalised budgeting and, while agreeing with the concept, they found it harder to see what additional function the pilot was serving. In contrast, for mainstream schools, SEN direct payments were seen to mark a radical change in the way provision was viewed, and the opportunities to offer creative and personalised solutions.

To address concerns over budgets, in one area where schools volunteered to take part they worked on the basis of notional or virtual SEN budgets rather than real ones. This was seen to provide more flexibility to take risks in a pilot situation whilst retaining control of their funding.

The SEN direct payments pilot was seen as a useful tool for starting conversations with providers about personalisation more generally, and for encouraging providers to think creatively about their own offer for children with SEN. In some cases where the direct payments pilot was part of the wider pathfinder, it engaged schools in the single planning process and opened up communication between parents and schools.

It was also apparent that where SEN direct payments had been agreed they had not caused particular issues for providers. This had been a concern at the beginning of the programme. The lack of issues arising may reflect the nature of the individual cases that were addressed, with most activities focussed outside of the education setting where the initial issue had arisen and was being addressed through the personalised approach.

Engaging early years providers

Four areas had targeted children in early years in the pilot. Two of these areas had recruited early years providers (mainly special schools) to pilot SEN direct payments with children eligible for early years support. Another area had involved community nursery settings in the pilot and encouraged them to participate in a practitioners workshop. This workshop was set up due to concern amongst local authority staff that inconsistent advice was being given to providers and families, and to answer key questions from providers about the direct payments. The area is planning to draft written guidance/leaflets for early years providers based on these discussions which will cover:

- Clarity about what the money can be spent on

- A pro forma setting out for providers/parents what has been agreed in terms of the SEN DP package

- What the financial and reporting arrangements are – how often should the setting/parents send in receipts to the authority

- Advice about how to deal with potential conflicts between what the setting/practitioners think is in the best interests of the child, and what the parents want to spent the money on

- Issues arising from ownership of any equipment purchased by the parents.

In the fourth area, a SEN review was taking place within the local authority (considering the idea of devolving budgets to clusters of early years providers) and direct payments had been discussed with providers in this context. However, nothing further had been done to engage early years providers specifically with the SEN direct payment pilot.

Post-16 providers

Most areas had, as discussed above, focussed their efforts on young people of school age. Therefore, their engagement with post-16 providers had been limited. This engagement was likely to grow as the first cohort of plans were developed and those at transition highlighted which colleges they would wish to attend. In other case study areas, engagement was mainly done on an ad-hoc basis where they wanted to engage individual providers to pilot SEN direct payments with particular cases. More widely, NDTi are working with a set of pathfinders to develop their work

around colleges and employment, but in the case study areas this was still work in progress at the times of our visits.

The SEN direct payments process

In a majority of individual cases targeted by areas where an SEN direct payment (or a personal budget) was approved and had been taken up by a family at the time of reporting, there appeared to be no single process or model being implemented across the areas for assessing need, planning support and allocating resources. Rather, the approach varied from using the wider pathfinder model for assessing need and developing a support plan, to individual written agreements with parents that had chosen to receive a direct payment. Direct payments involving transport budgets tended to involve a resource model around mileage rates with some top ups to cover carer costs.

Areas generally found the decisions around identification, disaggregating and derivation of budgets for SEN direct payments to be particularly complex. Some of the ways this was approached included:

- In one area, an indicative resource allocation was provided prior to the development of an EHCP. This is used to guide the development of a care package. To date, personal budgets/DPs have been cost neutral. In the case of a parent who had requested an alternative setting for their child with complex needs, the dedicated schools grant was identified as the main source of funding. It was then used to fund an independent local setting offering behavioural therapy, to which community health funding was added to provide speech therapy.

- In a second example, an area has offered personal budgets to two families where children would be home educated, by essentially using the SEN budget that their schools received previously for additional support. The SEND Inspector worked with the families in the first instance to identify and offer a home tutor as part of their support plan, and also arranged for an independent third party budget holder to manage budgets and employ staff to supervise the learning

- In a third example where a child has severe autism and needs one-to-one care, parents were looking for support that would enable them to function as a family. At the same time they were looking for their child to move school. The child's support was reviewed by their social worker who recommended that they were entitled to additional support. Hence, instead of travelling to a school by taxi at some distance, the child was able to attend a local school and access their extended school offer for after school and holidays using an education and social care package. By saving on transport, money was freed up to offer to the family a direct payment. This money was used to purchase family breaks which they could all take part in.

In one area where 'virtual budgets' were being used to offer personalised solutions using existing SEN provision, the process primarily involved a volunteering school identifying appropriate families (or referrals by the social care team), followed by meetings with the family and a project officer to re-work provision, specifying ways in which this met the needs of the children in question. Plans were monitored and reviewed by the project officer in consultation with the family and the school. No formal assessment was taking place as it was assumed that was covered by the existing statement.

Implementing the SEN direct payments process raised a number of issues for areas, parents and providers. In some cases, the amount of budget was fixed but there was little clarity around what the money could be spent on. Where sites had not used an assessment and single planning model and were using a traditional approach to assessing need, there were fewer opportunities for parents to be involved in the decision making around what support and services were needed for their child.

Several complexities arose around identifying and costing education-related support, such as the costs of overheads. Providers, especially schools, raised the issue of the potential effect on their own resources as a result of direct payments, such as dealing with teaching assistants or personal assistants that parents bring in, or the cost of investing in equipment that parents eventually opt out of.

The absence of a common resource allocation model more generally in the local pathfinders has meant that processes took time, and staff had to make use of existing resource allocation mechanisms that may not have been entirely fit for purpose. However, the small scale nature of the pilot and the limited development work has meant that the potential benefits of a common resource allocation system (RAS) are yet unknown.

The future

A majority of the case study areas expressed their commitment in continuing to offer SEN direct payments to families in their area in the near future, as they strongly believe that personalisation of services is the way forward. As some elements of the delivery framework remain partially developed, areas intend to develop these further to achieve full implementation of direct payments for families that have been recruited to the pilot. Where areas are piloting the pathfinder process, they would like to roll out the single assessment and planning process to a broader group of families while trialling the direct payments approach.

However, their optimism and commitment was often tinged with concerns about what could be achieved given the complexities and challenges that they had faced to date in the design and delivery of SEN direct payments:

- **Engaging with families further** through awareness raising campaigns and advocacy in order to ease their fears and apprehension about direct payments, and allowing them to exercise an informed choice around the decision to handle budgets

- **Engaging more widely with providers** to 'think outside the box' and consider offering creative solutions to families beyond statutory process, and generally working to develop the local provider market (most areas had yet to begin this development)

- **Bringing about wholesale culture change** amongst staff, practitioners and professionals, and raising awareness around the benefits of personalisation - in many areas, the change management process was in early stage development at the time of reporting

- **Investing in workforce development** to develop capability amongst staff and establish key worker roles to work closely with families during the process, and enable the scaling up of activity

- **Solving the technical issues** around calculating and allocating school/education costs, and simplifying the assessment and single planning processes

- **Translating the high needs block** into some form of SEN personal budget in order that providers could be incentivised to offer specialist services to families and develop the local market

- **Developing specific strategies around safeguarding**, and communicating these to professionals, providers and families

- Specifically for non-pathfinder areas, **enabling more effective engagement with health**, particularly with regard to strategic commissioning.

Summary

Findings from consultations with the SEN direct payments pilot teams, stakeholders, staff and parents during case study visits have highlighted the relatively small-scale nature of delivery of SEN direct payments across all 14 case study areas. This was driven largely by the challenges and complexities experienced by pilot sites in the design and implementation of the SEN direct payments offer, as well as by low demand from families to take up the offer.

There have been particular challenges in identifying budgets and funding streams for inclusion in the offer. A majority of approved SEN direct payments have been for personal transport budgets as they are easiest to disaggregate and cost. However, many areas identified individual families where children had complex needs, or where parents were generally dissatisfied with the current offer, to test the extent to which the SEN direct payments offer could provide alternative and better solutions. Since these are specific cases, areas are apprehensive about the extent to which this testing could be rolled out to a wider population.

Demand for SEN direct payments amongst parents appeared low. More than half of the families invited to participate in the pilot chose not to take up the offer. They were generally satisfied with the current statutory services that their child was getting, and did not wish to interfere with education provision as such. However, there was an appetite among parents to be involved in the decision making around support for their child, and have choice and control. It was not the direct payment itself that mattered, but the personalisation process that attracted parents to the pilot.

Engagement with providers has been limited to those that have had direct links with the targeted families and children, and given the targeting of school aged children in a majority of areas, mainly involved schools. SEN direct payments had prompted a new way of working with schools, many of which did not have much experience of personalisation activities. Schools were reluctant to let go of their budgets, and were anxious about the potential impact that the offer might have on their resourcing.

In testing the SEN direct payments process, some areas benefited from processes that they were setting up as part of the wider pathfinder development work, especially the single assessment and planning process. However, there was a clear absence of a common resource allocation mechanism, exacerbating the difficulties that many areas experienced in allocating and costing education settings related support.

9: Conclusions and implications

The evaluation has run over an 18-month period in line with the pathfinder programme. It was set a series of questions at the beginning of the research and this chapter draws together the evidence from the study so far to answer those questions. However, the extent to which we can currently draw conclusions is limited by the lack of results from the family survey, which is on-going to reflect when EHCPs were completed, and will be reported in summer 2103.

Over the course of the study, the direction of travel of the pathfinders has become clearer, with the publication of the Draft Bill and the initial draft of the revised Code of Practice.[20] This final chapter also considers the progress of the pathfinders against the more recent expectations of the initial version of the Code of Practice, as this provides a framework to identify learning and the issues that the pathfinders will need to consider in the coming months.

Progress against the evaluation objectives

Have the pathfinders made the current support system for disabled children and young people and those with SEN and their parents or carer more transparent, less adversarial and less bureaucratic

The pathfinders have worked hard to deliver this objective. They have invested considerable resource to establish new processes. Indeed, this has been the largest focus of their activity. The key elements of which included:

- **The assignment of a key worker** so that families have a single point of contact

- **The development of personal profiles** through which families and young people can express themselves

- **Adopting person centred planning** approaches

- **Involving families in planning meetings** so that they can contribute to and be aware of support actions that are being put forward

- **Moving to a single EHCP document**

- **Training for key workers and other professional** to help promote culture change and the new ethos to put families and young people at the centre of the system, and in parallel **capacity building support for families**

- **Better sharing of information** between agencies, and between agencies and families.

---

[20] Indicative Draft: The 0-25 Special Educational needs Code of Practice, DfE, 2013

The general feedback around each of these developments has been positive. Pathfinders appear to recognise advantages of working differently, and are positive about the impact of the changes. However, there remain a number of issues to be resolved, which we return to, below.

Have the pathfinders increased real choice and control, and improved outcomes, for families from a range of backgrounds with disabled children and young people and those who have special educational needs

A number of the changes described above, around key working and person centred approaches, were reported to have increased choice and control for families. In all cases they were involved in the development of outcomes and agreeing the plan to meet these outcomes. Where differences occurred was in the process for developing the plan: with some areas appearing to engage families fully in single planning meetings with professionals; while in others the plan was developed by a professional and then discussed with the family.

Overall, the new, more family centred process appears to have led to mainly small changes in the support packages received by families and young people. These changes were often to resolve issues around the delivery of the main services, rather than changes to the services themselves (e.g. when/how things are delivered as opposed what is delivered). These changes were seen to be important to families, and were issues which would raise their overall satisfaction with the support they received, but which would often be overlooked in the old system. It is also possible that if families and young peoples' satisfaction with the process are higher then this may bring other benefits in time.

How far this type of change will lead to improved outcomes for children and young people remains to be seen and will take some time to emerge and evidence. The pathfinders were generally confident that the new process outlined above will lead to an improvement, although they struggled to describe causality. They also believed that by involving families and young people more throughout the process and especially in planning meetings, then they should be better able to express their choices about the types of outcome and support they required.

It is possible that the extent of change in support packages will grow over time. Pathfinders had worked mainly with existing users and it may be that the new form of approach with new families leads to more variation. It is also possible that families and young people will seek more radical changes as they become more confident about and familiar with the process.

The local offer also has a role to play in making families and young people aware of what support is available to them. The pathfinders have increasingly seen the importance of this set of information, along with the scale of the challenge of getting it right. As a result work has increased in developing the local offer in the last six months, but it is still very much a work in progress and so the initial cohort of Plans have been developed in the absence of a well-developed local offer.

Have the pathfinders introduced greater independence into the assessment process by using the voluntary sector

Pathfinders had mixed experiences in engaging the VCS. This reflected the very different starting points in each area (some had mature and good VCS relationships, others did not) and uncertainties about how best to involve the VCS. The Pathfinders have moved away from the initial expectation that the VCS could undertake assessments, which was seen to require different skills and qualifications. Instead, they have sought to use the skills and experience of the VCS to provide advice and support to families. This additional support to families was seen to be important in helping them have a better understanding of the process and so be more able to exert their influence.

While this involvement may not make the assessment and planning process more independent, it should ensure that the relationship between families and professionals is more balanced. This fits well with developing a more family and young person centred approach. However, there was concern amongst many pathfinders about how far they could continue to resource the VCS to fulfil this role in the future. If this does not prove possible then even greater weight will be placed on the key worker.

Have the pathfinders demonstrated value for money, looking at the cost of reform and associated benefits

It was apparent that the pathfinders have involved a lot of people in a lot of work to develop their new approaches. To date this work has led to a fairly small number of families and young people receiving new EHCPs. However, it has provided each of the pathfinders with a clearer sense of what will and will not work, and the changes that they still require to make. Indeed, in most cases they envisage some considerable changes in models of delivery that they have developed to date. This would all suggest that the costs of change will be significant, and we will seek to provide an estimate of these in the next evaluation report.

In this period of on-going change it is difficult to estimate the costs of delivering the new system. This should become clearer in the next phase of the pathfinders, as they move towards an approach which is the one they intend to use going forward. There are conflicting views as to whether the new approach will be more or less costly to deliver: put simply more people involved, including the key worker(s); as against fewer and perhaps shorter meetings if the process is better co-ordinated and more effective. Evidence to resolve these conflicting pressures will take some time to emerge.

The next evaluation report will also contain the findings of the impact analysis conducted across the first cohort of families. However, we would caution that this analysis will be limited by the: relatively small number of families that have received and EHCP; limited time that will have passed between plans being agreed and evidence being reported; and the acknowledgement of many pathfinders that the first plans fell below the ideal that they were aiming for (reflecting the learning process inherent in the pathfinder process).

In the future: the learning and challenges from the pathfinders to meet the vision of the indicative Code of Practice

The initial draft of the Code of Practice describes seven key provisions which should arise from the reformed system. Figure 41 below describes each of the provisions along with the experiences of the pathfinders. In doing so it identifies a series of key challenges that the pathfinders face as they move forward.

Figure 41 Challenges experienced during the single planning stage

Expectation	Experience to date and future challenges
Children and young people at the heart of the system	Much has been done to involve families and young people in the new approach. Pathfinders have recognised the change in emphasis required and through the use of person / family centred approaches and key working, have sought to better involve parents in the process. They have also worked increasingly well with PPSs and PCF.
	However, there has been less progress in terms of the involvement of children and young people. There have been some pockets of activity to involve young people in developing the pathfinder approach and individual EHCPs, but we would expect more balance between the inputs of parents and children and young people moving forward.
Close cooperation between all the services that support children and families through the joining planning and commissioning of services	The pathfinders reported mixed progress here. They had generally engaged senior people in strategic discussion, and although this had improved over time there were still some concerns about the engagement of:
	• Health – although it was hoped that the new duty on health would help
	• Some education providers – largely reflecting the focus of pathfinders on specific age cohorts.
	At operational level most joining up had happened around the development of EHCPs. Areas had commonly sought to do this through a single meeting, involving professionals and the family and young person. These meetings had been fairly well attended, although there were some concerns about health professionals in particular not attending. They were reported to see it as a better use of their time to send a written report. However, written inputs could be difficult for non-specialists to interpret. It was hoped that the clearer duty on CCGs would improve this situation, but this should be monitored in the next phase of the pathfinders.
	There had been little effect on commissioning with limited evidence of an increase in the pooling of budgets or even agreement about how responsibilities for delivering plans will be shared across services. This reflects both the limited scale of change in support packages and slow development of the local offer, which would both inform commissioning decisions. It may well reflect timing with the first cohort of plans being very recently agreed at the time the evidence was being gathered. The

Expectation	Experience to date and future challenges
	evidence of need from these plans should drive future commissioning. It will also take time for local areas to then agree how to react to this information and agree how commissioning should change. For example, one tension which has been raised in a few areas is between the needs and wants of the individual, and the most cost effective way to deliver services. Such issues remain to be worked through.
Early identification of children and young people with SEN	The vast majority of families and young people taking part in the pathfinder have already been known to services. The focus has therefore been on developing an improved planning process to support their needs. It is likely that greater emphasis will be placed on assessment and identification in the next phase of the pathfinders.
A clear and easy to understand local offer of education, health and social care services to support children and young people with SEN and their families	The speed and importance attached to the development of the local offer has increased over time. Areas have engaged parent carers about what is needed and started to collect information, most often starting with education and drawing in what already exists from social care (e.g. about short breaks). However, much remains to be done to develop the local offer including: • Agreement locally about what should be included – the increasing national guidance in the Code of Practice was seen to be useful but more detail or examples would be welcomed • Getting local services to supply the information required, and in a consistent format • Enabling families to access the information, especially those who tend not to use the internet. Then, once the local offer is developed there remains the question of how it will be updated, who will be responsible for this and how it will be resourced.

Expectation	Experience to date and future challenges
For children and young people with more complex needs, a coordinated assessment of need and a new 0 to 25 EHCP	Most of the focus of the pathfinders has been on families and young people that were already in receipt of services. Therefore, the learning is strongest around the planning stage. It is encouraging that the pathfinders have worked towards a single document. The currency of this document with wider services remains to be tested and this should be monitored moving forward to see how far it replaces other plans.

It was also apparent that the pathfinders remained uncertain about how to support older young people (19-25). Given the education focus of the pathfinders they were often not in touch with this group and were unsure what additional support they would require. It may be pathfinders choose to work with young people already in touch with the system, say 16-18 at the moment, and continue to support them to the age of 25 years where applicable to ensure their transition to adult life is smoother than in the past.

There is less evidence around coordinating the assessment process, largely because many areas have focussed their efforts on people who were already in receipt of services. From the limited evidence to date efforts to improve coordination were focussed around the key worker understanding the range of assessments that may be required and joining these up where possible (in some cases through the use of CAF).

However, the limited evidence to date means that it is difficult to comment on the effectiveness of this approach in terms of how far it has streamlined the assessment process.

One area where pathfinders have made some progress is in promoting information sharing. This has often been achieved through families consenting to share information across services. This is a positive sign which should avoid the need for repetition. It remains to be seen how far this approach can be sustained and whether more systematic or IT based solutions may be required as numbers increase. |
| A clear focus on outcomes for children and young people with EHCPs ... planning a clear Pathway through education in to adulthood | The focus on outcomes has been widely practiced by the pathfinders. They were supportive of this change, and saw it as a key element in the new system. Both the process and the ethos underlying the process were seen as important.

The feedback from the case studies suggests that families and young people were more satisfied with the new process. While this has not led to major changes in the support that they receive, the new process has enabled them to address particular issues and problems. Such issues can be important to families, and resolving them may lead to improved relationships and service receipt in the future.

The challenge of a shift to focus on outcomes was clearly demonstrated. While pathfinders had offered training, most key workers reported finding the development of outcome based plans challenging. They seem to have struggled to differentiate outcomes from actions, or focus sufficiently on the longer term. The reflections were that |

Expectation	Experience to date and future challenges
	pathfinders had underestimated: - The training need - with some professionals even declining training at the start a they thought they understood the concepts but then not producing good plans - The importance of quality assurance – especially for early plans to check that they were properly outcome focussed.
Increased choice opportunity and control for parents and young people including a greater range of schools and colleges for which they can express a preference and the offer of a PB for those with an EHCP	The steps taken by the pathfinders to develop new review and planning processes should lead to parents and young people being better able to exert choice and control about the support that they receive, as described above. The challenge identified by the pathfinders will be to maintain this new way of working, and perhaps most importantly the under-pinning culture change and ethos as activities are scaled up and more people become involved. There was very limited evidence to date of parents and young people seeking to identify different schools and colleges, although this had happened in one or two cases (including through the SEN DP pilots). The pathfinders had differing perspectives on this: it could offer an opportunity to better integrate these young people with mainstream provision by using the process to have a discussion with families about how best to meet their needs; however, it may also strengthen the view of parents who want specialist provision. Progress on PBs had also been slow. This reflected the focus of the pathfinders on review and planning, and the complexities involved in developing unit costs and resource allocation mechanisms. The SEN DP pilots, while small in scale appeared to demonstrate that a personalised discussion about needs and provision can be beneficial and address issues. The solution need not always be a DP or even a PB, but provided it meets the need it can be welcomed by the family. It remains to be seen what the level of demand from families will be for PB/DPs but probably more important is that they have the opportunity to influence what support they receive.

Taken together the findings presented above are broadly positive. The pathfinders have travelled a considerable distance and learned much which can be shared with others. There is broad acceptance of the direction of travel, with considerable support for the new approaches being adopted. They have been extended for a further 18 months. In this additional time, it is important that they address the remaining challenges, especially around working with new families to offer more integrated assessment and in providing high quality, family centred approaches in an affordable way to a much larger number of families.

Annex A: Our approach to the pathfinder evaluation

The aims and objectives of the evaluation, as set out in the Terms of Reference are detailed in Figure 42.

Figure 42 Aims and objectives of the evaluation

Aims

- To establish whether the pathfinders:

- Increase real choice and control, and improve outcomes, for families from a range of backgrounds with disabled children and young people and those who have special educational needs

- Make the current support system for disabled children and young people and those with SEN and their parents or carers more transparent, less adversarial and less bureaucratic

- Introduce greater independence into the assessment process by using the voluntary sector

- Demonstrate value for money, by looking at the cost of reform and associated benefits

Objectives

- Establish the impact of the pathfinders, particularly in relation to the main aims identified above, on disabled children and young people and those with special educational needs and their families; and on the service providers and organisations in the public, private and the voluntary and community sectors

- Assess the effectiveness of the models developed and used by the pathfinders and make recommendations based on best practice and value for money

- Test the impact of changes to the system across core and optional elements as described in the *pathfinder specification and application pack*

- Undertake a full cost-benefit analysis of the set-up, introduction, implementation of the pathfinder activities, and how this affects service providers and organisations in the public, private and the voluntary and community sectors

- Establish whether rolling out the policy would be cost-effective, and how it would affect service providers, commissioners, communities and the likely costs to Government

- Establish the barriers to delivery and how these might be overcome including advice on any legislative barriers and any conflicting Government priorities

- Identify and draw out the implications and actions that Government will need to consider to enable the successful implementation of a new assessment and single plan

- Investigate the links between the pathfinders and other cross- Government programmes and activities, for example, the impact of the NHS reforms, to see if children's services can be delivered in a more integrated manner.

Evaluation of the support team

- Establish if the service provided by the pathfinder support team

- Provides the necessary support to meets the needs of the pathfinders, and is timely, relevant and proportionate

- Provides the range of professional expertise and experience to deliver the required level of

support to the pathfinders

- Is effective in the identification, validation and sharing of good practice across pathfinders

- Has facilitated pathfinder development and used local expertise and networking to develop relationships, delivery systems, processes and joint working

- Has supported the development of local leadership to facilitate the sustainability of the pathfinder programme over time

- Represents value for money

- Review how any future expansion of the pathfinder programme might be supported (or not) in the future.

<div align="right">

Source: Evaluation Terms of Reference
</div>

To summarise, the evaluation is capturing evidence on:

- The **process involved in setting up and delivering the pathfinder** – to understand what has changed in terms of the assessment, planning and support process

- The **resultant outputs, outcomes and impacts**[21] that are experienced by families and agencies – to understand what has worked, for whom, in what context and why

- The effectiveness of the pathfinder support team.

Four strands of work

The evaluation work programme was divided into four strands:

- **Scoping** – to map the shape of the pathfinder programme and enable co-production of the final evaluation approach

- **Core approach** – a series of core tools have been developed to gather information from all pathfinder areas, as a means of understanding the progress made across the programme

- **In-depth approach** – alongside the core approach a complementary set of tools have been developed for use in a sub-set of ten pathfinder areas, as a means of gaining a comprehensive understanding of the differing pathfinder approaches and to gather lessons learned through staff, stakeholder and family perceptions of their experiences

- **Evaluation of the support team** – feedback mechanisms have been embedded within the suite of research tools to facilitate a continuous review of the activities of the support team.

The Terms of Reference also stated that the evaluation approach should seek to set up a means of tracking the outcomes and impacts of the programme over the longer term. These methods

---

[21] Outputs are defined as the direct and immediate effects of the Pathfinder, that can be monitored during the programme; Outcomes are defined as changes in the behaviour, capacity and performance of the families, professionals and other organisations that participate and/or are involved in the Pathfinder; and Impacts are defined as the effects that the Pathfinder outcomes have in improving high level and longer term change on those directly and indirectly involved in the programme.

would subsequently be used if the programme and the evaluation are extended beyond the original 18 month timescale. Therefore, the evaluation approach has been designed to ensure that appropriate baseline information is collected within the current programme timeframe.

Figure 43 provides a detailed illustration of the research tools that are being used in each of the strands of work. More detail on each of the tools and the case study selection process and subsequent approach can be found in the *Evaluation Briefing Report*, which is available at http://www.education.gov.uk/childrenandyoungpeople/send/sen/b0075291/green-paper/evaluation.

Figure 43 The evaluation approach

SCOPING: Map out the shape of the pathfinder programme and co-produce the evaluation approach

CORE APPROACH (all Pathfinders)

Monitoring data

Strengths and Difficulties Questionnaire baseline

Staff work and satisfaction survey

Quantitative survey of participating parent carers

IN-DEPTH APPROACH (sub-set of Pathfinders)

In-depth case study research

Qualitative research with staff, practitioners and providers

Qualitative research with families and young people

Quantitative survey of comparison group of parent/carers

EVALUATION OF THE SUPPORT TEAM: Feedback mechanisms embedded in monitoring data and case study tools

Source: SQW

The evaluation framework

Given the overarching aims of the evaluation – with their focus on understanding the process involved in setting up and delivering the pathfinder and what has worked, for whom, in what context and why – we developed a two stranded evaluation framework, made up of the following components:

- One which is seeking to assess the process of setting up and delivering the pathfinder approach (referred to as the *process and delivery framework*)

- And the second, which is seeking to assess the resultant outcomes that are experienced by families and service/support providers (referred to as the *family and provider journey*).

The framework, which is detailed in The Evaluation Briefing Report[22], sets out a set of research questions that the evaluation is seeking to explore and the methods that will be used to gather the relevant information. It also provides a structure to ensure that the effects of the pathfinders are considered at all stages of the impact logic chain. This includes specific elements to cover the outcomes and short and medium-long term impacts that we propose to explore.

The Common Delivery Framework

The evaluation of the individual budgets pilot for families with disabled children illustrated the effectiveness of the Common Delivery Model (CDM)[23], which provided a framework to inform and assess the development of the pilots. The CDM was revised for use in the pathfinder evaluation, where it has been termed the *Common Delivery Framework* (or the CDF).

The CDF (see Figure 45) has been developed to enable structured data collection and assessment of delivery and costs at different stages of the pathfinder process. It sets out a series of elements which it is anticipated each pathfinder will need to address as part of developing its local activity. Progress was baselined and has been being tracked and reported against the themes/elements of the CDF for the 18 months of the programme.

Figure 44 Scale against which progress was judged

THEME: ORGANISATIONAL ENGAGEMENT AND CULTURAL CHANGE	
Element	**Progress measures**
1 – ENGAGEMENT OF RELEVANT STAKEHOLDERS	• Project board/governance structure • A clear set of objectives have been agreed • Development of a project plan • Commitment from social care to share resources to develop and deliver the pathfinder

---

[22] http://www.education.gov.uk/childrenandyoungpeople/send/b0075291/green-paper/evaluation

[23] More information can be found at https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DFE-RR145

	- Commitment from education to share resources to develop and deliver the pathfinder
	- Commitment from health to share resources to develop and deliver the pathfinder
	- Designated an overall lead(s) for the pathfinder
	- Engagement of the VCS in the development of the pathfinder
	- Engagement of parent carers in the development of the pathfinder
	- Engagement of a representation of children and young people in the development of the pathfinder
2 – RECRUITMENT OF DESIGNATED STAFF	- Project development team - Designated Project Manager for the pathfinder
3 – CHANGE MANAGEMENT	- Progress developing and delivering of change management process as part of the pathfinder
4 – MARKET DEVELOPMENT AND THE LOCAL OFFER	- Consultation with provider market during the development of your pathfinder - Development of the local offer

THEME: ENGAGING AND INVOLVING FAMILIES

5 – AWARENESS RAISING WITH FAMILIES	- Raising awareness with prospective families - Recruitment of families and young people to take part in the pathfinder programme
6 – PEER SUPPORT	- Delivery of peer support to the parent carers participating in the pathfinder - Delivery of peer support to the children and young people participating in the pathfinder

THEME: SETTING UP THE INFRASTRUCTURE

7 – MAPPING OF SINGLE ASSESSMENT AND PLAN PATHWAY	- Progress developing the assessment and single plan pathway
8 – DEVELOPMENT OF PERSONAL BUDGETS	- Development and implementation of a resource and funding mechanism - Support planning - Development of a spectrum of choice for the management of PB funds

Element	Progress measures
9 – COORDINATION AND DELIVERY OF THE PATHFINDER APPROACH	• Progress on the coordination and delivery of the pathfinder approach (i.e. the single assessment and plan pathway)
10 – DEVELOPMENT OF IT RESOURCES	• Development of appropriate management information • Development of appropriate IT application to store assessment/plans • Development of inter-agency information sharing protocols • Gaining family consent for information sharing • Sharing of information between agencies taking place
THEME: SAFEGUARDING AND RISK MANAGEMENT	
11 – SAFEGUARDING	• Review of the relevant safeguarding procedures to ensure they are appropriate for the pathfinder • Communication of the resultant safeguarding procedures to professionals • Communication of the resultant safeguarding procedures to families • Communication of the resultant safeguarding procedures to providers

Source: SQW

Work undertaken to inform the Process and Implementation Report

Figure 45 provides a summary of the research that forms the basis of this report, which is described in more detail below.

Figure 45 Research undertaken to inform the April 2013 Report

Research Method	Description
Monitoring	• Receipt of 6 complete sets of monitoring submissions from all pathfinder areas at the end of each quarter of the 18 month programme • Reviewed each set of monitoring submissions and undertook verification exercises with several areas in cases where data anomalies had been identified • Finalised each dataset and undertook an analysis of the data
Case study research	• Three rounds of case study visits to each of the ten case study areas • Analysis of three sets of ten internal case study write ups

Monitoring

The monitoring tool

The monitoring tool acted as the primary mechanism to gather consistent process, cost and family-related information from each of the pathfinder areas. Figure 46 presents a summary of the information requirements.

The monitoring tool was provided to pathfinder areas in March 2012 through a secure web-based interface, which enabled:
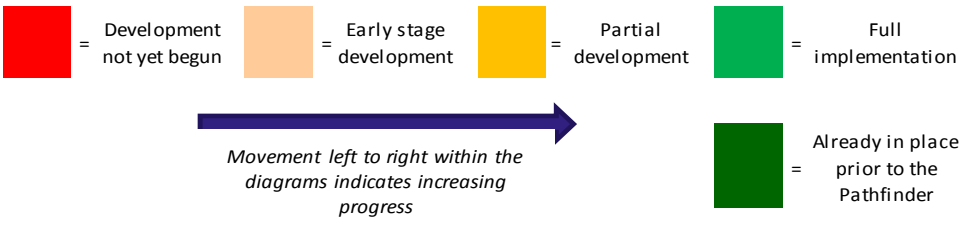
- Pathfinder areas to securely input the relevant data on an on-going basis

- Pathfinder areas to export their collated data into CSV format, which can be easily converted into Excel and therefore used locally

- Automatic secure transfer of the data to the evaluation team, thereby reducing the need to set up additional data sharing mechanisms.

As part of the contractual agreement that we as an evaluation team signed with the DfE, we categorised the research related data or information under one of the following groups:

- **Non-confidential** – data or information that has been deemed as unrestricted and can therefore be shared as appropriate

- **Confidential** – data or information that is deemed as restricted and should therefore only be shared with stipulated individuals and/or organisations within the pathfinder research team

- **Sensitive** – data or information that contains personal or sensitive data and should therefore be shared via appropriate and secure means between the relevant parties and subsequently be stored and destroyed using appropriate methods.

Figure 46 Summary of the monitoring requirements

Monitoring category	Brief description	Data type
Financial and in-kind cost information	This tool was designed to provide an assessment of the cost of set up and implementation of each pathfinder area. This includes <u>annual</u> collation of the: • Financial expenditure and in-kind resource required to deliver the pathfinder • Information on any additional sources of funding that is required to deliver the pathfinder	Confidential
Self-reported	This tool was designed to provide a <u>quarterly</u> indication of the process-related development and delivery of each pathfinder site.	Confidential

Monitoring category	Brief description	Data type
progress	Progress is being measured against the pathfinder Common Delivery Framework (the CDF) which is described below in more detail. The CDF is made up of the following elements: • Organisational engagement and cultural change • Engaging and involving families • Setting up the infrastructure • Safeguarding and risk management Progress was judged on a scale from 'not yet begun' through to 'full implementation' as shown below. The tool provided an indication of the phasing used to develop and implement each element and the length of time it takes to set up.	
Family registration	This tool is gathering live family registration data to help facilitate the delivery of the parent carer survey and the analysis of characteristics data	Sensitive
Family tracking	This tool is being used to track individual family progress through the pathfinder system. This includes information relating to: • Date the family signed up to the pathfinder • Stages of their assessment and single plan pathway • Assessment/ joint planning • Planning *(if planning process separate to assessment)* • Resource allocation • Continued involvement/ Appeals Information is completed on an iterative basis as the family proceeds through the process	Sensitive
Feedback on the pathfinder	This tool is gathering quarterly feedback on the effectiveness of the activities provided to sites by the pathfinder support team	Confidential

Monitoring category	Brief description	Data type
Support team		

Data collection and analysis for the April 2013 report

This report presents an analysis of the quarter 4 2012/13 monitoring submissions from all pathfinder areas and compares this with the starting position reported by areas at the end of the first quarter of the programme – quarter 3 2011/12. This included self-reported progress data and feedback on the activities delivering by the pathfinder support team over the course of the programme.

The data collection and analysis process was undertaken as follows:

- A complete set of secure monitoring submissions were received in both early April 2012 and early April 2013

- The data sets were cleaned and a verification exercise was undertaken. Anomalies were identified through a process involving:

  - checking whether areas had filled in all relevant fields of the monitoring tool

  - looking for anomalies by comparing responses – for instance where an area's actual costs were particularly high or low compared to their grant, where an area appeared to have incurred no in kind costs, or where they appeared to have moved backwards (e.g. from having parent carers engaged in the governance of the pathfinder to not engaged)

  - reconciling 'other' responses into predefined categories as appropriate

  - discussing progress listed in the monitoring data through case study visits

  - following up with monitoring leads directly where recruitment figures didn't align with the number targeted or understood to have been recruited (by Mott MacDonald or through case study visits)

- Anomalies were discussed with the individual areas by phone or email, and the data was then amended where appropriate. The Frequently Asked Questions document was updated to reflect common issues

- The data sets were finalised and a frequency based analysis was undertaken, which is presented in the tables and figures included in the report

- Cross tabulations of distinct elements of the CDF were also produced to assess whether progress against one element was related to progress made against another element. Cases where links were apparent are noted in the relevant sections of the report.

In addition, the report presents a snapshot of the live family registration data as of early April 2013 2012 (see chapter 4).

Case study research

The case studies

Ten case study areas (see Figure 47) were approved by the DfE in January 2012 and work has subsequently been taken forward in these sites[24].

Figure 47 Pathfinder case study areas

Calderdale	Lewisham
East Sussex	Manchester
Hampshire	Northamptonshire and Leicester City
Hertfordshire	Solihull
Gateshead	Southampton

Source: SQW

Three rounds of case study visits were undertaken over the course of the programme – the first in January/February 2012, the second in June/July 2012 and the final visit in January/February 2013. The case studies sought to understand the starting position of each area and subsequent progress that had been made under the themes of the Common Delivery Framework. This included consultation with a combination of: the pathfinder lead and project manager, service managers from children's/adult social care, health and SEN, parent carer representatives, representatives from the school sector and representatives from the VCS. A checklist of key stakeholder types was developed by SQW and discussions were then held with pathfinders to identify appropriate individuals.

An average of 10-11 semi-structured face to face consultations was undertaken in each of the ten areas. Case study visits were organised in conjunction with both the pathfinder lead and manager in each area, who were provided with a list of stakeholders that the team wished to consult. Figure 48 provides a summary of the type and number of consultations undertaken across all the case study areas.

---

[24] A description of the case study selection process is provided in the *Evaluation Briefing Report.*

Type of consultee	Number of consultations
Parent carer representative	14
Professional from local authority based SEN team	14
Pathfinder lead	10
Pathfinder manager	10
Health commissioners	9
Professional from local authority based children's social care team	8
VCS representative	9
School/college representatives	8
Professional from local authority based adult social care team (including transition teams)	6
Operational health professionals	7
Local authority other	5
Professionals from local authority based post 16 teams	4
Professional from multi-agency team	3
External consultant	2
TOTAL CONSULTATIONS UNDERTAKEN	**109**

Source: SQW Case Study Research

The topic guides for the consultations were structured to assess progress that had been made against each element of the CDF in terms of what had been achieved, what had worked well and what had worked less well. Feedback on the activities delivered by the pathfinder support team was also discussed.

The majority of case study consultations were undertaken face to face, with a small minority conducted over the phone for stakeholders that were not available at the time of the visits to the areas. Consultations lasted approximately an hour for the majority of consultees and sought to focus on the areas of the topic guides that were of relevance to the individual consultee.

Notes were taken during the consultations and following the fieldwork written summaries of the consultation responses were provided by each of the SQW case study leads. These presented the collection of views gathered from all consultees and therefore provided an area-based response to the topics that were explored. The set of area-based responses were transferred into a thematic matrix with themes based on the individual elements of the CDF (i.e. the matrix consisted of CDF related rows and area-based columns). Information was directly transferred from the case study

notes into the matrix to ensure all original notes were retained for analysis purposes and were not subject to interpretation. Thematic analysis of the set of responses was then undertaken using the individual elements of the CDF to draw out similarities and differences that had been experienced by the case study areas, comparing both across and within the case studies where possible. This highlighted a strong degree of consistency in views both across different types of consultees and across areas.

The headline findings from the thematic analysis were validated through two challenge workshops. The first workshop involved the case study leads from SQW. They therefore provided a check that the analysis had correctly interpreted what they had learned. The second workshop was with pathfinders. Two people from each site, usually including the pathfinder lead, attended a full day workshop. The key findings of each chapter of the report were presented and feedback gathered around how far the issues identified matched their own views. In both workshops there was a very high level of agreement with the findings presented.

The case study thematic analysis was then assessed alongside the monitoring data, which was also reported against the elements of the CDF to inform the content of this report.

Key worker focus groups

A set of seven focus groups were undertaken during the final case study visit with professionals that worked directly with families that participated in the pathfinder to deliver the new local processes, i.e. with key workers. This included professionals from: SEN, specialist health, children's and adult social care, the VCS, parent carer representatives, independent consultants and the Parent Partnership Service.

The purpose of this research task was to gain a first-hand insight into how key workers felt the new process has worked, including their views on both the role itself and how this differed from their current working practices, and what had worked well/less well for families.

Participants for the focus groups were recruited in conjunction with the pathfinder delivery team, who the evaluation team worked with closely to ensure that any sensitivities and/or particular needs were catered for. Each focus group was made up of 3-6 key workers.

Each focus group was either recorded or notes were taken during the facilitation of the group by a second member of the team and then written summaries of the recordings/set of notes were provided by each of the SQW case study leads following the fieldwork. The set of responses were then transferred into the CDF based matrix developed to analyse the case study findings. Thematic analysis was undertaken using a combination of the CDF elements and additional headings from the focus group topic guide – understanding the existing systems in place to support families with children with SEND and the planned local pathfinder approach, how and why you became engaged in the pathfinder, description of the local key worker role, experience of undertaking the key worker role, reflections on the role and scaling up. The analysis of findings was included as part of the wider case study analysis described above.

Annex B: SEN DP Pilot evaluation approach

In order to develop the evidence base relating to SEN Direct payments, the Department for Education (DfE) commissioned this research as an extension to the wider SEND pathfinder evaluation. As with the wider pathfinder evaluation, this piece of research was due to report in April 2013.
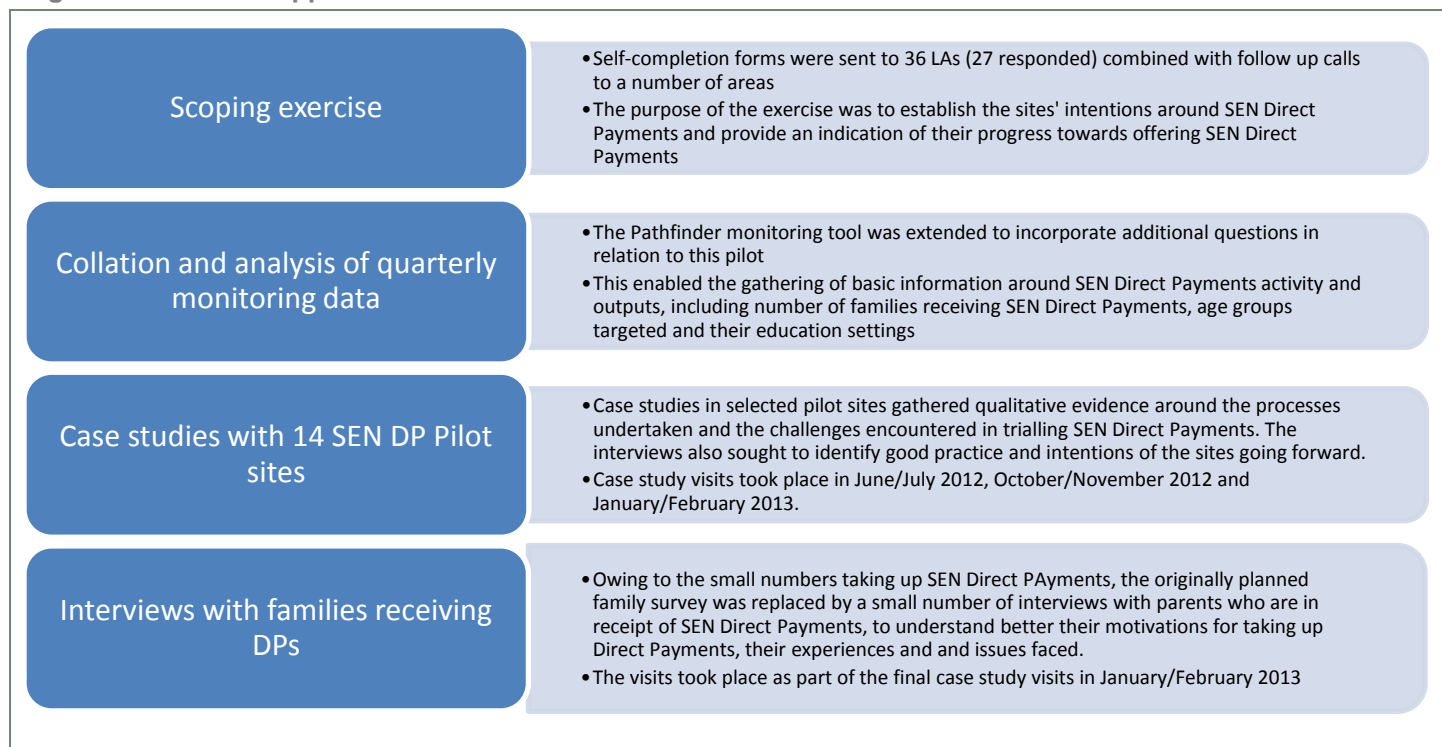
The SEN DP pilot commenced in January 2012. Given the relatively short time frame available for areas to develop and begin offering SEN direct payments it was unlikely that any changes in the well-being of the young person or impact on the wider school will be identifiable through the research. The evaluation therefore primarily focused on the development processes and challenges involved in setting up SEN direct payments. The aim of the research was to improve the evidence base in relation to:

- The level of demand from families for SEN direct payments

- The practicalities of introducing SEN direct payments

- The implications for wider provision.

Research approach

The research approach built on the wider SEND pathfinder evaluation, with the Common Delivery Framework again being used to assess the development of the pilot areas. The approach included a largely qualitative method, supplemented with some quantitative data. Further details are shown in Figure 49.

Figure 49 Research approach

Scoping exercise	• Self-completion forms were sent to 36 LAs (27 responded) combined with follow up calls to a number of areas • The purpose of the exercise was to establish the sites' intentions around SEN Direct Payments and provide an indication of their progress towards offering SEN Direct Payments
Collation and analysis of quarterly monitoring data	• The Pathfinder monitoring tool was extended to incorporate additional questions in relation to this pilot • This enabled the gathering of basic information around SEN Direct Payments activity and outputs, including number of families receiving SEN Direct Payments, age groups targeted and their education settings
Case studies with 14 SEN DP Pilot sites	• Case studies in selected pilot sites gathered qualitative evidence around the processes undertaken and the challenges encountered in trialling SEN Direct Payments. The interviews also sought to identify good practice and intentions of the sites going forward. • Case study visits took place in June/July 2012, October/November 2012 and January/February 2013.
Interviews with families receiving DPs	• Owing to the small numbers taking up SEN Direct PAyments, the originally planned family survey was replaced by a small number of interviews with parents who are in receipt of SEN Direct Payments, to understand better their motivations for taking up Direct Payments, their experiences and and issues faced. • The visits took place as part of the final case study visits in January/February 2013

Scoping exercise

The scoping exercise captured areas' intentions towards SEN direct payments and provided an initial indication of local authorities' progress towards offering SEN direct payments. It was based on the self-completion scoping forms returned by areas, and the associated follow-up telephone calls.

Following the collation of the data, discussions took place with DfE to identify case study areas. The selection process sought to include areas that were focusing on a range of different age groups and budgets as well as providing a geographical spread across the country. Involvement as a case study area was optional for areas, and agreement to participate was secured from 14 areas. These included the following mix:

- 4 existing SEND pathfinder case study areas
- 5 SEND pathfinder areas that are not case study areas for the wider evaluation
- 5 SEN DP only areas.

Monitoring

The pathfinder monitoring tool was extended to incorporate:

- (i) monitoring submissions from the 5 SEN DP only pilot areas
- (ii) additional questions in relation to SEN DP for all areas (both SEND pathfinder and SEN DP only areas).

The purpose of extending the monitoring tool was to enable us to gather basic information around SEN DP activity and outputs, including the number of families receiving SEN DPs, the age of the children/young people involved and their education setting. The process used to collect and analyse the data was the same as for the wider SEND pathfinder evaluation. This report incorporates data from returns submitted by all 14 case study areas. (this process is detailed in Annex A of this report).

Case study research

The purpose of the case study research was to gather qualitative evidence around the processes undertaken in testing the implementation of SEN direct payments and the challenges encountered in trialling SEN DPs, the extent and effectiveness of engaging with providers and families, and intentions moving forward. The interviews also sought to identify good practice so that this could be shared more widely.

At the outset, it was agreed that case studies would include the five IB sites, five of the SEND pathfinder case study sites and five new SEND pathfinder sites.[25] During the scoping exercise, all sites were asked about their intentions towards SEN direct payments and whether or not they

---

[25] The inclusion of additional case studies was to ensure that interesting practice could be picked up, as the original selection of SEND Pathfinder case studies took place before the Direct Payments Order and so intentions around it were not part of the initial selection process.

would be willing to participate in the case study research. Following the scoping exercise, discussions were held with DfE and the support team to select a group of case study sites. The selection aimed to include a balance of geographies, target groups and the budgets that are intended to be offered as direct payments. The list of case study areas is shown in Figure 50.

Figure 50 SEN DP case study areas

Bexley	Essex*	Oldham
Brighton and Hove	Gloucestershire*	Southampton
Coventry*	Manchester	Trafford
Derbyshire*	Newcastle*	Wiltshire
East Sussex	Northamptonshire	Oldham

Source: SQW *SEN DP only pilot area (i.e. this site is not part of the wider SEND pathfinder)

Case study consultations were undertaken over the course of June and July 2012, October and November 2012, and January and February 2013. Where areas were already SEND pathfinder case studies, these visits were combined into one. Consultations in each area included a mix of Pilot Project Managers (where one had been assigned), SEN Service Managers, SEN officers, Educational Psychologists, Head teachers and Deputy Heads, social care and health representatives, and commissioning staff. In addition, we also undertook interviews with provider organisations such as schools and early years settings that were involved in the implementation of direct payments with families. We also undertook a small number of interviews with parents that were in receipt of a direct payment at the time of the final visit, to get their views on their experiences of using an SEN direct payment, what had worked well and what hadn't.

An average of 6 semi-structured face to face consultations was undertaken in each of the fourteen areas. Figure 51 provides a summary of the type and number of consultations undertaken across all the case study areas.

Figure 51 Summary of the type and number of consultations undertaken during each visit

Type of consultee	Number of consultations
Parent carers/families	17
Professional from local authority based SEN team	17
Pathfinder/pilot lead	14
Pathfinder/pilot manager	8
Health commissioners	3
Professional from local authority based children's social care team	5

Type of consultee	Number of consultations
VCS representative	2
School/college/early years representatives	7
Professional from local authority based adult social care team (including transition teams)	1
Operational health professionals	2
Local authority other	4
Professionals from local authority based post 16 teams	3
External consultant	1
TOTAL CONSULTATIONS UNDERTAKEN	**84**

The majority of case study consultations were undertaken face to face, with a small minority conducted over the phone for stakeholders that were not available at the time of the visits to the areas. Consultations lasted approximately an hour for the majority of consultees and sought to focus on the areas of the topic guides that were of relevance to the individual consultee. The topic guides were developed at an early stage in the study and agreed with DfE. They reflected the issues identified through the individual budgets evaluation alongside the sweep of issues to relevant to the pathfinders.

Each SQW case study lead provided a written summary of the consultation responses following the fieldwork. The set of responses were transferred into a matrix which set out the findings from each of the case studies (information was directly transferred from the case study notes into the matrix to ensure all original notes were retained for analysis purposes) under the headings in the topic guide - SEN DP provision targets and budgets, SEN DP provision individual cases, family perspectives demand and take up, the SEN DP process, engagement with education and learning providers, and going forwards. Thematic analysis of the set of responses was then undertaken to draw out similarities and differences that had been experienced by the case study areas.

An internal validation workshop was held with the SQW team. Key findings were fed back and the case study leads were asked to confirm that the findings represented a fair representation of their fieldwork.

Annex C: SEN DP Pilot example cases

This Annex summarises a series of examples from across the case study areas.

Figure 52 Target groups and budgets in case study areas

Young person	Issue	Solution	Additional money or existing money?	Current status
A child in pre-school with complex needs	The child has complex needs and parents needed respite care	A 'virtual' DP (based on existing provision) has been agreed to provide short breaks for the parent and additional support to the child until they start school	Existing money	Due to start over Easter
A young person with profound multiple learning difficulties	The young person is currently not at school and the SEN budget was therefore unused. The council was keen that they re-engage with learning	The council has negotiated with the young person's school (a special school) to use their SEN budget to support home schooling by employing a teacher and having their learning supervised. Since the family did not want the support as direct payment, an independent third party organisation was identified as the budget holder.	Existing money	Personal budget due to start over Easter
A young person with complex learning needs	The parent had wished to remove their child from their existing setting and take control of their support and find alternative means	Funding was provided for access to an independent local provider to provide alternative behaviour therapy. The child also got speech therapy, funded through health.	Existing money through the dedicated schools grant and social care funding, and community health funding	Family is in receipt of SEN DP
A 16 year old with chronic fatigue	The young person was receiving a home learning programme and was coming to the end of their statutory	The local authority identified an FE college to act as a conduit for the funding from Education Funding Allowance (EFA), to pay	Additional funding through S139A assessment to	Personal budget since September 2012

129

Young person	Issue	Solution	Additional money or existing money?	Current status
syndrome	schooling period and wished to continue into FE, but could not find an appropriate college to attend given their condition.	a distance learning provider (it held back some funds for administrative costs). The budget covered a laptop for the young person and resource for a member of staff to monitor the educational outcomes achieved	agree funding from EFA	
A young person of school age	The young person wanted to undertake work based learning but the most suitable provider was located outside the local authority.	The young person now receives a package of support that includes a combination of days at school and days at a work based learning course. The Personal Budget (PB) pays for the costs of the course and for the additional associated travel. The support does not involve a direct payment as the parent was happy for the council to pay the bill directly (even though the family had previous experience of a social care direct payment).	Existing money	Personal budget
A young person with a statement receiving support for Behavioural, Emotional and Social Difficulties	The parents worked with a therapist outside of school and put forward evidence of additional needs outside of Section 3 of the Statement. The local authority anticipated that the additional support should be short term and may lead the young person back to mainstream education. However, the school was not supportive as it thought that the local authority was duplicating their provision when the	A solution was developed whereby the family now receives a SEN direct payment to cover the costs of additional therapy outside of school hours.	The new package has resulted in the family receiving £6K more of support than they did previously	Family is currently in receipt of the SEN DP

Young person	Issue	Solution	Additional money or existing money?	Current status
	parents wanted their own therapist.			
A 16 year old with severe autism	The young person was not attending school and the school recommended to the family that they access residential education instead. The family was supportive of this option and made a request to the local authority for a residential placement.	The local authority was keen to look at an alternative solution with the school and the family, focused on a community-based education but outside of the existing school. The local authority was able to negotiate with the school to disaggregate part of their budget so that, in conjunction with social care funding, he would be able to access a team of trained Personal Assistants (PAs) and a specialist teacher. Collectively they will deliver a programme of educational/social support to motivate him and develop his learning and education outcomes as outlined in his education plan (largely delivered through outdoor activities). He also has in-kind support from health via school nurses and Children and Adolescent Mental Health Service (CAMHS). Whilst the young man is being educated outside of the school, he is still on the school roll and it remains the school's responsibility to ensure he is achieving the educational outcomes set out in the education plan.	Education element is c.£10K and is disaggregated by the school from school place funding (i.e. it is existing money but being spent in a different way) Social care element of the personal budget is new additional funding.	The young man has a personal budget that covers health, education and social care monies. The education and social care elements are direct payments, and it is anticipated that health budget may also be paid directly in the future,
A four year old child with very complex health	There was uncertainty around what support would be required to	A discussion was held between health, social care, education and the family about what support provision would be required.	This education direct payment is new and additional money	Family is currently in receipt of the

Young person	Issue	Solution	Additional money or existing money?	Current status
needs requiring constant ventilation	enable to child to attend school	From this, an integrated education, health and social care plan was developed. As part of this, the education department agreed to make a SEN direct payment of £750 to enable the family to purchase a piece of equipment to support the child in communicating at school. The child also has a Learning Support assistant but funding for this is not currently via a direct payment, but it is anticipated it will move to a direct payment model over time.	made available to support the child starting school	SEN DP
A young person of college age that is wheelchair dependent	The young person was struggling with getting to college (studying A Levels) without being accompanied and was attending an average of one day per week. Although the young person had a Personal Assistant (PA), this was only related to the time they were at school.	The education department within the local authority agreed that they would provide additional funding for a PA so that it also covered time involved in supporting the young person to get to and from the school. The young person is now attending 4 days per week. Funding for the PA is via direct payment and managed by the family.	This funding is new and additional to the support that the family previously received.	Family is currently in receipt of the SEN DP
A young person on the autistic spectrum	The young person was in school but struggling at risk of exclusion and was disengaged with learning. Those involved in the case felt that a building-based education was no longer appropriate, yet the young person still needed to access education provision.	The education department has agreed that the young person can have funding for equine therapy sessions to help re-engage them and achieve learning and employment related outcomes. The young person is now linked with the transitions team and they are looking at the options for further learning and/or employment options.	This funding is new and additional to the support the family previously received	Family is currently in receipt of the SEN DP

Source: SQW case study discussions

The views expressed in this report are the authors' and do not necessarily reflect those of the Department for Education.

Any enquiries regarding this publication should be sent to us at Catherine North, Level 5, 2 St Paul's Place, 125 Norfolk St, Sheffield S1 2FJ / email: catherine.north@education.gsi.gov.uk

This document is available for download at www.gov.uk/government/publications