Department
for Education

Impact Evaluation of the SEND Pathfinder Programme

Research report

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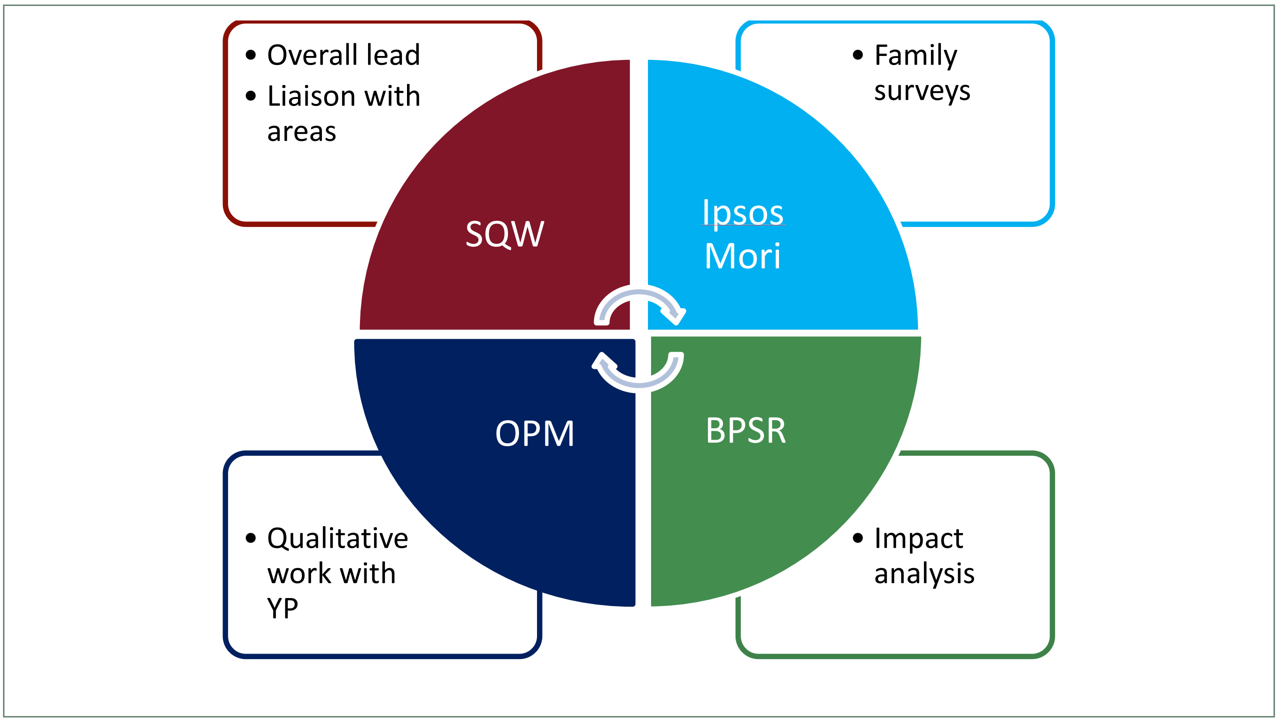
The Team

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, a Director at 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), Kerry Fox, Christopher Carr, 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 and **Lucy Smith** acted as the leads for OPM.

Executive Summary

This report is the second 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 *impact evaluation,*** which describes and analyses the:

- Experiences, outcomes and distance travelled by the initial cohort of participating families
- Extent to which working practices have changed for staff/individuals that have worked directly with these families
- Indicative assessment of the costs of the reforms[1].

This report contains data gathered through a survey of parent-carers (gathering the views of the first cohort of families, the majority of whom were interviewed in the first half of 2013), qualitative case studies with families that participated in the pathfinder, a staff work and satisfaction survey and the cost/expenditure and family-related elements of the SQW monitoring tool.

Conclusions and implications

Overall the results show that the new approach can work. They present a series of **statistically robust improvements around many elements of the process.** Families are noticing a difference and reporting: greater understanding of the process; feeling more involved and listened to; improved joint working across services; having better information; and being more satisfied with the service that they are receiving. They appeared to prefer the new process to the old SEN Statementing approach, finding it broader based and more long term in focus. Also positive was that pathfinder families were less likely than comparison group families to report that they did not have enough choice or enough information about the choice.

In general we mostly found that between 8 to 17 per cent more Pathfinder families ‘strongly agreed’ with positive statements about the process than comparison families (although there are some outcomes for which the percentage difference was higher and some for which it was lower). **While positive, the overall level of change appears modest at this relatively early stage[2].** The amount of change may reflect both that a good number of families were content with the old process and that pathfinders continue to refine their approaches. In parallel it is apparent that on many of the process indicators

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[1] *The process and implementation evaluation,* which describes and analyses the approaches adopted to deliver the new processes and should be read in conjunction with this report was published in June 2013.

[2] As at the end of March 2013.

the level of dissatisfaction has declined to roughly half of what it was before. The next phase of the evaluation will test if the improvements seen to date become more widespread.

While the overall feedback on the process was positive, as yet the survey found no consistent evidence to illustrate an improvement in outcomes had occurred. The extent to which service receipt and outcomes change over time will be tested in more detail through the next phase of the evaluation.

Overall the findings and implications from the Impact report very closely mirror those of the earlier Process report. They provide broad support for the direction of travel, with statistically robust improvements in many parts of the process. They also highlight a number of lessons for pathfinders and non-pathfinders to focus on as they move closer to full implementation:

- The positive impacts appeared to be linked to a range of factors but especially the involvement of a ‘key worker’ or ‘group of individuals’ that had delivered the new process and therefore provided the families with support. The approach, knowledge and skills of this group going forward will be crucial
- There remain issues around the information available to families, emphasising the importance of getting the local offer right
- While parents feel much more involved, this has not transferred to the same extent to young people. This may need to be addressed as part of the workforce development associated with key working
- While joint working is getting better, the flows of information between services could be better, to save families having to explain their needs on multiple occasions.

Families’ experience of the process

Pathfinder families were significantly more likely than comparison families (albeit at a 90 per cent confidence level) to strongly agree that they understood the assessment and support planning processes (38 per cent pathfinder families; 27 per cent comparison). They were also more likely to say that their views had been taken into account (88 per cent versus 73 per cent). Families’ understanding of the process and the extent to which it had been child/family centred appears strongly influenced by the skills and knowledge of the ‘key worker’ or ‘group of individuals’ that had provided them with support, emphasising the importance of resourcing this process sufficiently, with well trained staff.

Parents were not quite so positive when it came to how far their children’s views had been taken into account, suggesting an area where further workforce development may be required.

Pathfinder parents reported getting a significantly more straightforward and ‘joined up’ service than those in the comparison group. However, the survey findings also highlighted there was further room for improvement in this area, perhaps reflecting cases where some services had not engaged as fully as expected. The effects of improved joint working included more timely access to services and less of a burden on parents to make this happen.

Overall, pathfinder families reported being more satisfied with the assessment process, 35 per cent of pathfinder families were ‘very satisfied’ with the assessment and planning process versus 27 per cent of the comparison families.

Delivery of services

The pathfinder successfully reduced the proportion of parents saying they had ‘not enough choice’ in services, 45 per cent of pathfinder parents reporting ‘not enough choice’ compared to 61 per cent of comparison group parents. It was also encouraging that significantly fewer pathfinder families reported having too little information about services (41 per cent compared to 57 per cent of comparison group families), although 41 per cent still reported not having enough information emphasising the importance of the local offer.

Pathfinder families were more satisfied with the services that they received, with the difference appearing to reflect improvements in education services.

Our sub-group analysis showed no discernible differences in reported impacts across a range of groups, suggesting that the pathfinder EHC Plan is achieving similar results across the full range of families with whom it is being used.

Change in families’ perceptions of the processes

Pathfinder families reported noticing a difference in the process. Half (54 per cent) felt that the quality of the support services they were now receiving was better than it was before. Only a third (36 per cent) of comparison group families felt the same. They also reported that the processes they had been through were more straightforward (40 per cent versus 14 per cent); that services were working more closely together (39 per cent versus 23 per cent).

Families who preferred EHC Plans felt they were broader documents which attempted to set out a more rounded and holistic package of care and goals than the SEN Statement. They also reported being more involved in the process of developing the EHC Plan than they had with the SEN Statement.

That said, on each of the measures above, between a third and a half of pathfinder parents said that what they had experienced under the EHC Plan was the same as before. This reflects both that many families were often satisfied with the service they received previously and that the pathfinders are continuing to refine and develop their approaches. As changes are made some more families may notice a difference / become more satisfied in future.

Outcomes experienced

To date, we have found no consistent statistical evidence of the pathfinder approach having had an impact on wider child and parent outcomes. This could be because the impacts are fairly small and our sample sizes are too small to detect them; the survey may have taken place too early for impacts to have occurred; or it may be that changes to the process will not significantly impact on outcomes.

There were examples of impact through the qualitative work. However, these were not substantiated through the survey. The examples included: where the plan had facilitated a transition from one school to another; when children were given new or increased support from specialist professionals which could improve their development and educational performance; and where families improved their quality of life as a result of increased respite care.

Whether or not a participant could identify an outcome appeared to be influenced by: whether the plan had led to any changes in their service or support provision; how recently the plan had been finalised; and the timing of services/support outlined in the plan (some changes were not due to begin until later).

Staff work and satisfaction

The majority of the 137 key workers that took part in the survey were drawn from education-related services. Most reported having had only ‘light involvement’ with the pathfinder, which was defined as 25 per cent or fewer of their cases being pathfinder-related.

Reported net change across the five categories of job-related statements - organisational support, decision influence, cross working, physical demand and psychological demand – tended to be small (between -3.1 per cent and 3.1 per cent), suggesting little change. In all but one case (cross working) the net difference was slightly negative, perhaps reflecting that key workers had been asked to help trial a new process and therefore were working outside of the remit within which they were used to working.

Despite the general feeling of increased job-related pressures, it was encouraging to find that choice and control for families, collaborative working with adult social care and the Voluntary and Community Sector (VCS), and access to appropriate support from wider services were all reported to have improved in aggregate.

Key workers were largely supportive of the new approaches as they were likely to bring about a more family-centred and multi-agency way of working. However, substantial workforce development and cultural change were still reported to be required.

Indicative costs of reform

The median estimated total cost per area was £333,018 over the first 18 months of the pathfinder, including both financial and in-kind expenditure. However this varied substantially by area, from a minimum of £205,138 in one area to a maximum of £559,149 in another.

The pathfinder approach used with the initial cohort of families appeared to involve, on average, 42 hours compared to 30 hours for non-pathfinder families (completing the comparative SEN Statementing process), although there was wide variation across and within areas. However, we recognise that it is it very early days and processes are likely to change significantly over the coming months. Therefore, it is possible this initial estimate will differ markedly from the eventual outcome. To address this, additional research will be undertaken in the extended evaluation to further explore the issue.

1: Introduction

SUMMARY

This report is the second 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 *impact evaluation,* which describes and analyses the:

- Experiences, outcomes and distance travelled by the initial cohort of participating families
- Extent to which working practices have changed for staff/individuals that have worked directly with these families
- Indicative assessment of the costs of the reforms.

The process and implementation evaluation, which describes and analyses the approaches adopted to deliver the new processes and should be read in conjunction with this report was published in June 2013.

This report contains data gathered through a survey of parent-carers (gathering the views of the first cohort of families, the majority of who were interviewed in the first half of 2013), qualitative case studies with families that participated in the pathfinder, a staff work and satisfaction survey and the cost/expenditure and family-related elements of the SQW monitoring tool.

This report is the second of two volumes containing the evaluation findings from the first 18 months of the SEND Pathfinder Programme. The two volumes cover:

- ***The Impact Evaluation**,* which provides 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/individuals that have worked directly with participating families to deliver the process, and an indicative assessment of the costs of the reforms – **these issues are contained in this volume**
- *The Process and Implementation Evaluation,* which describes the progress made by the pathfinder areas, the approaches adopted to deliver the pathfinder, what

has worked well and less well and emerging lessons – this report was published in June 2013[3].

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 framework, as a means of:

- 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[4].

The pathfinder programme involved the development and delivery of alternative 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 EHC 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. 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[5], comprising of thirty-one local areas were commissioned to run from October 2011 to March 2013. Each pathfinder area was grant funded to deliver local activities 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.

An introduction to the evaluation

The aims of the evaluation, as set out in the Terms of Reference (ToR), 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

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[3] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/206486/DFE-RR295.pdf

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

[5] 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.

- 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 methods adopted to undertake the evaluation are set out in summary in Annex A of this report. More detail on the specific methods used to undertake the impact element of the evaluation can be found in the associated technical report.

Contents of the report

This report presents:

- Commentary and analysis of the parent-carer survey to illustrate the experiences, outcomes and distance travelled by the initial cohort of participating families, with further analysis tables set out in Annex B
- Feedback from the qualitative research that was conducted with families from a sub-set of eight of the pathfinder areas, with additional individual family case studies included in Annex C
- Commentary and analysis of the staff work and satisfaction survey, which was undertaken in two waves – a baseline and follow-up – to provide an account of the extent to which the working practices of the staff/individuals who had supported families through the pathfinder process had changed relative to the existing system
- An estimation of the indicative costs of the reforms, based on information gathered through both the SQW monitoring tool and the staff work and satisfaction survey.

2: An introduction to the impact study and the supplementary qualitative family research

SUMMARY

The impact of the pathfinder programme on outcomes has been measured by comparing self-reports of those outcomes for 237 pathfinder families with self-reports from a matched comparison group of 226 families. The data was collected from parents via a telephone survey.

A range of outcome measures were collected, covering

- Experiences of the assessment and support planning process (reported on in Section 3)
- Experience of the delivery of services (Section 4)
- Self-reported change (Section 5)
- Child outcomes (such as health and well-being) (Section 6)
- Parental/family relationship outcomes (Section 6).

The 237 pathfinder families covered children of a wide range of ages, educational settings, and service receipt.

The impact study

The impact of the pathfinder programme on parent and child/young person’s outcomes has been measured using a quasi-experimental design. That is, outcomes for parents and children/young people going through the programme have been compared to outcomes for a matched comparison group of similar parents and children/young people going through existing, non-programme systems. Wherever outcomes differ significantly between programme families and comparison families we have taken this as evidence of a programme impact. Data on outcomes for both groups were collected via a telephone survey of parents.

In subsequent chapters we describe the findings from the impact study. In advance of that we summarise here the design of the impact study in terms of the sampling and analysis methods, with the full technical details being included in the accompanying technical report.

The quasi-experimental design

The design used for the impact study was pragmatic and differed from area to area depending on what was most feasible and practical in that area. Areas contributed in one of three different ways:

1. In most non-case study areas, survey interviews were conducted, and outcome data collected, just on pathfinder families
2. In six of the ten in-depth case-study areas[6] and four non-case-study areas, comparison families were recruited in parallel with pathfinder families. In two areas this was achieved by identifying eligible families and randomly assigning the families to the two groups. In the other areas the comparison families were identified and recruited separately, but with efforts made to ensure a degree of similarity between the two groups
3. In the other four in-depth case-study areas, a before-after approach was adopted. That is families were interviewed before starting the pathfinder to establish their outcomes under the non-pathfinder system. The same families were then interviewed again after participating in the pathfinder to establish their 'pathfinder-related outcomes'.

Overall 325 pathfinder and 258 comparison families were recruited and became eligible for the survey interview within the evaluation data collection period (15 May 2012 - 19 May 2013). The survey was conducted by telephone, and interviews were achieved with 237 pathfinder families (a 73 per cent unadjusted response rate[7]) and 226 comparison families (an 88 per cent unadjusted response rate). Of the 226 comparison interviews, 142 were 'before' interviews. In all instances a parent or carer was interviewed.

Pathfinder families were interviewed 9 to 17 weeks after their single plan was signed off, with the median interval between single plan and interview being 11 weeks. The timing of the interview for comparison families by necessity varied: for 'before-after' families, the 'before' interview took place just before the start of the single plan process; for parallel comparison families the interviews took place around 8 months after recruitment.

The technical details for the survey can be found in the accompanying technical report.

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[6] Ten pathfinder areas participated in the in-depth strand of the evaluation (see Annex A and the separate technical report for more details).

[7] Some of the non-respondents were ineligible, not contactable, or had decided not to participate in the programme before being invited to take part in the survey.

Matching to improve comparability

The pragmatic nature of the selection of comparison families does introduce some risk of bias in the impact study, in the sense that the comparison families *may* not, in aggregate, be as similar as is desirable to pathfinder families and, consequently, the outcomes for the comparison group *may* not give an unbiased estimate of the counterfactual (the 'counterfactual' being the outcomes that would have been achieved by the pathfinder families in the absence of the programme). We have, however, included a number of checks for bias and are reasonably sure that, if there is bias, it is low. Over and above the efforts made to recruit 'similar' families, the main strategy we have used for bias minimisation is propensity score matching. We have also carried out a range of sensitivity checks to ensure that the impact estimates remain broadly the same irrespective of the source of the comparison sample – these checks are described in the technical appendix.

As noted above, the two groups for whom we have survey outcome data (pathfinder and comparison) were selected to ensure a reasonable level of similarity between them. In the case of the before-after families this 'similarity' is implicit, but for areas where a parallel comparison group was recruited, care was taken to ensure the comparison families had similar characteristics in terms of factors such as age of child and type of school attended. The survey interview and evaluation monitoring system also collected data on a range of parent, child and household characteristics. Responses to these questions have been used to (propensity score) match the survey respondents in the comparison group to the pathfinder group so that, across this range of characteristics at least, the two groups are demonstrably very similar. The characteristics collected cover:

- Child characteristics - age and gender
- Nature of condition/disability; impact of that condition/disability on day-to-day life (parental report)
- School type
- SEN status
- Receipt of services (educational support, social care, specialist health care)
- Parent characteristics: employment status, social grade, highest qualification level
- Household characteristics: number of parents in household, number of children in household

The details of the matching are included in the accompanying technical report.

Outcome measures

The telephone survey included a wide range of outcome variables which have been used to measure the short-term impact of the pathfinders. Table 1 sets out the broad categorisation that has been used throughout the report.

Table 1 Categorisation of the outcomes

Category	Outcomes
1. Experience of the assessment and support planning processes	▪ Understanding of the process/decisions ▪ Whether processes were child/young person-centred/family-centred ▪ Whether assessment and support planning process was joined up ▪ Perceived fairness of decisions about support ▪ Whether processes put burden on families ▪ Satisfaction with process
2. Experience of the delivery of services	▪ Choosing support services ▪ Whether child/young person gets support needed ▪ Satisfaction with services
3. Child/young person's outcomes	▪ Parent-reported health ▪ Quality of life ▪ Social contact and independence ▪ Confidence

Category	Outcomes
	▪ Experience of education ▪ Post-16 aspirations
4. Parental/family relationship outcomes	▪ Self-reported health ▪ Control over daily life ▪ Quality of life ▪ Family organisation/home chaos

Source: Pathfinder evaluation team

We report on the first two sets of outcomes in chapters 3 and 4. We address the question of whether, and where, the pathfinder has had an impact on families' experience of the process of applying for and getting support. We use the family outcomes (child/young person, parent, family) in Section 6 to see whether, in the short-term, the pathfinders have had an impact on the day-to-day lives of families and their feelings of well-being.

Interpreting the impact tables of chapters 3-6

The tables in chapters 3-6 each present three columns of data: the percentage or mean responses of the pathfinder group (first column); the percentage or mean responses of the matched comparison group (second column); and the estimate of impact (that is, the difference, in percentage point terms, between the first two columns of data) (third column). Percentages are rounded to the nearest whole per cent. Due to this, table columns do not always total 100 per cent. Also, the percentage point differences are rounded to the nearest whole per cent. However the differences between the percentages in the first and second columns are calculated using percentages to several decimal points[8]. The tables provide un-weighted bases.

The p-value is the indicator of statistical significance – it represents the probability that the observed difference between the responses given by the two groups could have appeared just by chance if the impact of the programme was actually zero. In other words, the p-value tells us whether we can be confident that any differences we see in the outcomes of the pathfinder and comparison groups are likely to be attributable to the

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[8] This explains why the percentage differences do not always reflect a simple subtraction of the two percentages shown in the tables.

effect of the pathfinder, rather than just differences that could have happened by chance in our two samples.

We have taken a p-value of 0.05 or less as a marker for 'statistical significance' – this being the default for most studies. For any impact with a p-value of 0.05 or less we can be at least 95 per cent confident that the impact is genuinely different to zero[9]. Put another way, if the p-value is 0.05 or less, we know that there is a very high probability that the difference observed between the samples is genuine and not 'random noise' in the data. Impacts with a p-value of 0.05 or less are shown in the tables with two asterisks. However, given our relatively small sample sizes per group may depress the chances of identifying statistically significant differences, we also mark p-values of more than 0.05 but less than 0.10 with a single asterisk. For these, we can be at least 90 per cent confident that the impact is genuinely different to zero. Although differences with p-values of between 0.05 and 0.1 represent weaker evidence of impacts, we have tended to comment on them in this report as 'significant'. This is because, where they occur, these differences tend to be consistent with the other impacts we have found for which the evidence is stronger. So the risk of our presenting an artificially positive picture by including these as 'significant' is relatively small. We do however, always point out in the text where the p-value is greater than 0.05.

Characteristics of the pathfinder families in the impact study

Below we present the outcomes for pathfinder and matched comparison families, together with our estimates of impact. As context for that we include here a brief summary of the profile of the 237 pathfinder families included in the impact study across a range of the variables used in the matching exercise.

In summary:

- The children and young people in the pathfinder outcome survey sample were well distributed in terms of age (17 per cent under 5; 20 per cent aged 17 and over)
- 70 per cent were male
- 43 per cent were in a mainstream school; 32 per cent were in a special school
- 63 per cent had a statement of special needs
- 27 per cent of interviewed parents described their child's/young person's health condition or disability as profound or complex

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[9] All tests are two-sided. Standard errors take into account the weighting of the data and between-area variance. See the accompanying technical report for more detail.

- Just 16 per cent of the interviewed parents were in full-time work
- 37 per cent of the interviewed parents had level 4 qualifications or higher
- 30 per cent of the interviewed parents did not live with a second parent/guardian of the child.

Further details are provided in Table 2 (Similar profile statistics for the comparison families are included in the accompanying technical report.).

Comparison of the survey and population profiles (see chapter 4 of the *Process and Implementation Evaluation Report*[10]) illustrates that those aged 0-5 years were under-represented and, those in mainstream school and those with an SEN statement were over-represented in the survey sample. Therefore, the survey profile only partially reflects the profile of *all* pathfinder families that were recruited during the evaluation period. This is likely to be the result of only being able to include those who had a single plan signed off and the sign off date recorded on the evaluation monitoring tool before 5th March 2013 in the survey.

Sub-group analysis of the survey data (see chapter 4 for more details) illustrated that the pathfinder approach appeared to achieve similar results across the full range of families. This implies that the survey analysis largely reflects the experiences of the population.

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[10] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/206486/DFE-RR295.pdf

Table 2 Profile of pathfinder families in the impact study

	Pathfinder families %		Pathfinder families %
Age of child:		**Responding parent's employment status:**	
Under 5	17	Working full-time	16
5 to 7	19	Working part-time	33
8 to 10	15	Unemployed	5
11 to 13	14	Other not working	44
14 to 16	14	Student	1
17 and over	20	Other	2
Gender:		**Responding parent's social grade:**	
Male	70	A	3
Female	30	B	17
		C1	35
Impact of condition/disability on day-to-day life		C2	16
		D	10
Mild	7	E	18
Moderate	28		
Severe	36	**Responding parent's highest qualification level:**	
Profound or complex	27		
Don't know	1	Level 4 or above	37
		Level 3	16
Educational setting:		Level 2	16
Early Years	9	Below level 2	8
Special school	32	No qualifications	12
Mainstream school	37	Unknown	10
College	6		
Other/none	16		
		Number of parents in household	
SEN/School Action plan:		One	30
SEN	63	Two or more	70
Action plan/not SEN	33		
Neither	4	**Number of children under 18 in household:**	
Services in receipt of:		0	7
Special education	90	1	31
Social care	53	2	38
Specialist health	46	3 or more	24
Base:	237		

Source: Ipsos MORI survey data; Evaluation Monitoring Data

The qualitative family research

A series of 46 family-based case studies were undertaken with families from a sub-set of eight pathfinder areas, following completion of the parent-carer survey. This complementary research sought to build on the topics explored in the parent-carer survey to provide a more detailed understanding of the experiences of and outcomes achieved by families that had participated in the pathfinder. The following topics therefore formed the focus of the case studies, which were largely undertaken as face-to face in-home interviews, with a small minority (5 out of the 46) undertaken over the phone:

- Learning about the family and their child or young person
- Assessments and plans before the new system
- Getting involved in the pathfinder
- The assessment process
- The support planning process
- The content of the plan
- How the plan was working.

The findings of this element of the research are presented alongside the findings from the parent-carer survey as a means of fleshing out the story. Additional family case studies are presented in Annex C.

We have extracted a series of quotes from these interviews, to illustrate key points. These are presented anonymously.

Characteristics of the pathfinder families in qualitative research

The children and young people that took part in the family case studies had a wide range of additional support needs varying in severity and complexity. Many had multiple conditions and some children/young people remained undiagnosed at the point of interview. When asked to describe their child's additional needs and characteristics:

- Approximately one third of participants described their child as having a learning disability only (14)
- Just under a quarter had a learning disability and a physical disability (11)
- Smaller numbers had autism only (8), a physical disability only (6), or autism and a learning disability (4)
- The vast majority (35) of children and young people in the final sample were male compared to 11 females

- The sample largely consisted of children and young people identified as White British (36) compared to 8 identified as belonging to Black and Minority Ethnic Groups including Asian, Black African, Mixed Ethnicities, White Other and two unspecified.

Summary

The impact of the pathfinder programme on parent and child outcomes has been measured using a quasi-experimental design. That is, outcomes for parents and young people going through the programme have been compared to outcomes for a matched comparison group of similar parents and young people going through existing, non-programme systems. Wherever outcomes differ significantly between programme families and comparison families we have taken this as evidence of a programme impact. Data on outcomes for both groups were collected via a telephone survey of parent carers.

Interviews were achieved with 237 pathfinder families (a 75 per cent unadjusted response rate) and 226 comparison families (an 88 per cent unadjusted response rate). The two groups were matched using propensity score matching, and a range of sensitivity analyses conducted to test for possible biases.

A range of outcome measures were collected via the survey, covering

- Experiences of the assessment and support planning process (reported on in Section 3)
- Experience of the delivery of services (Section 4)
- Self-reported change (Section 5)
- Child/young people’s outcomes (such as health and well-being) (Section 6)
- Parental/family relationship outcomes (Section 6).

In addition, a series of 46 family-based case studies were undertaken with families from a sub-set of eight pathfinder areas, following completion of the parent-carer survey. This complementary research sought to build on the topics explored in the parent-carer survey to provide a more detailed understanding of the experiences of and outcomes achieved by families that had participated in the pathfinder.

Chapters 3-6 of the report present the findings from both the parent-carer survey and the qualitative family case studies. Additional data tables from the impact analysis can be found in Annex B.

3: Families' experience of the process

Key findings

- Pathfinder families were significantly more likely than comparison families (albeit at a 90 per cent confidence level) to strongly agree that they understood the assessment and support planning processes (38 per cent pathfinder families; 27 per cent comparison)

- Families' understanding of the process appeared to have been linked to the competency, consistency and knowledge of the 'key worker' or 'group of individuals' that had provided them with support. The transparency of the process also appeared to be an important factor

- Although three quarters (73 per cent) of comparison families agreed (strongly or tended to agree) that their family's views had been taken into consideration, pathfinder families were even more likely to say this, with almost nine in ten (88 per cent) pathfinder families agreeing strongly or tending to agree with the statement

- Parents reported positive and statistically significant improvements in the extent they were encouraged to think about what they wanted and were listened to

- The process itself was felt to have been child/family centred in cases where professionals had allowed time for discussions, were accessible and recognised the value of parents' insights into their child or young person's needs. This emphasises the importance of resourcing this process sufficiently, with well trained staff

- Similarly, the outcomes of the process had an influence on how 'at the centre' families felt they had been

- Pathfinder parents were far more likely than comparison parents to feel that the decisions made about their child's support reflected their family's views

- Parents were not quite so positive when it came to how far their children's views had been taken into account, suggesting an area where further workforce development may be required

- Pathfinder parents were more likely to agree that the processes they had been through were straightforward compared to the comparison group

Parents were asked a range of questions about their experience of the assessment and support planning process. Those in the pathfinder group were asked about their experience since they signed up for the single plan and those in the comparison group were asked about the previous 12 months.

This chapter mirrors the course of the processes that the families had been through, reporting on pathfinder families' and comparison group families' experiences – and on evidence of the pathfinder having had an impact on how families felt about the processes – in terms of the assessment and support planning process, namely:

- Their routes into and expectations of the pathfinder
- Their understanding of the process and decisions made
- Whether they felt the processes were child-centred/family-centred
- The role of the plan
- The role of the key worker
- Whether the assessment and support planning process was joined up
- Their perceived fairness of decisions about support
- Whether the processes placed a burden on the family
- Their satisfaction with the assessment and support planning process.

Routes into and expectations of the pathfinder process

The circumstances in which parents found out about the pathfinder varied both across and within areas. This included referrals following an existing assessment, or a letter of invitation from their school or local authority and differed within and between the pathfinder areas and age groups.

In general, across the pathfinder areas and age groups, parents understood the pathfinder to be a **pilot initiative** testing a new approach to planning support for their child. They hoped that participating in the pathfinder would help to:

- Bring education, health and social care professionals together around their child
- Enable long term planning for the future. Participants who recognised this often had children in a transition stage between schools (5-16) or from children's to adult services (16-25)

- Afford parents the opportunity to have a greater say in the support planning for their child:

  'They said that my view would be taken into account, and I would know what happens step by step, that they wouldn't do things without telling me.' (Mum, 0-5 year old)

Few families had concerns prior to joining the pathfinder. However, a small number of parents expressed some **cynicism** about the process, questioning whether it would be possible to deliver such a programme, and how much of the process would need to be **driven by the parent**. Such comments tended to come from parents of slightly older children who were more experienced in the practical challenges present in such a process and the current squeeze on both funding and professional capacity.

'In the group where I was one of the parents actually said, "This sounds too good to be true, what's the catch?" And she said, "There is no catch." Well I suppose I'm a bit more cynical because I've been in the system a while. But I just thought it was worth a go.' (Mum, 5-16 year old)

Nevertheless, some felt that they had nothing to lose by taking part:

'To be honest, I didn't know much about it but I thought, well anything that will you know, be good for [Child], then I'll, you know I'm willing to try it' (Parent, 0-5 year old)

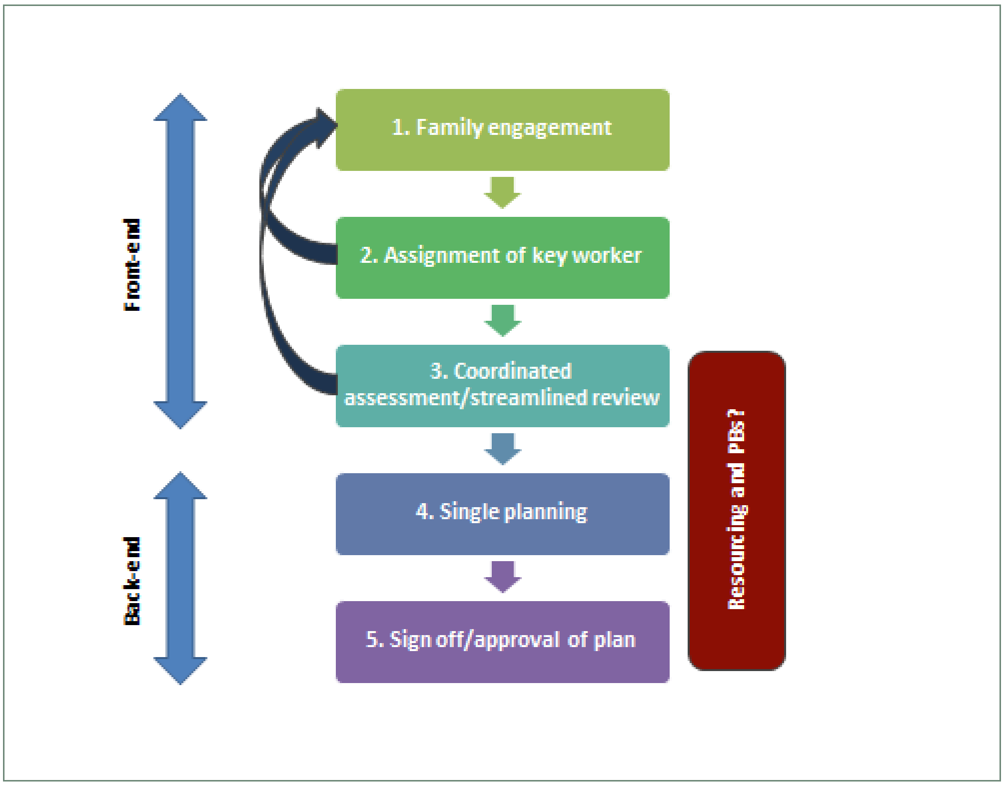
Assessment and support planning process

The pathfinder process was designed and implemented differently in each pathfinder area, with differences including:

- involvement of a **key worker**
- number and type of **professionals involved** and the role they played
- whether **new assessments** were conducted and their format
- whether **existing assessments** and plans were drawn on
- whether planning **meetings** took place
- who **wrote the plan** itself
- whether there was a clear **distinction between assessment and support planning**.

Therefore families' descriptions of the process (provided through the family case studies) differed by area, and in some cases within areas to reflect the pathways they were taken through. However, most families had taken part in a similar set of stages, which mirrored the findings from the *Process and Implementation Evaluation Report* that at a high level a general model was emerging (see Figure 2).

Figure 2 The new process – summary of most common stages and sequencing



Source: SQW

NOTE: The review stage does not appear in the above diagram as it had not yet been considered

Similarly, the qualitative research reinforced the *Process and Implementation* findings, in that:

- Families rarely reported having new assessments to inform their single planning as most were in receipt of support/services prior to involvement in the pathfinder
- The **SEN Statement** was commonly drawn on to inform single planning
- Different models of key working were employed, where some described a single ‘key worker’ who was perceived to ‘hold’ the process and drive it forward, whilst others described being supported by a ‘group of individuals’ each of whom focussed on delivering a discrete part of the process
- Levels of family and professional input varied across the piece and reflected the spectrum of approaches set out in chapter 5 of the previous report.

Understanding of the process/decisions

Parent carer perspective

While three quarters of families in *both* the pathfinder and comparison groups agreed strongly or tended to agree that they understood the processes, at a 90 per cent (rather than 95 per cent) confidence level, **pathfinder families were significantly *more* likely to say that they agreed *strongly*** (38 per cent compared to 27 per cent). (See Table 3.)

Table 3 Extent to which parent carers agreed they understood the processes

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.072*
Strongly agree	38	27	10	'**' represents statistical significance at the 95% confidence level
Tend to agree	39	47	-8	
Neither agree nor disagree	5	5	0	
Tend to disagree	7	7	0	'*' represents statistical significance at the 90% confidence level
Strongly disagree	4	10	-6	
Don't know	3	2	0	
Not applicable	4	1	3	
Bases: all respondents	237	226		

Note: Percentage point differences are rounded to the nearest whole per cent
Source: Ipsos MORI survey data

Families' understanding of the process appeared to have been **linked to the competency, consistency and knowledge of the 'key worker'** or 'group of individuals' that had provided them with support. The **transparency of the process also appeared to be an important factor**. For example, there were a number of parents who began the pathfinder process without a detailed understanding of its purpose, including the relationship between the pathfinder and other support planning mechanisms such as the SEN Statement. These parents tended to perceive the explanation that was given to them as poor or vague and in some cases, a reflection on the professionals' own lack of understanding of the programme.

> *'It was sort of thrown at me, so I was like – she was saying all this stuff and my head was all over the place and I wasn't like totally with it...So I was like I don't understand any of this.' (Mum, 5-16 year old)*

Similarly, *where professionals had attended meetings* with the family, participants tended to have been clear about what their role was at the meeting, especially if those professionals were already known to the family. Conversely, *where professionals had not attended meetings* with the family, participants were not always sure which professionals had been involved and how. Families might either have known, assumed or thought it likely that professionals had a role 'behind the scenes' – submitting a report to the key worker or simply having a conversation with the key worker.

Clarity of the decision making process was not found to differ significantly between the pathfinder and comparator group. That is, pathfinder parents were not statistically significantly more likely to report that the decisions made about their child's support were explained to them clearly, despite the difference appearing to be positive (62 per cent of pathfinder and 52 per cent of comparison group families agreed that the decisions were explained clearly). (See Table 4.)

Table 4 Extent to which parent carers agreed decisions were explained clearly

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.117
Strongly agree	31	21	10	'**' represents statistical significance at the 95% confidence level
Tend to agree	31	31	0	
Neither agree nor disagree	6	5	2	
Tend to disagree	14	22	-8	
Strongly disagree	13	18	-6	
Don't know	5	3	2	'*' represents statistical significance at the 90% confidence level
Bases: all respondents	237	226		

Note: Percentage point differences are rounded to the nearest whole per cent

Source: Ipsos MORI survey data

Child/family-centred processes

Parents were asked a series of questions about (a) generally, whether their views were taken into consideration, (b) whether they were encouraged to be involved and the extent to which their views were listened to, and (c) how far their views (both parents' and young people's) were reflected in the support or services offered. In all but one aspect – the extent to which their child had had a say over their support and services received – pathfinder families reported significantly better experiences than the comparison families.

Table 5 shows that **although three quarters (73 per cent) of comparison families agreed that their family's views had been taken into consideration, pathfinder families were even more likely to say this, with almost nine in ten (88 per cent) pathfinder families agreeing strongly or tending to agree with the statement**. The difference is statistically significant.

Table 5 Extent to which parent carers agreed families' views taken into consideration

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.003**
Strongly agree	49	32	17	'**' represents statistical significance at the 95% confidence level
Tend to agree	38	41	-2	
Neither agree nor disagree	1	4	-3	
Tend to disagree	7	14	-7	'*' represents statistical significance at the 90% confidence level
Strongly disagree	2	6	-4	
Don't know	1	2	-1	
Not applicable	2	1	1	
Bases: all respondents	237	226		

Note: Percentage point differences are rounded to the nearest whole per cent
Source: Ipsos MORI survey data

Parents also reported positive, and statistically significant improvements in the extent that they were encouraged to think about what they wanted and were listened to (Tables 6 and 7). Half of pathfinder families agreed *strongly* with both of these statements, compared to a quarter of comparison group families.

Table 6 Extent to which parent carers agreed that they were encouraged to think about what wanted

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.000**
Strongly agree	53	26	27	'**' represents statistical significance at the 95% confidence level
Tend to agree	35	36	-2	
Neither agree/disagree	1	7	-6	
Tend to disagree	4	18	-14	'*' represents statistical significance at the 90% confidence level
Strongly disagree	3	9	-6	
Don't know	2	*	2	
Not applicable	3	4	-1	
Bases: all respondents	237	226		

Table 7 Extent to which parent carers agreed their suggestions were listened to

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.001**
Strongly agree	48	26	22	'**' represents statistical significance at the 95% confidence level
Tend to agree	37	39	-3	
Neither agree/disagree	4	7	-4	
Tend to disagree	4	14	-10	'*' represents statistical significance at the 90% confidence level
Strongly disagree	3	7	-5	
Don't know	2	1	1	
Not applicable	3	5	-2	
Bases: all respondents	237	226		

Note: Percentage point differences are rounded to the nearest whole per cent
Source: Ipsos MORI survey data

In the qualitative research, the majority of parents felt that their experience had been child- or family centred and this was most commonly attributed to parents' interactions with professionals. The **process** itself was felt to have been **child- or family-centred in cases where professionals had allowed time for discussions, were accessible and recognised the value of parents' insights into their child or young person's needs**. For example two parents commented as follows:

'I feel that they all seem to be wanting to help and to make- To support us, not just with him at the school, but to support us as a family and at home with him.' (Dad, 5-16 year old)

'It was good because our opinion was always, you know, that was the first thing in the meetings that we had. It was how things are going, and any concerns that we had with [Child] and so on.' (Mum, 5-16 year old)

In addition to the character and tone of the interactions between parents and professionals, around a fifth of families reported that the **completed plan document itself** helped feel it was child- or family-centred: for example, that it reflected their views in terms of what they thought their child needed, and/or described their child accurately and gave a good sense of their child as an individual. Some plans did this by using the first person voice for the child or young person (for example, ‘My name is [Child], I like playing in my garden, I don’t like loud noises or crowded places, I need help with…’).

‘It’s quite a holistic document really, because it also incorporates - very much so - the parents’ views, what we feel about [Child] and what he needs and how we’re dealing with the situation here and now, and you’ll find that that’s in there as well, how we deal with the situation, and how does our daughter respond to [Child].’ (Mum, 5-16 year old)

Families also generally felt it was more centred around them when they could **have a say on the process**, for example saying which professionals should be involved, seeing a draft of the plan and commenting on it.

Further findings from the survey found that **pathfinder parents were far more likely than comparison group parents to feel that the decisions made about their child’s support reflected their family’s views (**Table 8**).** Four in ten (38 per cent) pathfinder families said ‘a great deal’, twice as many as in the comparison group (21 per cent). Conversely, comparison group families were twice as likely as pathfinder families (29 per cent compared to 14 per cent) to say that decisions did *not* reflect their views ‘very much’ or ‘at all’. These differences are statistically significant.

Table 8 Extent to which parent carers felt decisions supported families’ views

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.002**
A great deal	38	21	17	‘**’ represents statistical significance at the 95% confidence level
A fair amount	38	47	-9	
Not very much	11	22	-12	
Not at all	3	7	-4	
Don’t know/can’t remember	10	2	7	‘*’ represents statistical significance at the 90% confidence level
Bases: all respondents	237	226		

Note: Percentage point differences are rounded to the nearest whole per cent

Source: Ipsos MORI survey data

Families added that the **outcomes of the process had had an influence on their perceptions of how child or family-focused the resultant plan had been**, i.e. the degree to which the plan was enabling their needs to be met. For example:

- Where children or families were receiving support or services as a result of the plan, and where these were making a positive difference to their lives, then participants saw this as evidence that the process was centred around their needs
- Participants also felt this way when they were not seeing outcomes as yet, but were expecting to do so (e.g. they had been promised a referral to a service, then received the referral letter, and expected that the service would meet their needs once they started using it)
- Where the plan tended to focus more on the description of the child or young person, rather than on translating this into proposed actions, parents were less likely to feel that it was centred around their needs
- If actions were identified in the plan but there was no evidence that these were underway or parents were having to chase to get things done, this also made them less likely to feel they were 'at the centre' of the process.

The extent to which participants felt at the centre of the process did not appear to vary much by pathfinder area. Although where the process had led to few or no outcomes, there was a general consensus that participants felt that they were listened to and involved. Even where parents could detect few or no outcomes that had occurred, participants nonetheless often felt that they had been listened to and involved in the process.

In addition, how parents felt about the degree of their involvement in assessment and planning depended on what they saw as the purpose of the plan, the complexity of the child or young person's needs and to what extent the parent was generally engaged or capable of engaging in their child or young person's care. For example:

- Parents who felt, based on their own observations or on previous advice from a professional, that their child or young person needed a particular assessment (e.g. an educational psychology assessment) or an increase in a type of service (e.g. more hours of speech and language therapy) ⇨ *felt happy to have the opportunity to request* the *inclusion of this in the plan*
- Parents who felt that their child or young person was not doing well but did not know what services might help them to improve ⇨ *felt unable to say 'what they needed'*
- Parents who thought the purpose of the plan was simply to describe their child or young person ⇨ *felt that their own input, usually with some input from school, was sufficient to do this*

- Parents who understood it to be a ‘live’ plan obliging professionals to deliver on the actions within it ⇨ *felt more concerned about having proper professional assessments to underpin it.*

Child and young person perspective

Parents were not quite so positive when it came to how far their children’s views had been taken into account. Only a third (34 per cent) of pathfinder and comparison group families said that their child had had a say over the support and services he or she receives, with no significant impact of the pathfinder (Table 9). Nevertheless, pathfinder parents were significantly more likely than comparison group parents to report that their child’s wishes were taken into account about the services and support they receive (Table 10).

The discrepancy between these two findings may reflect the more active involvement of children ‘having a say’ over their wishes being taken into consideration. (Note, up to a third of parents said that these questions were not applicable, either because of their child’s age or disabilities.) Findings from the qualitative research supported this as they found that the majority of children and young people had not been directly involved in the process, because they were too young or the nature of their disability meant they were not able to participate. However, for those who had, parents were generally pleased that this opportunity had been offered, and many parents whose children were not able to participate commented that they thought it would be positive to include children and young people where possible.

'That’s another thing that made me feel good as well, because they were actually directly asking [Child] questions - how she was, how she got on. I think it makes them feel involved. It makes – you know, and actually as well to let them know what’s going on. And for them to have an understanding as well, although [she] might not have understood anything. But it was just the thought of getting her involved that made it nice.' (Mum, 5-16 year old)

Table 9 Extent to which parent carers agreed young person had a say over support

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.136
Strongly agree	16	9	7	‘**’ represents statistical significance at the 95% confidence level
Tend to agree	18	23	-6	
Neither agree/disagree	5	3	2	
Tend to disagree	12	15	-3	‘*’ represents statistical significance at the 90% confidence level
Strongly disagree	9	14	-5	
Don’t know	5	1	3	
Not applicable	36	34	1	
Bases: all respondents	237	226		

Table 10 Extent to which parent carers agreed young person’s views were taken into account

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.026**
Strongly agree	24	14	10	‘**’ represents statistical significance at the 95% confidence level
Tend to agree	24	25	-1	
Neither agree/disagree	4	7	-3	
Tend to disagree	6	11	-4	‘*’ represents statistical significance at the 90% confidence level
Strongly disagree	6	14	-8	
Don’t know	4	1	2	
Not applicable	32	28	4	
Bases: all respondents	237	226		

Percentage point differences are rounded to the nearest whole per cent. Source: Ipsos MORI survey data

The role of the plan

There were four broad categories of content in the plan: information about the child or young person; service and support currently receiving or required; outcomes and goals; actions to achieve outcomes.

The formatting and level of detail varied. Plans used a number of approaches to structure the information e.g. key headings, photos, action plans set out in tables, and use of the first person. Most participants felt that the plan was written in plain English and easy to navigate. Not all participants were clear about the purpose of the plan but nearly all felt that it provided useful information for new professionals or carers meeting a child or young person, and that it would help professionals to understand the child's needs, build a rapport with them and deliver services more effectively.

Some families viewed it as a 'framework' for delivering a more joined up and holistic package of care, which would variously: lead to more thorough assessments and support planning; help to plan for the future and articulate goals; provide a 'reference document' describing care and support in place, or to help track progress against goals; be an evolving and regularly updated picture of the child or young person's development; support smooth transitions (from primary to secondary school or from children's to adults services).

It was common for plans to be used by professionals to provide care and support which was more in line with families' needs and development goals. Often actions had been taken around a specific development-focussed goal, such as developing skills related to independence. Less commonly, plans had been used to access new and additional services and support, sometimes focussed on the whole family e.g. increased respite hours.

There were examples where the plan had helped professionals to align their care and establish better joint working practices; where participants used the plan to monitor their child's progress against goals; and where the plan was used to hold professionals to account to deliver services.

'I kept quite a close tab on them and if something wasn't happening then I would email [our key worker] and CC in whoever was necessary just to say this hasn't happened, can we have a timeline?' (Mum, Area K, 0-5)

Once the process was underway or the plan was complete, participants raised questions about the purpose of the plan relating to: the arrangements for sharing information; professional accountability; the legal status of the document; how it would be updated and its relationship with the SEN Statement; and whether training should be provided to key professionals involved in the process.

Generally participants were less concerned about the role of the plan where they did not see it as essential to ensuring they have the services they need. It was common for the child/young person to have an existing SEN Statement in place, or in the case of the 0-5 group, to be pursuing a Statement alongside the plan. Some families therefore saw the plan as additional to their SEN Statement and felt that the services in the SEN Statement were assured, regardless of the plan and that similarly, any actions in the plan were meaningless without a Statement. Participants with existing SEN Statements also appeared less concerned where they did not need new services as they were not looking to 'get' anything extra as a result of the plan.

The role of the key worker

Across the pathfinder there were variations in the role and level of input of the key worker. While it was common for them to dedicate large amounts of time and energy to 'holding' the process and driving it forward, others focussed on discrete elements such as the one to one interview and the drafting of the plan. In a minority of cases there were several professionals playing a 'key' role, for example, a pathfinder lead and someone from their child or young person's school. There were also several instances where participants reported having no key worker.

Where the process was key worker led, they often played an important role in determining participants' overall level of satisfaction with the process and the outcomes that were achieved. Key workers often had a large impact on the extent to which participants felt that they understood the process and aims and were up to date on the progress of their plan. They also helped to make the process feel family-centred, and often played an important role in engaging professionals.

There was an emphasis on the benefits of having the 'right' person and many questioned how the key worker role would be recruited and adequately resourced to fulfil the role if the pathfinder was to be mainstreamed. Several participants pointed out that if families were given a choice, and opted for family members they would be likely to miss out on the skills and expertise of a professional.

Key workers were felt to be **effective** where they:

- had **knowledge of the child or young person**
    - however, some participants talked about the value of having a key worker who did not previously know their child or case, because they were able to apply a fresh perspective

- were able to draw on their **knowledge and experience of the 'system'** e.g. available options/entitlements and knowing 'what you have to do get things done'
- **synthesised different strands of assessment information** and evidence into a coherent, clear and person-centred package of care
- **provided advice**, information and played an **advocacy** role throughout the process

  'It's brilliant for us because it means it's one meeting rather than five arguments with people which we were having before.' (Mum, 5-16 year old)

  'I just felt with her, sometimes if I was saying something and I wasn't saying it properly or I wasn't putting the point across that I wanted to make, because I had had my meeting at home with her, she knew what I was trying to say and she would intervene and say it properly so the teachers actually knew what I was on about.' (Mum, 5-16 year old)
- **exercised their judgement** and responded to families' need for different types and levels of support, for example, taking a collaborative role vs. taking more of a clear lead and 'hand holding' families
- used their **professional** status and knowledge to **influence others** and 'make things happen'
- were good listeners and were **attentive to the needs** and wishes of families:

  'They should make sure that she has a big chunk of time for the interviews, because particularly if this is the first time that anybody's sat down and talked to their child about their health, their education and their social needs then you need a lot of time. And they should probably bring a box of tissues. And maybe just be good listeners. And, you know, have a genuine interest in their child.' (Mum, 5-16 year old)
- were **fair and impartial** throughout the process and able to bring a **fresh perspective**:

  'She had an independent view of [Child] in different settings which was useful. When someone's looking at it independently they may see different things than the others see, they'll see the differences [between their behaviour in different care settings] so I think that's what's really good about the process.' (Mum, 0-5 year old)

Where the role of the key worker was **less effective**:

- Key workers were felt to be **unresponsive** when contacted or to have failed to adequately support families through the process
- Participants often linked poor performance of the key worker with the fact that the role was '**on top of their day job'**, which could limit the time they could put to the

role, or because there was a **lack of direction** from the team leading the pathfinder. Participants had questions about how the key worker role would be adequately resourced and felt that this should be a key consideration for the pathfinder programme.

It was common for participants to encounter a number of ‘process issues’ and challenges which were sometimes linked to the performance of the key worker. In most instances it was recognised that as part of a pathfinder, everyone involved was on a learning journey, and that they might not get things exactly right the first time around. For example the quote below illustrates how an initial version of a plan produced by a key worker and participant did not read clearly for someone who did not know the child. Following feedback, the plan was redrafted by the key worker with help from the participant, with both parties gaining a clearer understanding of the level of detail and specificity required in plans.

‘It seemed obvious to us what we wanted, but because he’d never met [Child] he was able to say “I don’t know what you mean by that”. So that was really, really good and then he reworded it all and then sent me a copy again and [our key worker] who was helping me looked at it and said very clearly, “Right. I get it now. I get it.”’ (Mum, 16-25 year old)

In several cases **problems occurred when the key worker was required to pass interview information to a colleague who drafted a plan, which then contained inaccuracies because the colleague had misinterpreted the information**. When families highlighted these errors it resulted in sometimes lengthy delays as the plan went through further rounds of editing. Participants emphasised the importance of the nuances relating to the needs of their child being understood and of reporting needs and information as accurately as possible. **Participants recommended that where ever possible the author of the plan should be present during the assessment and planning interviews and meetings.**

Where participants were aware that their plan had been written by a different person than the one who met and talked with them about their needs and wishes, they found that the initial draft of the plan did not accurately reflect their needs and wishes (subsequent drafts rectified any errors).

Joint working

One of the key aspirations of the pathfinder programme was that families had a more streamlined experience of the assessment and planning processes across health, education and social care**. Pathfinder parents reported getting a significantly more ‘joined up’ service than those in the comparison group, although the survey findings highlighted there was room for further improvement in this area**. The Process report noted several areas where joint working could be improved, including the engagement of health services and the sharing of information. The pathfinders were continuing to work on these areas as part of their on-going development.

There were two domains in which families reported joint working taking place:

- Firstly **in meetings** attended by more than one professional, including those from different organisations, families observed how professionals communicated with each other and whether there were any benefits arising from their attending these meetings together
- Secondly, families commented on whether they had seen any evidence of or improvements in joint working by professionals taking place **outside of these meetings** and, if so, the benefits of this.

Where multiple professionals had attended meetings together, participants had generally found this to be a positive and valuable experience. Most participants reported that at these meetings, professionals communicated well with each other, taking turns to speak and listening to each other's views. Benefits of this included:

- **Sharing ideas** about how to best work with the child or young person and what support he or she may benefit from:

  'Everyone came up like different ideas, all the different people, different point of view, on the end they find like the best way to, I don't know how to say that, they put their like all their good ideas in one pot and find the solution.' (Dad, 0-5 year old)

- **Challenging each other** to **find** solutions, for example asking 'why can't you do that?'
- **Gaining a more rounded understanding** of the child or young person and their needs. This benefitted both professionals and parents themselves:

  'Going to the meetings has made me more self-aware of my own ignorance towards [Child's disability], because obviously as a parent you get impatient and it just made me more aware of the – she's different, you know, I can't expect a miracle and listening to everybody made me realise she has made progress from when she started […] going to the meetings and listening to what everybody else had to say and then getting prompts of what to do, to put into place, was easier for me as whereas before you just – it was just lots of nothing that I probably didn't understand.' (Mum, 5-16 year old)

Families felt that **having professionals agree to undertake actions in this multi-agency setting made them more likely to commit to and follow through on these actions**: there was a sense of increased accountability.

> *'The single plan meeting is an opportunity for us to say [what] [Child's] needs [are] and everyone to agree how to meet them. Otherwise they'd all just think, 'oh someone else will do that.'' (Mum, 5-16 year old)*

Some parents who had *not* had a multi-agency meeting as part of their assessment and support planning process thought it would have been useful, for the reasons given. Others felt that it was not necessary, because they or their key worker could find out the views of other professionals through reports or one-to-one conversations. However not having had a multi-agency meeting, they were not able to say how their experience compared in terms of effectiveness.

However, not all families had a positive experience of multi-agency meetings, for the following reasons:

- There was **not enough time** for everyone to have their say
- **Not all of the relevant professionals** had been able to make it to the meeting
- It was confusing to hear **conflicting opinions** from **different** professionals
- There were unhelpful **power dynamics** at play between professionals during meetings, for example:

  > *'We've had meetings in this [room, Team] Around the Child meetings, where there's been people from mobility for example, and there's been someone from the nursery, and that person from mobility, because she was health, thought that she knew far better than the people in the nursery.' (Dad, 0-5 year old)*

Turning now to look at straightforwardness, **half (52 per cent) of parents in the pathfinder group agreed that the processes they had been through were straightforward, compared to 36 per cent of those in the comparison group** – a statistically significant difference (Table 11)

Table 11 Extent to which parent carers agreed processes were straightforward

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.005**
Strongly agree	29	15	14	‘**’ represents statistical significance at the 95% confidence level
Tend to agree	24	21	3	
Neither agree nor disagree	6	3	3	
Tend to disagree	19	25	-6	‘*’ represents statistical significance at the 90% confidence level
Strongly disagree	16	33	-16	
It varies across different services	1	2	-1	
Don’t know	1	0	1	
Not applicable	4	2	2	
Bases: all respondents	237	226		

Note: Percentage point differences are rounded to the nearest whole per cent
Source: Ipsos MORI survey data

Two thirds (65 per cent) of pathfinder parents reported having had to explain their child’s needs on multiple occasions during the process (48 per cent ‘agreed strongly’ that they had) (Table 12). While **this is significantly better than the 81 per cent of comparison group families who reported this,** there was room for improvement here.

This sentiment was also picked up in the qualitative research, where not all families saw improved joint working as a result of the single plan process, with lack of joint working reflected in the following ways:

- **Parents still having to pass on information between professionals**, instead of them communicating directly with each other. Having to pass on messages was not only burdensome to parents but could make them worried, in case they misunderstood and didn't communicate the professional's message accurately:

  ‘When we pick [Child] up from thera-play the speech therapist says, 'when you go to nursery could you just let them know that we’re doing this and can they do that',

and we're kind of like, 'well can't you just send them an email so you can get that information to them properly." (Mum, Area K, 0-5)

- **Parents receiving conflicting messages** from different professionals about what services they were entitled to or needed. For example, a family was told by one professional that they could start to look at future residential placements for their 14 year old son, while another said they could not do so until he turned 18
- None or not all of the relevant agencies (e.g. school, health) had been **given a copy of the plan**, or parents not being aware of whether or not the plan had been seen by anyone else
- **Parents feeling that the onus was still on them** to contact agencies to request or chase up referrals
- **Lack of outcomes**:

  'So I mean they were there all together in the room but again you know I don't think it was actually, I don't think we actually achieved anything from it going forward, nothing's changed.' (Mum, 5-16 year old).

Table 12 Extent to which parent carers agreed they had to explain on multiple occasions

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.019**
Strongly agree	48	61	-13	'**' represents statistical significance at the 95% confidence level
Tend to agree	17	21	-3	
Neither agree nor disagree	5	1	4	
Tend to disagree	14	6	8	'*' represents statistical significance at the 90% confidence level
Strongly disagree	10	7	3	
It varies across different types of services	1	1	-1	
Don't know	1	1	0	
Not applicable	3	2	2	
Bases: all respondents	237	226		

Note: Percentage point differences are rounded to the nearest whole per cent

Source: Ipsos MORI survey data

Again, **pathfinder parents were significantly more likely to 'strongly agree' that the different services involved in the assessment process worked closely together than the comparison group (35 per cent versus 21 per cent):** but at 35 per cent there was room for improvement (Table 13).

Table 13 Extent to which parent carers agreed services worked closely together

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.008**
Strongly agree	35	21	14	'**' represents statistical significance at the 95% confidence level
Tend to agree	27	36	-9	
Neither agree nor disagree	6	5	0	
Tend to disagree	11	16	-5	'*' represents statistical significance at the 90% confidence level
Strongly disagree	10	16	-7	
It varies across different types of services	1	1	0	
Don't know	4	1	3	
Not applicable	8	4	3	
Bases: all respondents	237	226		

Note: Percentage point differences are rounded to the nearest whole per cent

Source: Ipsos MORI survey data

Parents who had been working with more than one area of support (education, specialist health and social care) were asked whether the support planning had taken place jointly across all services, or separately for each service. **Pathfinder families were twice as likely as comparison group families to say that it had been done jointly (42 per cent compared to 21 per cent – a difference that is statistically significant).** Nevertheless, fairly substantial proportions of pathfinder families (37 per cent) reported that it was done separately. (See Table 14).

Table 14 Parent carer views on the extent to which support planning had taken place jointly or separately

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.000**
Jointly	42	21	21	'**' represents statistical significance at the 95% confidence level '*' represents statistical significance at the 90% confidence level
Separately	37	66	-29	
Don't know	7	8	0	
Not applicable, family hasn't experienced planning in timeframe	13	5	8	
Bases: all respondents dealing with two or more services	150	155		

Note: Percentage point differences are rounded to the nearest whole per cent
Source: Ipsos MORI survey data

That said, when the minority of families who reported separate support planning for each service were asked whether all, or just a few of the young person's needs were taken into account at each support planning session, **pathfinder families were significantly less likely to say that just a few needs had been considered** (36 per cent of pathfinder families versus 52 per cent of comparison families (Table 15). So, there is evidence that, even without joint planning sessions, the pathfinder was improving the level of read-across of young people's different needs.

Table 15 Parent carer views on the extent to which support planning took into account all of a young person’s needs when it took place separately for each service

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.006**
All	46	39	8	‘**’ represents statistical significance at the 95% confidence level
Just a few	36	52	-16	
It varied	9	10	-1	
Don’t know	9	0	9	
Bases: all those with separate planning	56	102		‘*’ represents statistical significance at the 90% confidence level

Note: Percentage point differences are rounded to the nearest whole per cent
Source: Ipsos MORI survey data

Overall, from parents’ perceptions, **the pathfinder had significantly improved the extent to which different services involved in young people’s care share information between themselves. One third (32 per cent) of pathfinder families said this had been done ‘very well’ compared to a fifth (20 per cent) of comparison group families.** Again, this difference is statistically significant**.** (See Table 16).

Findings from the qualitative research illustrated that information sharing was likely to have improved in cases where multi-agency meetings were held. This was because such meetings were felt to have provided professionals with the opportunity to build relationships as a basis for linking up directly outside the meeting to share information and plans around supporting the child.

Table 16 Parent carer views on how well information is shared across services

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.002**
Very well	32	20	11	‘**’ represents statistical significance at the 95% confidence level
Fairly well	35	37	-3	
Not very well	13	20	-7	
Not at all well	6	14	-8	‘*’ represents statistical significance at the 90% confidence level
Don’t know	14	8	7	
Bases: all respondents	237	226		

Note: Percentage point differences are rounded to the nearest whole per cent
Source: Ipsos MORI survey data

Many families had hoped at the outset of the pathfinder that it would lead to more joined-up working between professionals involved in their child or young person’s care, and for some this proved to be the case. Evidence of improved joint working included:

- Families had **received referrals, assessments or services quickly** following a multi-agency meeting, without having to chase it up themselves, for example, referral letters arrived from occupational therapy or physiotherapy services
- They had seen **immediate action following a meeting**, for example, one family received some sensory toys on the very same day that it was discussed at the meeting
- **Professionals had contacted each other** without the parent’s prompting, for example one family reported that their community nurse had offered to update their child’s Advanced Care Plan and was coordinating all the necessary professionals to do so. The parent thought that this would not have happened had the nurse not made links with the others at the single plan meeting.

The effects of this improved joint working were a) **more timely access** to services and b) **less of a burden on parents** to make this happen. Participants were not always sure what exactly had led to these improvements, but thought it may be that professionals were more likely to take responsibility for tasks in front of other professionals (feel more accountable). Sometimes the key worker had chased up the promised actions.

Many participants commented that, while they wanted relevant professionals’ input, they did not necessarily expect that all of the professionals would attend meetings. They tended to appreciate that some professionals, such as GPs or health specialists, have a workload that would make it unfeasible for them to attend single plan meetings.

Perceived fairness of decisions about support

The pathfinder appears not to have had a significant impact on what parents feel about the fairness of the decisions made about the support their child was eligible for. While in part such decisions may be influenced by local resources, and so be outside the remit of the pathfinders, we might have expected that the pathfinders would have been better able to explain this position to families. Tables 49 and 50 (see Annex B) show that around half (53 per cent pathfinder, 52 per cent comparison group) of parents agreed that the decisions were fair given the amount of money available locally. Similarly, 54 per cent of pathfinder families and 56 per cent of comparison families thought the decisions were fair compared to what other young people were receiving locally.

Burden placed on families

Where families are to be involved in the assessment and support planning processes, this can entail a fair bit of preparation in advance of the meetings. It was possible that the single plan would *increase* the amount of preparation work that families needed to put in, and thus increase the burden of the process. However, pathfinder and comparison group parents reported spending similar amounts of time, which were not significantly different to one another: 28 per cent and 26 per cent respectively said they spent ‘a lot’ and only eight and six per cent respectively reported spending no time at all (Table 17).

Table 17 Parent carer views on the amount of preparation prior to meetings

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.648
A lot of preparation	26	28	-2	‘**’ represents statistical significance at the 95% confidence level
Some preparation	42	39	2	
Not much preparation	19	21	-2	
No preparation at all	8	6	2	
Don’t know	1	0	1	‘*’ represents statistical significance at the 90% confidence level
Had no meetings over last 12 months/since joining the SEND pathfinder/since the start of 2012	4	5	-1	
Bases: all respondents	237	226		

Note: Percentage point differences are rounded to the nearest whole per cent
Source: Ipsos MORI survey data

Satisfaction with the process

So, taking into account all the factors described above, has the pathfinder single plan approach had an impact on how satisfied parents were with the processes they went through to get support? (We report later on satisfaction with the services *received*.) **Overall, pathfinder parents were significantly more satisfied with the processes than comparison group families** (Table 18). For instance, looking at the proportions in the pathfinder and comparison groups who reported being ‘very satisfied’ with the processes, the pathfinder had an eight percentage point impact (35 per cent of pathfinder families were very satisfied, 27 per cent of comparison families). The percentage fairly dissatisfied or very dissatisfied has almost halved, from 23 per cent in comparison families to 12 per cent in pathfinder families. These are smaller impacts than might have been expected given the nature of the changes made for pathfinder families, and does suggest that there is still room for further improvement.

Furthermore, when we look separately at levels of satisfaction with the processes around education (Table 19), social care (Annex B Table 51) and specialist health (Annex B

Table 52), only satisfaction with education services was significantly higher among pathfinder families.

Table 18 Parent carer views in relation to satisfaction with the process

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.028**
Very satisfied	35	27	8	'**' represents statistical significance at the 95% confidence level
Fairly satisfied	34	38	-4	
Neither satisfied nor dissatisfied	10	4	6	
Fairly dissatisfied	7	15	-8	'*' represents statistical significance at the 90% confidence level
Very dissatisfied	5	8	-4	
Don't know	6	5	2	
No services received	4	4	0	
Bases: all respondents	237	226		

Note: Percentage point differences are rounded to the nearest whole per cent

Source: Ipsos MORI survey data

Table 19 Parent carer views on satisfaction with process, education services

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.003**
Very satisfied	37	31	6	'**' represents statistical significance at the 95% confidence level
Fairly satisfied	31	36	-5	
Neither satisfied nor dissatisfied	11	3	7	
Fairly dissatisfied	9	15	-6	'*' represents statistical significance at the 90% confidence level
Very dissatisfied	5	12	-8	
Don't know	7	2	5	
Bases: all involved in education services	212	206		

Note: Percentage point differences are rounded to the nearest whole per cent
Source: Ipsos MORI survey data

The qualitative research revealed a balance in parent's satisfaction and dissatisfaction with the process. While some parents felt entirely satisfied or dissatisfied, the overwhelming majority made comments relating to aspects that worked well and to those which could be improved. A small number felt unable to comment on their satisfaction at this stage as they were still awaiting the outcomes from the process.

Reasons for satisfaction related to both families' experience of the **process** of getting a single plan, and to the **outcomes of their involvement in this process** (including but not limited to gaining new services). Table 20 illustrates the **process** related factors that most commonly led to families feeling satisfied.

Table 20 Satisfaction with the process from the qualitative research

Process factor increasing satisfaction	**Reasons and examples**
✓**Being at the centre of the process**	It was common for participants to feel the process had been empowering and inclusive, when: • professionals asked for their views • meetings between the families and professionals took place • families were provided with a chance to learn about the system and the available options

Process factor increasing satisfaction	Reasons and examples
	• families contributed their knowledge and understanding of the child or young person
✓ **A user friendly and non-burdensome process –**	Participants often felt satisfied because they understood the aims and process of making the plan. Some also praised the sense of momentum and the fact that the timescales felt appropriate. Additionally some participants felt satisfied because the process was an efficient use of time and energy, for example, the bulk of the work was undertaken at the planning meetings rather than having to do lots of ‘homework’ independently.
✓ **Feeling supported through the process**	Many noted that they felt supported during the process and understood what was happening. The key worker often played a pivotal role in this by: • explaining things • providing knowledge about support and services • mediating between professionals and proactively resolving issues, for example, making a home visit to correct inaccuracies in the plan. It was also common for participants to praise the friendly and collaborative attitude of professionals.

Source: Pathfinder evaluation team

And similarly, Table 21, reflects the **outcome** related factors that most commonly led to families feeling satisfied.

Table 21 Satisfaction with the outcomes of the process

Outcomes factor increasing satisfaction	Reasons and examples
✓ **Developing a fuller understanding of the child or young person**	Participants often praised how the process had been able to bring together different views and perspectives of parents and professionals, and how it had led to the undertaking of additional assessments. They felt that this led to a richer and more thorough understanding of their child or young person’s needs, aspirations and personality. This reason for satisfaction was most often raised where the process involved multi-agency assessment and planning meetings. In some cases, participants talked about how the process allowed them to look beyond their child’s educational setting and focus on

Outcomes factor increasing satisfaction	Reasons and examples
	their wider wellbeing and long term goals.
✓ **Learning more about available services, support and the wider system**	Many talked about how the process had allowed them to learn more about the different forms of support and services that were potentially available. They often compared this with the 'old system', where knowledge of what was available was often inaccessible and parents found things out only by chance or by word of mouth. Participants also thought that attending pathfinder meetings in some areas had allowed them to meet other parents – helping them to develop relationships and share learning and ideas.
✓ **Accessing new services and support**	Where participants had accessed new services or improved the level of support they received, they often felt highly satisfied with the process (satisfaction with services themselves is discussed in chapter 4).
✓ **Improving multi agency working**	Joint working was often cited as a reason for satisfaction with the process. They thought that by taking part in the process, professionals were able to build relationships and develop shared goals and priorities which lead to them working in a more joined up and collaborative way. In some cases the process of coming together to create the plan gave professionals a reminder or the impetus to take forward actions and work in a more joined up manner.

Source: Pathfinder evaluation team

Conversely, clear themes emerged about aspects of the process which families had found disappointing or challenging. There was wide recognition that they had joined a pilot, and many reasons for dissatisfaction were attributed to the fact that this was a new process which involved everyone learning as they went along. Families were keen to pose questions for the pathfinder and to identify the factors which contributed towards successful outcomes.

Table 22 illustrates the **process** related factors that most commonly led to dissatisfaction.

Table 22 Dissatisfaction with the process

Process factor causing dissatisfaction	Reasons and examples
✘ **Not knowing the options**	Families felt that they did not know what the available options were in terms of services and support. They would have liked to be provided with more information early on in the process so that they could reflect on it and so that they would be better placed to make suggestions and explore options during planning meetings.
✘ **Delays**	Delays in drafting and/or signing off the plan led to dissatisfaction. Some participants attributed delays to factors specific to their individual case (for example, a key worker being overwhelmed or unavailable) while others felt that the whole pathfinder project in their area had stalled.
✘ **Shortfalls in the organisation and running of planning meetings**	Participants identified a cluster of issues relating to the planning meetings. This included: • a lack of preparatory work which made assessment and planning meetings less useful • uncertainty of who was in the meetings due to a lack of sufficient introduction • feeling intimidated by or unable to follow the jargon and exchanges between professionals: *"You sit there and you think, they all know what they're talking about, I'm struggling. And sometimes we were following pages, and I'd be on a totally different page as from what everybody else would be." (Mum, 5-16 year old)* • the meetings were rushed (i.e. that they required more than allocated), while others called for more time between meetings to reflect and prepare for the next stage: *'Sometimes I think everything happens so quickly in that meeting that you forget to mention things, because I came home and I was thinking 'Oh, I wish I'd said this to [key worker] or I wish I'd said that' and the first and second meeting, I wasn't quite sure what was going to happen, so maybe if we had had a bit of paperwork to say we are going to ask these questions, or these are what we are going to try and sort out, because I hadn't a clue what was going to happen, I just walked in blind, and then when you have got a piece of paper saying what's working and what's not working, you think my God, what do I write on there now?' (Mum, 5-16 year old)*
✘ **The time and**	Many participants talked about the challenge of having the

Process factor causing dissatisfaction	Reasons and examples
energy required	necessary time and energy to fully participate in the process. For example, attending multiple meetings, which could be scheduled at inconvenient times, or which were lengthy, making it difficult for busy working families to attend. *'It was a mixture of unemployed single mums and they provided a crèche, so there were people who had a very flexible lifestyle, and then very privileged people like myself who have a part time job or work for themselves, but anybody else who works full time - there is no way they could access the pathfinder.' (Mum, 5-16 year old)*
✘ **The capacity to take part**	Parents' capacity to take part was also raised as an issue. For example, one family highlighted the extensive research they had to do to explore available services, and their efforts to demonstrate that the services they wanted for their young person would provide value for money, and felt that not all parents would have the capacity to do this. Many parents felt that particular families, such as those where the parent has a learning difficulty or does not 'know the system', would require additional support to benefit from the process.
✘ **Support and leadership**	In some cases participants felt that the lack of time and commitment given by their key worker had slowed down progress and resulted in added burden on parents to drive the process forward and ensure that actions were put into practice. In several cases, participants felt that the process had lacked clear leadership driving the process from the centre to set a consistent sense of overall expectations and goals and maintain consistency from case to case.

Source: Pathfinder evaluation team

Where the process did not lead to positive changes and outcomes participants sometimes attributed this to specific shortfalls in the process, and were therefore dissatisfied with the process, as shown in Table 23.

Table 23 Dissatisfaction with the outcomes

Outcomes factor causing dissatisfaction	Reasons and examples
✘ **Lack of actions or specificity of language in the plans**	It was common to identify an insufficient focus on translating outcomes into actions. In some instances participants talked about the wording of outcomes or goals as being too general to translate into meaningful action and change. Participants felt that well-developed actions were vital to achieving positive change and providing them with leverage to influence and hold professionals to account.
✘ **Lack of buy-in or cooperation from professionals**	Some felt that the process was let down by the lack of input from specific professionals, leading to a less holistic and comprehensive plan. This could include inconsistent levels of buy-in and attendance at meetings from professionals or the feeling that they were not adequately engaged in the first place. In two cases health professionals were identified as being a group that was difficult to engage while in others there was a feeling that a whole range of professionals could have been more involved in the development and use of the plan. *'I mean he's getting all the care and help that he needs at school so that's fine, I think I was hoping really because they went on about this holistic approach that we would get more guidance about outside agencies and how they could help but that wasn't the case' (Mum, 5-16 year old)*
✘ **Not sharing and following the plan**	In some instances participants were broadly happy with the content of the plan but felt that there had been a lack of follow up work to ensure the plan would be appropriately shared and followed. Participants had questions about the status of the plan and questioned whether it was a legal document, or more of a 'wish list' of care and support. Because many participants were uncertain about the future of the pathfinder and the accountability of professionals, they found it difficult to say whether they expected ownership and use of the plan to increase.

Source: Pathfinder evaluation team

Summary

For many aspects of the assessment and support planning process, a statistically significant number of families reported better experiences than the comparison group families. We found positive impacts, although not on a large scale, in terms of parents' understanding of the process, and how family-centred and joined up these had been across different services. Pathfinder families also reported being more satisfied with the assessment and planning process.

Findings from the qualitative research also emphasised that families' understanding of the process appeared to have been linked to the competency, consistency and knowledge of the 'key worker' or 'group of individuals' that had provided them with support. The transparency of the process also appeared to be an important factor.

In addition, the process itself was felt to have been child/family centred in cases where professionals had allowed time for discussions, were accessible and recognised the value of parents' insights into their child or young person's needs. This highlights the importance of skilled people undertaking the key worker role, and having sufficient time to do it properly. Similarly, the outcomes of the process had had an influence on how 'at the centre' families felt they had been.

Although these findings are encouraging and imply that the pathfinder process itself has helped to simplify and personalise the system, it is important to note that there is still room for improvement across a number of the measures that were assessed. This may reflect that many comparison families reported being satisfied previously and the trial nature of the processes that the majority of families were taken through, but also reinforces the ongoing need to further develop and embed the pathfinder approach.

4: Families' experience of the processes: Delivery of services

Key findings

- The pathfinder successfully reduced the proportion of parents saying they had 'not enough choice' in services, 45 per cent of pathfinder parents reporting 'not enough choice' compared to 61 per cent of comparison group parents
- Significantly fewer pathfinder families reported having too little information about services (41 per cent compared to 57 per cent of comparison group families), although 41 per cent still reported not having enough information emphasising the importance of the local offer
- Pathfinder families were significantly more satisfied than comparison group families with the quality of services (at a 90 per cent confidence level): the 'very satisfied' percentages being 38 per cent for pathfinder families and 27 per cent for comparison families
- Families differed in the amount of choice that they wanted, feeling much more comfortable around some services than others

In this section we turn to the stage in the process where the child's/young person's level of support had been decided, and support services were being organised. During the telephone survey, the parents were asked about their experience of choosing the support services, the sufficiency of that support and their levels of satisfaction at this stage. For the median family their single plan had been signed off 11 weeks previous, and so they had only limited experience of any new services.

Choosing support services

Many families received a wide range of services in advance of the pathfinder. The pathfinder has had a significant impact on the amount of choice that families feel is available to them, and the information they had to make those choices.

The pathfinder successfully reduced the proportion of parents saying they had 'not enough choice', reported by 45 per cent of pathfinder parents compared to 61 per cent of comparison group parents (Table 24**).** The difference is statistically significant. That said, the fact that 45 per cent reported having had not enough choice may indicate a need for pathfinders to further develop the local offer.

The pathfinder also increased the percentage of parents reporting that they did not know about the amount of choice (11 per cent of pathfinder families, 2 per cent of comparison), perhaps suggesting that parents had been told that there would be choice but without full details being provided.

Table 24 Parent carer views on the perceived amount of choice over providers

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.000**
Too much choice	1	1	0	‘**’ represents statistical significance at the 95% confidence level
The right amount of choice	41	37	5	
Not enough choice	45	61	-16	
Don’t know	13	2	11	‘*’ represents statistical significance at the 90% confidence level
Bases: all respondents	237	226		

Note: Percentage point differences are rounded to the nearest whole per cent
Source: Ipsos MORI survey data

Families reported a range of experiences in terms of how much choice they had in support services. The key themes that emerged around choice were:

- **Whether choice was relevant**, which often depended on the nature of the plan. If current services and support were working well and there was no need for new services, then choice was not relevant. Where participants were not offered new services (i.e. their plan simply described the child or young person and their current situation), again no element of choice was required
- **Whether choice was appropriate** depended on the type of service or support in question. In relation to medical services (e.g. speech and language therapy) many participants felt that it was not appropriate for them to have a choice of services because they lacked the expertise to make informed decisions. They preferred to accept expert advice rather than be asked to ‘choose’ and this experience could be frustrating and negative. For example:

> *'The[y] kept asking me 'what other support do you think you need?' How do I know what other support I need, you tell me, you look after my daughter for six hours in the day and you tell me what you think she needs. 'Can we help you' was another question they asked, 'can we help you to arrange other activities for her?'. Well, what activities? What activities do you think she needs?' (Mum, 5-16 year old)*

- However when it came to choice of services that they felt **able to make a judgement** of (such as leisure activities, day centres, schools or carers) participants generally valued this opportunity. For example, being able to interview and choose a carer instead of being allocated one with no choice; or being able to visit day centres or nurseries and say which one they would prefer their child or young person to attend
- **Choice of services was limited** by what was available in the area and transport options to get to services, or by how much funding was available to pay for services.

As with choice, **significantly fewer pathfinder families reported having too little information (41 per cent compared to 57 per cent of comparison group families)** (Table 25). However, again, the fact that four in ten thought they did not have enough is a cause for concern.

Table 25 Parent carer views on the perceived amount of information on providers

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.000**
Too much information	*	4	-3	‘**’ represents statistical significance at the 95% confidence level
The right amount of information	51	38	13	
Not enough information	41	57	-17	
Don’t know	8	1	7	‘*’ represents statistical significance at the 90% confidence level
Bases: all respondents	237	226		

Note: Percentage point differences are rounded to the nearest whole per cent

Source: Ipsos MORI survey data

Indeed, most participants in the qualitative work felt they would have liked to have more information, or that they would have liked to have had information in a more accessible format (such as a booklet laying out all the options), rather than having to do their own research. There was often a feeling of frustration for participants because they felt the onus was on them to find out what was available and then to ask for it. Those parents who had worked hard to find out about the options felt that without this effort put in by themselves, they would not have had enough/as good information and that this may have meant they would not have secured the best services for their child or young person. Parents were often concerned that other parents who were less able or proactive would be disadvantaged:

'I spent hours on the computer and going to places just to find out what is available, and luckily we are proactive so we do find them, but some people are not and they need that guidance.' (Mum, 16-25 year old)

The development of the local offer is intended to help address these concerns. The feedback to date simply reinforces how important a resource it could be. Key workers can also help here, provided they have sufficient knowledge (which was not always the case). For example, this family was helped to choose a suitable nursery by their key worker:

'[Key worker] went through loads of the nurseries didn't she, she looked through all the details and then sent them onto us, highlighted ones she thought would suit us, and then we went through and narrowed it down - so that was really helpful wasn't it, we wouldn't have known where to start.' (Dad, 0-5 year old)

The same key worker supplied printed information that, while it was not about services per se, helped the parents to feel better informed and reassured about their situation:

'Just by reading that, although it felt quite daunting you also felt, you didn't feel so alone with it, you didn't feel like oh my god, so there's other kids like this or there's other people like this and it's not such a bad thing - you know, don't get so stressed, and I think that's kind of helped us just with a bit of literature to read as well as sort of explaining things to us.' (Mum, 0-5 year old)

Relevant to both the choice they had and the amount of information they were given, parents were asked how easy or difficult they had found it to organise support and services for their child**. Pathfinder parents were significantly more likely than comparison group parents to say that they had found it easy rather than difficult** (Table 26). For instance, 21 per cent of comparison group families had found it very difficult, and a further 31 per cent had found it fairly difficult. This compares to only eight per cent and 16 per cent of pathfinder families, although still fewer than half the pathfinder families reported finding it easy.

Table 26 Parent carer views on the level of ease of organising support and services

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.000**
Very easy	12	8	4	‘**’ represents statistical significance at the 95% confidence level
Fairly easy	33	19	14	
Neither easy nor difficult	19	16	3	
Fairly difficult	16	31	-15	‘*’ represents statistical significance at the 90% confidence level
Very difficult	8	21	-13	
Don’t know	11	4	7	
Bases: all respondents	237	226		

Note: Percentage point differences are rounded to the nearest whole per cent

Source: Ipsos MORI survey data

Sufficiency of support

At a 90 per cent (as opposed to 95 per cent) confidence level, the pathfinder appears to have had a positive impact on the numbers of parents thinking that their child receives the support that they think he or she needs (when asked whether he or she gets all, most, some of none of what they need). Of some concern is that less than half (46 per cent) of pathfinder parents said that their child gets ‘all’ or ‘most’ of what they think he or she needs, although this is nevertheless higher than the 38 per cent of comparison group parents (Table 27).

Table 27 Parent carer views on whether the young person receives support needed

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.076*
All that you think he/she needs	12	5	7	‘**’ represents statistical significance at the 95% confidence level
Most of what you think he/she needs	35	33	2	
Some of what you think he/she needs	45	50	-5	
None of what you think he/she needs	8	11	-3	‘*’ represents statistical significance at the 90% confidence level
Bases: all respondents	237	226		

Note: Percentage point differences are rounded to the nearest whole per cent
Source: Ipsos MORI survey data

The majority of participants in the qualitative work were receiving the support and services in their plan and were happy with these services, with exceptions for a couple of reasons:

- **Not satisfied with the amount of a service they were receiving** – most commonly mentioned was respite, with a number of parents wanting more hours of this service. As described above the pathfinders seem not have led parents to believe that decisions are more fair
- **Not satisfied with the level of engagement of a particular service or professional who was delivering**, or was supposed to be delivering, support. For example one parent felt that their physiotherapist was not working well with their child
- **Their child or young person’s school was not acting on their commitments in the plan**, such as making changes to the way that they work with the child or young person in school.

There were also examples where participants were not receiving the support and services set out in the plan because:

- **They were awaiting assessments,** or had received assessments but were awaiting services to follow from these
- **The services and support in the plan were not due to come into play until sometime in the future,** for example parents of 0-5s expected that services would be delivered when their child started school.

Satisfaction with services

In Section 3 we reported on parents' levels of satisfaction with the assessment and support planning process. Here we turn to their levels of satisfaction with quality of the support services that their child receives. Again, using a five-point scale, parents were asked to rate their satisfaction with each of the support services they receive (education, social care and specialist health), as well as provide an overall measure of satisfaction. (For families using only one support service, we took their satisfaction with that service as their overall satisfaction measure.)

The picture here mirrors that of parents' satisfaction with the assessment and support planning process. Overall, pathfinder families were significantly more satisfied than comparison group families with the quality of services (at a 90 per cent confidence level) (Table 28) but the difference in the 'very satisfied' percentages (38 per cent pathfinder, 27 per cent comparison) is still fairly limited. This may be a reflection of timing or that a good majority were at least fairly satisfied beforehand.

Table 28 Parent carer views on satisfaction with services

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.099*
Very satisfied	38	27	12	‘**’ represents statistical significance at the 95% confidence level
Fairly satisfied	40	39	1	
Neither satisfied nor dissatisfied	6	7	-1	
Fairly dissatisfied	7	14	-7	‘*’ represents statistical significance at the 90% confidence level
Very dissatisfied	3	5	-1	
Don’t know	2	5	-3	
No services received	4	4	0	
Bases: all respondents	237	226		

Note: Percentage point differences are rounded to the nearest whole per cent

Source: Ipsos MORI survey data

The pathfinder has also had a statistically significant impact on levels of parental satisfaction with the quality of education services, with 54 per cent of pathfinder parents ‘very satisfied’ compared to 36 per cent of comparison group families (Table 29). However, there are no significant differences in levels of satisfaction with social care or specialist health services (see Tables 53 and 54 in Annex B).

Table 29 Parent carer views on satisfaction with services, education services

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.036**
Very satisfied	54	36	17	'**' represents statistical significance at the 95% confidence level
Fairly satisfied	30	34	-4	
Neither satisfied nor dissatisfied	5	4	1	
Fairly dissatisfied	6	15	-10	'*' represents statistical significance at the 90% confidence level
Very dissatisfied	4	8	-4	
Don't know	2	2	0	
Bases: all respondents involved in education services	212	206		

Note: Percentage point differences are rounded to the nearest whole per cent
Source: Ipsos MORI survey data

Sub-groups

Overall, the SEND pathfinder has provided families with a somewhat better experience than the previous assessment and support planning processes, and with the organisation and quality of the services provided. An important question going forward is whether different types of families have similar positive experiences with the single plan process. The sample size for this survey makes it difficult to provide categorical answers on this, as sub-group sample sizes depress our chances of finding statistically significant impacts within sub-groups. So, instead of focusing on statistical significance, we have looked at the pattern of results among:

- Families with younger (10 and under) and older (11 and above) children and young people
- Families where children/young people are in mainstream or in specialist schools
- Families involved with education, specialist health and social care services

- Parents with different levels of educational qualifications (Level 4 and above, versus lower), who might therefore finding it more or less difficult to navigate the systems.

We looked across a range of key outcome measures (one per sub-section from Sections 3 and 4) to see whether the pattern of results was the same or different compared to the findings we report above. Overall, we conclude that the pathfinder single plan approach appears to be achieving similar results across the full range of families it is being used with. The survey that is to take place in late 2013 and in to 2014 as part of the extended evaluation will allow us to look at this in more detail.

Summary

In terms of the delivery of services, pathfinder families reported statistically significantly better experiences than the matched comparison group families. Pathfinder families were less likely than comparison group families to report that they did not have enough choice or enough information about the choice. Pathfinder families reported finding it easier to organise support and services, and more pathfinder families than comparison families were satisfied with the services received. These differences seem to reflect improvements in education services rather more than improvements in social care or specialist health services, although small samples hinder our ability to thoroughly explore this.

In amongst this generally positive picture were some important lessons to guide future development:

- Families differed in the amount of choice that they wanted, feeling much more comfortable around some services than others

- Although it had improved a significant number of pathfinder families still reported that they had lacked enough information to make proper choices emphasising the need for the pathfinders to continue to develop the local offer

- Around half of the pathfinder families did not agree that their child received all or most of the services that they required.

5: Families' experience of the processes: Change in families' perceptions of the processes

Key findings

- Half (54 per cent) of pathfinder families felt that the quality of the support services they were now receiving was better than it was before. Only a third (36 per cent) of comparison group families felt the same

- Four in ten (40 per cent) pathfinder families thought that the processes they had been through were more straightforward than the ones they had experienced before (compared to 14 per cent of comparison group families)

- Four in ten (39 per cent) pathfinder families felt that services were working more closely together since the single plan. This compares to one quarter (23 per cent) of comparison group families who thought that services were now working more closely together than they had been a year before

- On each of the measures above, between a third and a half of pathfinder parents said that what they had experienced under the single plan was the same as before. This reflects both that many families were often satisfied with the service they received previously and that the pathfinders are continuing to refine and develop their approaches, which should lead to further improvements in time

Before we turn to report on the short-term effectiveness of the pathfinder process on families' day-to-day lives and quality of living in Section 6, we report on a few questions we asked pathfinder families about their own perceptions of how the single plan process differed to the experiences they had previously had in the 12 months prior to being offered the single plan. We asked families who had been receiving support for over a year to compare:

- Whether the overall quality of the support services was better, the same or worse than before

- Whether the processes were more or less straightforward, or the same as before

- Whether the staff involved in assessing and reviewing their child's needs worked more or less closely together, or whether it was about the same

- Whether they and their child received more or less encouragement to get involved than before, or whether it was about the same.

There are a number of reasons why parents' perceptions of the processes might change over time – such as them getting more familiar with the processes, their child getting older and needs more or less complex, or indeed real change in provision due to factors other than the single plan approach. To extract any changes in parents' perceptions due to the single plan rather than these others factors, we also asked parents in the comparison group to compare their experiences in the past year with their experiences in the 12 months prior to that. By seeing whether pathfinder families' perceptions had changed more often than the comparison group families' perceptions, we can test whether pathfinder families perceived that the single plan had had a positive impact on their experiences.

The simple answer is that significantly more pathfinder families reported positive changes than did comparison families.

Half (54 per cent) of pathfinder families felt that the quality of the support services they were now receiving was better than it was before (Table 30). Although a third (36 per cent) of comparison group families felt the same, there was still a statistically significant 17 percentage point difference between the two groups.

Table 30 Parent carer views on whether support services better or worse than before

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.000**
Better	52	36	17	‘**’ represents statistical significance at the 95% confidence level
Same	37	45	-8	
Worse	3	16	-13	
Do not know	8	3	5	‘*’ represents statistical significance at the 90% confidence level
Bases: all respondents receiving services for 12+ months	208	192		

Note: Percentage point differences are rounded to the nearest whole per cent

Source: Ipsos MORI survey data

Four in ten (40 per cent) of pathfinder families thought that the processes they went through were more straightforward than the ones they had experienced before (compared to 14 per cent of comparison group families) (Table 31). (One in ten (10 per cent) thought they were less straightforward, but this compares with 19 per cent of parents in the comparison group, so this may be connected with natural change over time.)

Table 31 Parent carer views on whether processes more or less straightforward than before

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.000**
More straightforward	40	14	26	‘**’ represents statistical significance at the 95% confidence level
Less straightforward	10	19	-10	
About the same	45	64	-19	
Don’t know	6	3	3	
Bases: all respondents receiving services for 12+ months	208	192		‘*’ represents statistical significance at the 90% confidence level

Note: Percentage point differences are rounded to the nearest whole per cent

Source: Ipsos MORI survey data

The SEN Statement was the main assessment and support planning experience that the vast majority of participants in the qualitative work had completed (with the exception of most 0 - 5s) and many compared the process and outcomes of the Statement to those of the single plan. In summary, the strengths of each process were identified as shown in Table 32.

Table 32 Advantages of single plan and Statement

Single plan	SEN Statement
• Broader and more holistic • More detailed and specific on goals • More involvement of families in process	• Clear legal status • Transferability from area to area • Updated annually

Source: Pathfinder evaluation team

Families who preferred the single plan felt they were **broader documents** which attempted to set out a **more rounded and holistic** package of care and goals, not limited to education. The plan process drew on the perspectives and agendas of multiple professionals from different disciplines. By comparison Statements were often felt to be driven by educational professionals and were more narrowly focused on identifying educational needs and accessing a school placement. Furthermore, they were often felt to be more of a ‘means to an end’, linked to justifying the need for a school placement:

'I couldn’t tell you what’s on the plan, I wouldn’t say I feel like I own the Statement it very much feels like something that had to be done, and I don’t know the content. It’s primarily feeling like a legal document and I don’t refer to it and didn’t really feel involved in creating it.' (Mum, 16-25 year old)

In a few cases participants pointed out that their plan contained **more detail** and specificity than the Statement in terms of what they were trying to achieve and how they would do so.

In terms of the process, participants felt **more involved** in developing plans than they did with the Statement. In several cases participants recalled how during the SEN Statementing process the assessments and drafting did not actively involve them – with families simply being asked to attend a meeting where they were asked to sign off the SEN Statement.

Four in ten (39 per cent) pathfinder families felt that services were working more closely together since the single plan (Table 33). Although one quarter (23 per cent) of comparison group families thought that services were working more closely together than before, the 16 percentage point difference in the perceptions of pathfinder and comparison group families on this suggests a real change in perception due to the single plan approach.

Table 33 Parent carer views on whether services work more or less closely than before

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.000**
More closely together	39	23	16	'**' represents statistical significance at the 95% confidence level
Less closely together	2	12	-9	
About the same	50	59	-10	
Don't know	9	6	3	'*' represents statistical significance at the 90% confidence level
Bases: all respondents receiving services for 12+ months	208	192		

Note: Percentage point differences are rounded to the nearest whole per cent

Source: Ipsos MORI survey data

Lastly,

Table 34 shows that half (52 per cent) of pathfinder parents thought that they and their child had received more encouragement to be involved since they had been involved in the pathfinder. This is a 24 percentage point difference to the comparison group (in which 28 per cent reported greater encouragement).

Table 34 Parent carer views on whether young person receives more or less encouragement to be involved than before

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.000**
More encouragement	52	28	24	‘**’ represents statistical significance at the 95% confidence level
Less encouragement	1	6	-5	
About the same	43	64	-20	
Don’t know	3	2	1	‘*’ represents statistical significance at the 90% confidence level
Bases: all respondents receiving services for 12+ months	208	190		

Note: Percentage point differences are rounded to the nearest whole per cent
Source: Ipsos MORI survey data

Summary

Generally speaking, the difference between the levels of perceived differences in the two groups (pathfinder and comparison) paints a similar, and on the surface slightly more positive, picture of pathfinder impacts than the analyses presented in Sections 3 and 4. However, they do once again suggest that pathfinder families positioned themselves more towards the positive end of the scale than comparison families.

Families who preferred the single plan felt they were broader documents which attempted to set out a more rounded and holistic package of care and goals, that the SEN Statement. They also reported being more involved in the process of developing the single plan than they had with the Statement.

Despite these positive messages on the perceived difference of the single plan approach, it is important to note the quite high proportions of pathfinder families who perceived no difference compared to before. On each of the measures above, between a third and a half of pathfinder parents said that what they had experienced under the single plan was the same as before.

6: Outcomes experienced

Key findings

- To date, we have found no consistent statistical evidence of the pathfinder approach having had an impact on wider child and parent outcomes. This could be because the impacts are fairly small and our sample sizes are too small to detect them, or the survey may have taken place too early for impacts to have occurred

- There were examples through the qualitative work, however, these were not substantiated through the survey

- This lack of widespread change relates to the number of cases where the process had not led to changes in service receipt, either because of previous levels of satisfaction or due to the limited time that had passed since the plan was agreed. Conversely, change in outcomes was more likely to be reported where families had gained new or increased service provision.

Chapters 3 to 5 highlight that the pathfinder single plan approach has had a positive impact on how families experience the assessment and support planning process, and what they feel about the support services they receive as a result. In this section, we turn to look at whether the pathfinder families have seen improvements across a wider range of outcomes, both for their child and for the parents or family more widely.

Child outcomes

We asked parents to report on their child in terms of:

- Health and well-being

- Social contact, independence and confidence

- Experience of education.

Health and wellbeing

Table 55 (See Annex B) shows that parental ratings of young people's health were very similar in pathfinder and comparison areas. Around two thirds (66 per cent of pathfinder and 62 per cent of comparison parents) rated their child's health as 'very good' or good'. Although pathfinder parents were more likely than comparison group parents to rate their child's quality of life as 'very good'

(75 per cent compared to 63 per cent), the difference was not statistically significant (see Table 56 in Annex B).

Social contact, independence and confidence

- At the 90 per cent confidence level, pathfinder parents reported that their children got on better with other young people of the same age than the parents in the comparison group. Other than that, the pathfinder parents gave very similar responses about their children across a series of questions around their child’s social activities.
- Eight in ten (82 per cent) of pathfinder parents and 86 per cent of comparison group parents reported being worried about their child’s personal safety outside of the home (see Table 57 in Annex B).The difference is not significant.
- Table 35 shows a significant difference at the 90 per cent confidence level in how well pathfinder parents perceive their children as getting on with other young people of the same age. Two thirds (68 per cent) perceive them as getting on very or fairly well, compared to 56 per cent of comparison group parents.

Table 35 Parent carer views on how well the young person gets on with other young people

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.054*
Very well	23	21	3	‘**’ represents statistical significance at the 95% confidence level
Fairly well	45	35	10	
Not very well	23	32	-8	
Not at all well	6	10	-4	‘*’ represents statistical significance at the 90% confidence level
Don’t know	3	2	0	
Bases: all respondents	237	226		

Note: Percentage point differences are rounded to the nearest whole per cent

Source: Ipsos MORI survey data

- Tables 58 and 59 (see Annex B) show no significant difference in the frequency of young people playing sport or seeing their friends, across the pathfinder and comparison groups.
- Likewise, pathfinder parents were not significantly more likely than parents in the comparison group to rate their children’s confidence, either overall (see Table 60 in Annex

B) or in terms of talking to adults (see Table 61 in Annex B). For instance, six in ten (61 per cent) of pathfinder parents said their child was very or fairly confident, compared to 59 per cent of comparison group parents.

- Examples of self-reported improvement in outcomes were provided by the qualitative work. When young people received an increased budget, or, more control over how that budget was spent, they were able to spend this on support services that enabled them to be more independent from their family. They could spend this on an independent hobby or activity, for example, one young person (aged 16-25) used his personal budget to go to the gym; or they could use the budget to pay an assistant who could accompany them to activities that they would not otherwise be able to participate in. For example, one young person (aged 16-25) used her budget to engage an employment worker who assisted her in her voluntary employment placement:

  ‘She likes being in the nursery; she likes relating to the staff. And, actually, being important, being somebody, having the job to do and being occupied and being able to watch and listen and sort of second hand enjoy other people’s activity, she gets a lot out of it.’ (Mum, Area D, 16-25)

- When parents were able to secure a place for their child at clubs, activities and play schemes within the local area, they were positive about the opportunity this presented for social interaction. An important feature for them was the space they provided for children to be away from their parents and family (who were often their main relationships) where they could mix with peers, do fun things and just ‘be’ children.

  ‘He just gets to mix with other kids as well instead of being stuck in here with boring mum. They do kiddy things, sand box and painting and all that.’ (Mum, 5-16, Area F)

Experience of education

- Finally in terms of young people’s outcomes, parents were asked whether their child finds their educational setting enjoyable, and whether they felt that their child was motivated there. At a 90 per cent confidence level, pathfinder parents were more likely than comparison group parents to say that their child found their educational setting enjoyable (51 per cent agreed compared to 42 per cent of comparison group parents) (see Table 36). Although Table 62 (see Annex B) shows that pathfinder parents were also more likely to say that their child was motivated, this difference is not statistically significant.

Table 36 Extent to which parent carers agree that their child enjoys educational setting

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.057*
Strongly agree	51	42	10	‘**’ represents statistical significance at the 95% confidence level ‘*’ represents statistical significance at the 90% confidence level
Tend to agree	33	29	4	
Neither agree nor disagree	3	6	-2	
Tend to disagree	5	11	-6	
Strongly disagree	6	11	-6	
Don’t know	1	1	0	
Bases: all where child in education	229	218		

Note: Percentage point differences are rounded to the nearest whole per cent

Source: Ipsos MORI survey data

- Where participants in the qualitative work could identify that they had received an increase in the services provided for their child, they commonly noted that this had led to improved outcomes. For example:
    - Where the plan had facilitated a transition from one school to another, the change had been made to ensure that the right support was being provided. This was experienced by two children moved from a mainstream to a specialist education setting. These parents noted the benefits of better-trained staff and an environment that was well equipped to meet their child’s needs. Parents could identify improved experiences of education such as improved educational performance (in areas such as numeracy and literacy) and improved behaviour (less conflict and fewer ‘meltdowns’). They also noted non-academic benefits that helped their child to prepare for ‘real life’ by building independence, confidence and life skills such as handling money and transactions

- When children were given new, or increased support (commonly, but not exclusively in the school setting) from specialist professionals, this could drive forward their development and educational performance, for example:

> *'Because of the money, because of the identification of the dyslexia we've been able to get him some additional support, so he's up to his SATs level on reading, he's done his SATs which they didn't think he was going to do at the beginning of the pathfinder process.' (Dad, 5-16 year old)*
>
> Other examples included children that experienced improved **handwriting** after time with an occupational therapist or developed their **communication** skills through one to one support from a speech and language therapist.

The aspirations of pathfinder and comparison group parents with children aged 14 and over were not statistically significant (see Table 63 in Annex B). Around nine in ten (86 per cent of pathfinder and 91 per cent of comparison group) parents hoped their child would remain in school or college post 16. Under four in ten (39 per cent of pathfinder and 34 per cent of comparison group) parents had aspirations that their children would enter paid employment, while a third (35 per cent of pathfinder and 31 per cent of comparison group) of parents hoped their child might enter a training or apprenticeship programme.

They were no more or less likely to have confidence that their aspirations would be met (tables not shown due to small sample sizes).

Parental/family relationship outcomes

We found no evidence – at least in the short-term – that the pathfinder had had a significant impact on family life as indicated by parental health and quality of life, and on how well the family was functioning.

Table 64 (see Annex B) shows how that three quarters (77 per cent of pathfinder and 73 per cent of comparison group) of parents rated their health as very good or good. Tables 65 and 66 (see Annex B) shows that there were no statistically significant differences in the quality of life reported by pathfinder and comparison group parents.

We also asked parents how much they agreed or disagreed with a series of four statements which, combined, provided a measure of family functioning (sometimes referred to in the reverse as a measure of family chaos):

> *People in this household are close to each other.*
> *The atmosphere in our home is calm*
> *It's really disorganised in our home*
> *At times I find it difficult to support others in the household in the ways they need.*

We used parents' responses to form a composite measure of family chaos, where people were given a score of up to 20 by combining their responses to each of these questions (with a higher score denoting less family chaos). Table 67 (see Annex B) shows the responses of pathfinder and comparison group families divided into quartiles, plus their mean score. Although more pathfinder parents than comparison group parents gave responses which put themselves in the top quartile

(21 per cent compared to 13 per cent) and, conversely comparison group parents were more likely to be in the bottom quartile (28 per cent compared to 20 per cent of pathfinder parents), this difference was not statistically significant.

Again, the qualitative work provided some examples of where change had taken place, usually with families being better supported, less stressed and reassured. For example, through access to respite care, school and holiday clubs or extra hours from a personal assistant. One family used their respite break as an opportunity to spend quality time together and direct attention towards the child's siblings, who can sometimes feel overshadowed by a sibling with additional needs. For other parents, this free time was used to catch up the household cleaning and other day-to-day tasks that are usually a challenge to complete whilst acting as a carer.

More exceptionally, the pathfinder was found to ease financial burden on the family. This occurred when the plan helped to gain access to the Disability Living Allowance or a Personal Budget (enabling them to get more 'value' from their funding). Since joining the pathfinder, one family has received a weekly supply of free nappies, a small but nevertheless appreciated added saving.

There were a number of ways that the process of obtaining a single plan made a positive impact on parents and families. While reported in a small number of cases, the examples below do suggest some promise:

- Parents could feel **reassured** that things were happening, concerns were being addressed and that people are accountable for actions:
    - *'The three main worries I have for [Child] are his speech, his health and independence relating to speech. And at the moment those three things are being tackled for the first time."* (Mum, Area J, 16-25)

- Parents felt better **supported** as a result of being better connected to the professionals involved. Having a key worker in particular was reassuring to know that there was one point of contact they could go to if they ever had questions or concerns
- Families could find that they attended **fewer routine hospital appointments**, as professionals used the pathfinder meetings as a space to discuss issues. This process is more convenient for parents; it saves families the time it takes to travel and wait around hospitals, and means they take fewer unpaid days leave from work
- Parents would **no longer have to repeat information** each time they met with professionals. This was dependent on having a detailed and comprehensive plan that contains a clear introduction and overview to the child/young person. This was especially helpful during a transition period between two schools, where parents could hand over a copy of the plan eliminating the need for new assessments or laborious form-filling processes
- Some parents found the process reduced their levels of stress since they no longer had to chase up the different professionals themselves and engage them in confronting conversations

- Some parents felt empowered by the process of writing the single plan, through which they had become better informed and able to influence the care of their child:

  'I find it very empowering, you become more empowered as a parent knowing that you can cope with it because you have more understanding of what's [going on]' (Dad, Area K, 0-5)

However, where the process had not worked well negative outcomes were experienced. These tended to relate to the process of making a single plan, rather than to the support/services outlined within the plan, with a few participants experiencing anxiety and stress throughout the process. This underlines the importance of getting the new process right.

Understanding what has led to changed outcomes

While above we have generally reported no statistically significant improvement, there were a number of instances of families reporting outcomes through the qualitative work. Whether or not a participant could identify an outcome appeared to be influenced by the following factors:

- **Whether the plan had led to any changes** in their service or support provision. When it did not lead to any changes, participants tended to feel as though 'nothing had changed' in terms of impacts on their child and family. The various reasons why a family may not have experienced changes to their services/support have been outlined earlier in this report
- **How recently the plan had been finalised** - at the point of interview, some plans were either unfinished or had only very recently been finalised. These families tended to feel it was too soon to determine whether there were any outcomes.
- **The timing of services/support outlined in the plan** - some plans focused on forward planning, including the planning of support and services not intended to come into immediate effect. Examples of this could be found in the 0-5 age group, where plans contained actions to come into effect once the child had made the transition from pre-school education to primary. These participants felt unable to comment on the outcomes this might produce in the future.

These factors would suggest that over time the level of outcomes may increase. This will be tested through the next phase of the evaluation.

Summary

Overall, we found no consistent evidence of the pathfinder approach having had an impact on wider child and parent outcomes (on only two outcomes did we find a significant impact, and that was only at the 90 per cent confidence level). While there were some self-reported impacts in the qualitative work, such changes did not show through in the survey suggesting such impacts are not yet widespread. This may be an issue of timing, with impacts emerging over time and/or that the impacts are too small for our sample sizes to detect.

Also, the qualitative work found that impact was more likely where there had been a change (increase) in service receipt. Yet, in many cases services have not changed, either because of previous levels of satisfaction or due to the limited time that had passed since the plan was agreed.

We will return to these outcomes in the next impact report, when we intend to interview families around 6 months after their single plan is put in place.

7: Staff work and satisfaction

Key findings

- The majority of the 137 key workers that took part in the survey were drawn from education related services, had been established in their roles for at least a year and worked in part or full time employment. In addition most reported having had only 'light involvement' with the pathfinder, which was defined as 25 per cent or less of their cases being pathfinder related
- Reported net change across the five categories of job-related statements – organisational support, decision influence, cross working, physical demand and psychological demand – tended to be small (between -3.1 per cent and 3.1 per cent) and in all but one case (cross working) slightly negative implying that at the composite level, key workers did not feel that their working practices had changed very much as a result of their involvement in the pathfinder
- It was unsurprising to see mainly negative net change as the key workers had been asked to help trial a new process and therefore were working outside of the remit within which they were used to working
- Despite the general feeling of increased job-related pressures, it was encouraging to find that choice and control for families, collaborative working with adult social care and the VCS, and access to appropriate support from wider services were all reported to have improved in aggregate

This chapter sets out the results of the staff work and satisfaction survey that was undertaken to assess the extent to which working practices had changed as a result of the new pathfinder approach. As the analysis was undertaken during the initial trials of the new approach, it presents an early indication of the potential changes that are likely to arise.

An introduction to the staff survey

The aim of the survey was to gain an initial understanding of how existing services were delivered in each of the pathfinder areas and subsequently how working practices changed as a result of the new pathfinder approach. The survey was sent to staff members across all thirty pathfinder areas[11] who were identified as already working or were to be working directly with the families engaged in the pathfinder. This group of staff are referred to as '*key workers*' for the purposes of this chapter. Pathfinder leads for each area provided the contact email addresses for each of the staff members.

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[11] Cornwall and the Isles of Scilly were counted as a single area for the purposes of the survey. All other consortium areas were divided into individual areas.

The survey was undertaken in two waves:

- The baseline survey (May 2012 and November 2012[12]) was sent to staff members to complete prior or close to the point of recruitment of pathfinder families. This covered pre-pathfinder working practices and provided an insight into tasks associated with staff roles and experiences of delivering them
- The follow up survey (January 2013 to March 2013) was disseminated to staff that provided a response to the baseline survey at a time at which it was expected that most areas had begun to take pathfinder families through the process. This involved asking respondents the same set of questions as the baseline survey to enable a comparison of the two data sets.

Both surveys comprised three sections:

- Context – gathered a range of background and characteristic information, e.g. type and origin of professional role, length of time in the role, gender, age range etc.
- Work and satisfaction – provided a set of job-related statements against which respondents were asked to agreed or disagreed with
- Staff time use/inputs – respondents were asked a series of questions about their non-pathfinder and pathfinder related time use (the results of which are presented in chapter 8).

In addition, the follow-up survey included the following additional section:

- Reflections on the new pathfinder approach – respondents were asked a series of open questions about the new approach.

The combined results of the two surveys are presented in this chapter, and provide an insight into any changes that staff experienced in their role as a result of their pathfinder involvement.

Table 37 provides the response rates for the two surveys and shows that an overall adjusted response rate of 37 per cent and 50 per cent was achieved for the baseline and follow-up surveys respectively.

Table 37 Overall response rate for the baseline and follow up surveys

	Baseline	Follow Up
Sent	959	350*
Completed response	299	135
Partial but sufficient response	51	40
Response rate	37%	50%

Source: SQW

Note: *all those responding fully to the baseline were included in the follow up, additional respondents were sent the follow up survey where there was a largely completed response.

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[12] The timescales were selected to accommodate the time during which most pathfinder areas had selected the staff that were to work with the pathfinder families

The baseline and follow-up survey data was combined in the cases where we had received a sufficient response to both surveys. This process identified that 137 of the 175 responses were of sufficient quality to be included in the analysis. Further detail on the methodology used to deliver and undertake the survey analysis is presented in the associated technical report.

Context

The 137 key workers that took part in the surveys were:

- Most commonly drawn from education related services, with 38 per cent stating they were employed by the local authority based SEN team and 15 per cent employed by an education provider
- Established in their roles, with nearly all (83 per cent) reporting having been employed by their current employer for over a year, and over three fifths (64 per cent) having worked with their current employer for over six years
- Nearly all (85 per cent) worked more than 25.5 hours per week.

In terms of involvement in the pathfinder, the majority (78 per cent) of responding key workers reported having had ‘light involvement’, which was defined as 25 per cent or less of their cases being pathfinder related. This mirrors the findings from the *Process and Implementation Evaluation Report,* which found that most key workers were supporting pathfinder families in addition to their existing post and therefore were working with no more than 1-2 pathfinder families.

Key workers reported that the majority of the pathfinder families they had worked with had either broadly similar (78 per cent) or higher (19 per cent) levels of need to the non-pathfinder families they were working with. This implied that areas were targeting those children and young people at the more complex end of the needs spectrum, which reflects the aims of the pathfinder programme.

Staff work and satisfaction

The percentage of key workers that had reported an improved/worsened position between the baseline and follow-up surveys was calculated for each of the 32 statements, to enable the derivation of the net change that had been experienced across all respondents. In addition, the 32 statements were grouped into five categories – organisational support, decision influence, cross working, physical demand and psychological demand - to enable the creation of composite variables and composite measures of net change (see Table 38).

At the composite level only small changes (between -3.1 per cent and + 3.1 per cent net change) had been experienced, suggesting that key workers did not feel that their working practices had changed very much as a result of their involvement in the pathfinder. As set out above, this will in part reflect the fact that the majority of respondents had worked with a small number of pathfinder families.

Table 38 Composite net change between baseline and follow up survey

	National Survey			
Statement	**Number of responses**	**% reporting improved position from baseline**	**% reporting worse position than at baseline**	**Net change**
Organisational Support				**-1.4%**
I feel that I have appropriate techniques to address the issues my cases face	122	9.0%	9.8%	-0.8%
I am free from conflicting demands that others make	126	16.7%	19.0%	-2.4%
I feel I work as part of a team	129	14.7%	14.7%	0%
I am able to draw on wider expertise to help me in my job	128	16.4%	18.8%	-2.3%
My skills and abilities are ‘vital’ to my work group or team	129	18.8%	20.3%	-1.6%
Decision Influence				**-0.64%**
My job requires me to make a lot of decisions on my own	130	14.6%	12.3%	+2.3%
My job requires me to work with families/clients to enable them to make decisions	129	17.8%	17.8%	0%
In my job, I have very little freedom to decide how to do my job	128	12.5%	18.8%	-6.3%
My job involves me working constructively with families	126	10.3%	15.1%	-4.8%
My job involves offering choice and control to families over the services they receive	126	20.6%	15.1%	+5.6%
Cross Working				**+3.1%**
I regularly work with colleagues from health services to do my job	128	14.8%	16.4%	-1.6%
I regularly work with colleagues from education to do my job	128	12.5%	13.3%	-0.8%
I regularly work with colleagues from children’s social care to do my job	124	17.7%	14.5%	+3.2%
I regularly work with colleagues from adult social care to do my job	126	24.6%	15.1%	+9.5%
I regularly work with colleagues from the VCS to do my job	128	20.3%	15.6%	+4.7%
I am confident that I am able to access appropriate support from wider services to enable me to do my job	124	18.5%	12.9%	+5.6%

	National Survey			
Statement	**Number of responses**	**% reporting improved position from baseline**	**% reporting worse position than at baseline**	**Net change**
I am confident that I am able to access appropriate support from wider services to support the families I work with	125	14.4%	13.6%	+0.8%
Physical Demand				**-3.1%**
My job requires working very fast	129	16.3%	18.6%	-2.3%
My job requires working very hard	130	12.3%	16.9%	-4.6%
My job involves a lot of paperwork	129	20.9%	19.4%	+1.6%
I am not asked to do an excessive amount of work	127	19.7%	22.8%	-3.1%
I have enough time to get the job done	128	23.4%	21.9%	+1.6%
I am able to spend enough time on each case	120	15.0%	26.7%	-11.7%
Psychological Demands				**-2.8%**
My job requires that I learn new things	129	11.6%	23.3%	-11.6%
My job involves a lot of repetitive work	129	20.2%	19.4%	+0.8%
My job enables me to be creative	130	14.6%	17.7%	-3.1%
My job requires a high level of skill	127	11.8%	11.0%	+0.8%
My job is stressful	126	9.5%	18.3%	-8.8%
My job carries a high level of responsibility	127	13.4%	10.2%	+3.1%
I am regularly subject to hostility or abuse from clients/service users	129	12.4%	13.2%	-0.8%

Note: Statement results highlighted in yellow indicate where the largest levels of net change were experienced, and number of response analysed per statement varied in accordance with sufficiency of the data received

Source: SQW Survey analysis

Looking across the categories, all were associated with a small negative net change with the exception of cross working, which was associated with a positive net change. Further analysis of the data shows:

- **Organisational support** - although the results showed a marginal net change, responding key workers tended to feel that they had been less able to draw on wider expertise to help them in their job (-2.3 per cent) and that they were more likely to experience conflicting demands (-2.4 per cent)
- **Decision influence** – net change for this category was negligible (-0.64 per cent) as much of the improvements reported against some of the relevant statements were

counterbalanced by a worsening in position against other statements. For example, although key workers tended to report feeling that their job offered more choice and control to families (+5.6 per cent), they were also more likely to report feeling that they were less likely to be working constructively with families (-4.8 per cent) and that they had less freedom to decide how to do their job (-6.3 per cent)

- **Cross working** – key workers were more likely to report that they had experienced a positive net change in relation to cross working as a result of their involvement with the pathfinder (net change of +3.1 per cent). This included a relatively large net change (+9.5 per cent) experienced in relation to key workers tending to report that they were working more regularly with adult social care. Positive change was also reported in relation to improved confidence around the accessibility of appropriate support from wider services (+5.6 per cent) and working more closely with the VCS (+4.7 per cent)
- **Physical demand** - involvement in the pathfinder appeared to have had a slightly negative net impact on the physical demands placed on key workers. Of most note was a reduction in their ability to spend enough time on each of their cases (-11.7 per cent) and a perception that their job had become harder as a result of the pathfinder (-4.6 per cent)
- **Psychological demand** – again involvement in the pathfinder appeared to have had a slightly negative net impact on the psychological demands placed on key workers. This included a relatively large net change in relation to key workers perceiving that their job was more stressful (-8.8 per cent) and that they were not learning new things in the job (-11.6 per cent).

Taking all the above findings in combination, the slightly negative net change may reflect that key workers had been asked to help trial a new process and therefore work outside of the usual remit. As a result, most will have been learning a new way of working, which was likely to result in increased physical and psychological demands. These demand could have increased when taken in the context that most were delivering the pathfinder role in addition to their existing job.

Despite the general feelings of increased job-related pressures, it was encouraging to find that choice and control for families, collaborative working with adult social care and the VCS and access to appropriate support from wider services were all reported to have improved in aggregate.

Reflections on the new approach

Reflecting on what had worked well in the new pathfinder approach, key workers most commonly stated that they felt they were now working more collaboratively with families and wider services. For example, key workers commented that the new approach had:

> *“Let parents take the lead in terms of saying what they would like for their child”*
>
> *“Helped to get a range of people around the table to discuss moving forward”*
>
> *“Helped give parents more control and enable them to contribute to the process”*

> *"Created clearer plans for collaborative working around the provision of holistic care"*

> *"Enabled services to join up and listen to people."*

Conversely, **key worker opinions on what had worked less well most commonly included increased workload related demands and challenges associated with multi agency working**. This included issues in relation to:

> *"Getting all services on board"*

> *"Still not sure I fully understand my job and what to do during the pathfinder experience."*

> *"Conflicts of interest at times between what you would do as a clinician and what is expected of you as a key worker."*

> *"Getting all the professional involved to attend meetings"*

The survey results also showed that key workers appeared largely supportive of the new approaches as they were likely to bring about a more family-centred and multi-agency way of working. However, it was also clear that the associated workforce development and cultural change required to effectively deliver the new processes was likely to be significant.

Summary

The majority of the 137 key workers that took part in the survey were drawn from education related services, had been established in their roles for at least a year and worked in part or full time employment. In addition most reported having had only 'light involvement' with the pathfinder, which was likely to reflect that most key workers had taken on the role in addition to their existing role.

Reported net change across the five categories of job-related statements – organisational support, decision influence, cross working, physical demand and psychological demand – tended to be small (between -3.1 per cent and 3.1 per cent, and in all but one case (cross working) slightly negative) implying that at the composite level, key workers did not feel that their working practices had changed very much as a result of their involvement in the pathfinder.

The slightly negative net change may reflect that key workers had been asked to help trial a new process and therefore were working outside of the normal remit.

Despite the general feeling of increased job-related pressures, it was encouraging to find that choice and control for families, collaborative working with adult social care and the VCS and access to appropriate support from wider services were all reported to have improved.

Key workers appeared largely supportive of the new approaches as they were likely to bring about a more family-centred and multi-agency way of working. However, it was also clear that the associated workforce development and cultural change required to effectively deliver the new processes was likely to be a huge undertaking and therefore should not be underestimated as pathfinder areas moved forwards.

8: Indicative costs of reform

Key Findings

- The median estimated total cost per area was £333,018 over the first 18 months of the pathfinder, including both financial and in-kind expenditure. However this varied substantially by area, from a minimum of £205,138 in one area to a maximum of £559,149 in another

- Across areas, the average of the median pathfinder case across areas involved 14 hours of professional time in formal EHC Plan meetings, although median cases per area ranged from involving 3 hours to 45 hours of professional time

- Across areas, the average of the median pathfinder case across areas involved 9 hours of keyworker time per month, although median cases per area ranged from 2 hours to 31 hours of keyworker time per month. This compared to an average of 5 hours of front-line delivery time per month for non-pathfinder families, with median cases per area ranging from 2 to 11 hours of front-line delivery time per month

- The pathfinder approach used with the initial cohort of families appeared to involve, on average, 42 hours compared to 30 hours for a non-pathfinder families, which provides an indicative estimate based on the first phase of the pathfinder and will be followed up through additional cost related work in the extended evaluation

- The average delivery cost per family associated with the staff time spent in formal EHC Plan meetings was an estimated £308, although the minimum area median would have cost an estimated £66 per family and the maximum would have cost £990 per family

- The average estimated delivery cost per family for the key working role was £924, with a minimum area median of an estimated £203 and a maximum of £1,118.

This chapter analyses the costs associated with developing and implementing the pathfinder approach across the 31 pathfinder areas, examining in turn the:

- **Costs of developing the pathfinder approach** – including the use of the DfE grant funding, additional leveraged funding and in kind staff time. These costs were captured through the financial monitoring returns
- **Costs of delivering the pathfinder approach** – including the costs associated with staff attending formal EHC Plan meetings (including both assessment and planning meetings where relevant) and the costs associated with delivering the keyworker role (including all administrative, family-facing and liaison time). These costs were captured through the monitoring data and staff work and satisfaction survey.

Costs of developing the pathfinder approach

Funding and spend

The pathfinder application process[13] set out an intention to issue pathfinder areas with grant payments of up to £150,000 (pro rata) per annum for an initial 18 months, from quarter 3 2011/12 until the end of quarter 4 2012/13 (profile set out in Table 39). The funding was intended to cover development costs and not the cost of service provision.

Table 39 Departmental grant allocation for the 18 month pathfinder programme

Financial year	2011/12	2012/13	Total
DfE grant allocation per area	£75,000	£150,000	£225,000

Source: DfE Pathfinder Specification and Application Pack

The slower than expected start-up of some pathfinders resulted in substantial under-spend in year 1, with differences of up to £48,200 between funding allocation and actual spend. These pathfinders were able to apply for an uplift of 10 per cent to their year 2 funding, and most took up this offer. Table 40 sets out the average funding allocation (including both DfE grant funding and additional funding leveraged by the areas) and the average pathfinder spend[14].

Figure 3 shows the profile of both funding and spend. The costs of any over-spend were met by the relevant local authority and any grant funding under-spend was returned to the Department at the end of the relevant financial year.

Table 40 Average funding allocation, spend and difference between allocation & spend across areas

	2011/12 (Year 1)		2012/13 (Year 2)	
	Funding allocation	Actual spend	Funding allocation	Actual spend
Mean	£75,780	£64,901	£164,981	£154,262
Median	£75,000	£73,176	£165,000	£160,510
Minimum	£75,000	£26,800	£150,000	£94,621
Maximum	£80,750	£78,774	£235,000	£202,500

Note: Funding allocation includes DfE grant and additional funding leveraged for the pathfinder.

N=29 pathfinder areas[15]

Source: SQW monitoring data analysis

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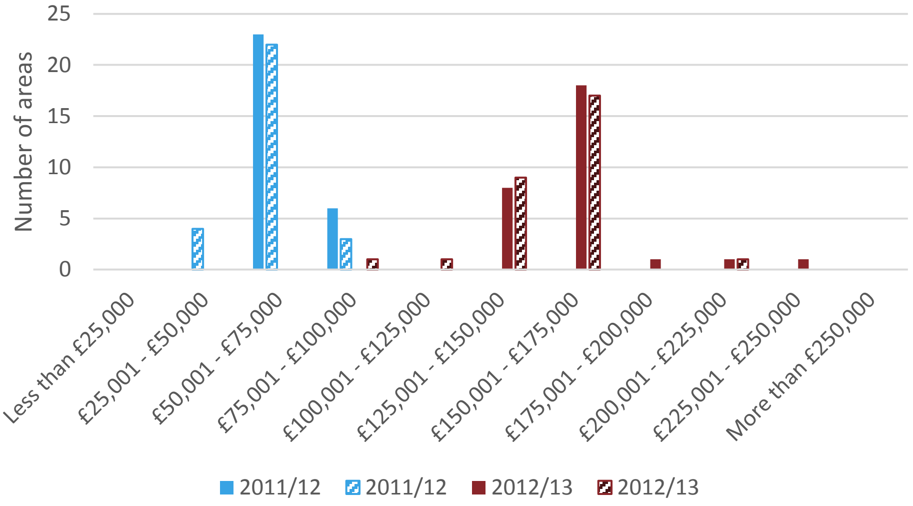
[13] Department for Education (2011) *Support and aspiration: A new approach to special educational needs and disability: Pathfinder Specification and Application Pack*

[14] This excludes staff time provided in kind to the pathfinder, which is discussed later.

[15] The data analysis is based on 29 area monitoring responses from the 32 pathfinder local authorities. One consortium of two local authorities received a single grant and are thus treated as a single pathfinder for the purpose of the analysis. Another consortium of two authorities pooled their grant funding. Their cost data has been divided evenly across the two areas for this analysis. One pathfinder area has been excluded from the cost analysis because the quality of their cost data could not be verified.

Figure 3 Funding allocation and spend by pilot area



Note: Funding allocation includes DfE grant and additional funding leveraged for the pathfinder.
N=29 pathfinder areas
Source: SQW monitoring data analysis

Figure 4 illustrates financial and in-kind spend on each type of activity (split by Common Delivery Framework themes[16]) and by each service varied across pathfinders. The 'boxes' on the diagrams show the actual spend incurred by between the 25th and 75th percentile of areas and the lines outside the boxes go up and down to the highest and lowest area's spend. The middle line in each box indicates the median[17] spend on that element, while the diamond represents the mean[18] average spend.

The amount of resource assigned to each theme of activity varied by pathfinder, although, with the exception of safeguarding and risk management, all areas invested some resource into each of the themes. Substantial pathfinder financial costs were attributed to cross cutting spend, implying joint development and working across agencies. Where costs were attributed to agencies, they were predominantly incurred through education. However, some pathfinders also had significant in kind input from children's social care, specialist health and adult social care. The Voluntary and Community Sector (VCS) was also involved in each area, either being assigned pathfinder funds or providing in kind staff time.

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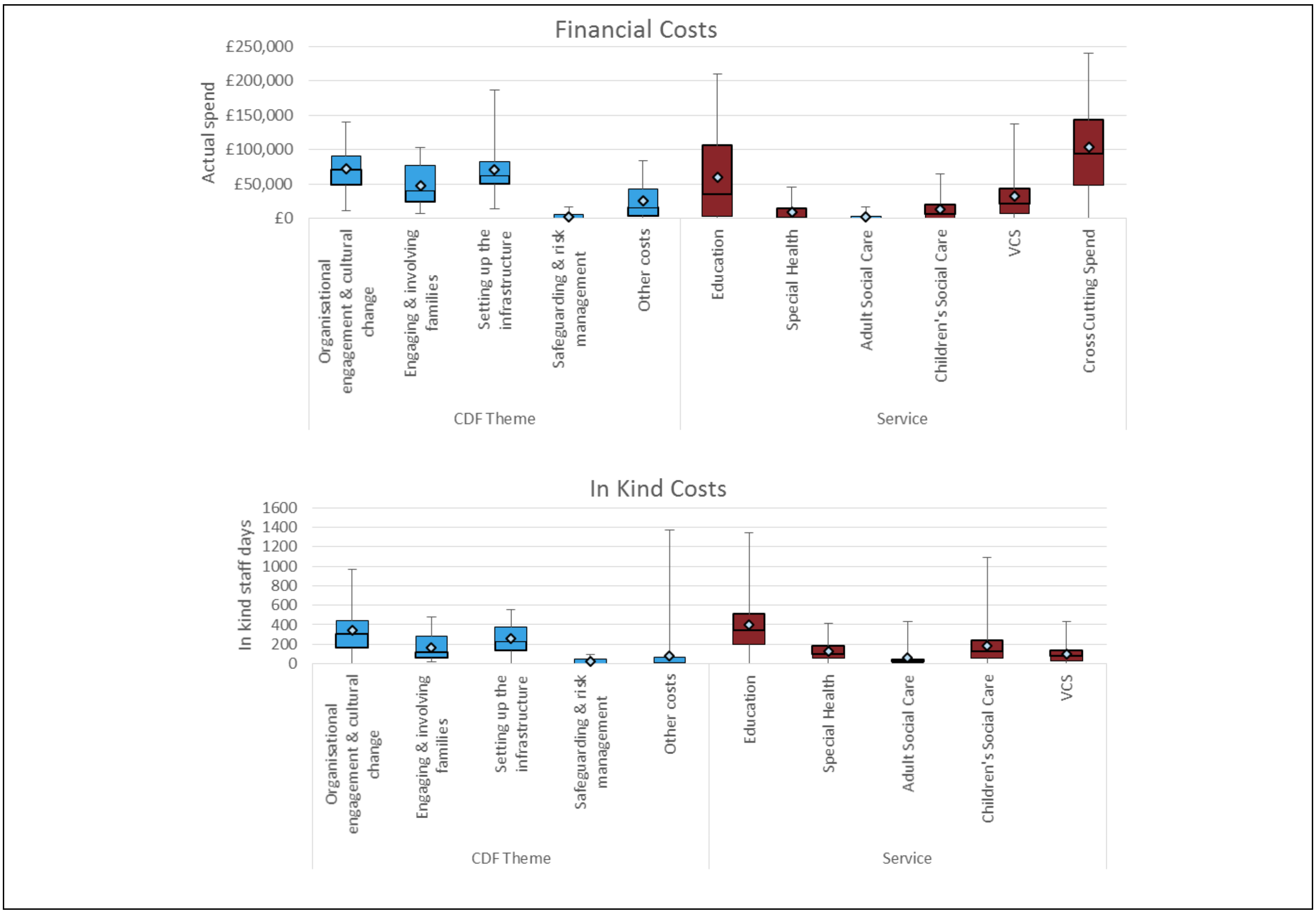
[16] The Common Delivery Framework (CDF) was developed to enable structured data collection around the delivery and costs at different stages of the pathfinder process. It set out a series of themes and elements that it was anticipated each pathfinder would need to address as part of developing its local activity.

[17] The **median** value is the middle value from across the areas. Thus across the 30 areas, the median is the cost of the '15th' middle area

[18] The **mean** value is calculated by adding up all the numbers (i.e. all the actual spend figures) and then dividing them by the number of numbers (i.e. the number of areas)

Figure 4 Breakdown of 2011/12 and 2012/13 costs by CDF theme and by the service that incurred the cost



N=29 pathfinder areas

Source: SQW monitoring data analysis

Estimating the costs of setting up of the pathfinder approach

Deriving a daily staff cost for conversion of in kind costs

To estimate the total costs associated with setting up the pathfinder approach we required to convert in-kind staff contributions, which were not formally funded to support development, into financial costs. Table 41sets out the unit costs of provision used.

Table 41 Unit costs of staff time

	Hourly rate (including onset cost)	**Day rate** (including onset cost)
Senior Manager (e.g. Head of Service)	£25.03	£187.73
Junior Manager (e.g. Operational Manager)	£24.03	£180.23
Clerical Worker (e.g. Administrator)	£12.93	£97.13
Day rate used for unit cost calculations ***(£187.73 * 0.2) + (£180.23 * 0.6) + (£97.13 * 0.2)***	**£22.01**	**£165.08**

Notes: DfE derived hourly unit costs from Office for National Statistics, 2010, Annual Survey of Hours and Earnings (ASHE,) http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-227495
SQW converted the hourly rate into a day rate based upon the assumption of a 7.5 hours working day
Source: Adapted from DfE

In-kind time was monetised on a weighted basis to reflect time inputs from across three levels of staff (heads of service, operational managers and administrators), who were all perceived to have contributed in-kind time to support the development of the pathfinder approach. This weighting was based on an estimated 20:60:20 split between the three levels of staff respectively, which therefore amounts to a unit cost of £22.01 per hour and £165.08 per day.

Estimated costs of set up

Table 42 sets out the total average costs associated with delivering the pathfinder approach, assigning the day rate derived above to estimate the value of in kind contributions.

Table 42 Overarching costs (2011/12 and 2012/13)

		Mean	**Median**	**Minimum**	**Maximum**
A	In kind staff days	876	770	27	1,933
B	Financial expenditure	£219,163	£227,659	£132,750	£277,500
C	In-kind expenditure *(A * Derived day rate)*	£144,610	£127,112	£4,457	£319,100

Note: Figures rounded to include no decimal places
N=29 pathfinder areas
Source: SQW monitoring data analysis

The median estimated total cost per area was £333,018 over the first 18 months of the pathfinder, including both financial and in-kind expenditure. However this varied substantially by area, from a minimum of £205,138 in one area to a maximum of £559,149 in another.

Delivery of the pathfinder approach

The costs associated with delivering the pathfinder approach have been estimated using two proxy measures:

- Proxy 1: The cost of all staff participating in formal EHC Plan meetings (including assessment and planning meetings where relevant), taken from the Family tracking data

- Proxy 2: The cost of delivering the keyworker role across all EHC Plan activities (including undertaking administrative tasks, preparation for meetings, family facing tasks, writing up the plans and liaison with other professionals etc), taken from the Staff and work satisfaction survey.

The section below develops these proxies in turn; first calculating the time associated with taking one family through the process and then estimating the costs associated with this.

The cost of all staff participating in formal EHC Plan meetings

The family tracking section of the monitoring tool collected family level information on each stage of the pathfinder process (for instance in terms of the amount of professional and family time spent in each formal EHC Plan meeting). This analysis relied on the completeness of the tracking data, so only families whose data met certain criteria were included. These criteria included having:

- A completed single plan (i.e. a date for at least one of SEN, health or social care element finalised)
- A date for when they signed up to the pathfinder
- Sufficient data on assessment and planning meetings (including dates of all meetings and length of time spent by professionals and families in the meetings).

In total 317 families met the criteria for inclusion (Table 43).

Table 43 Details of those included in tracking analysis

Number of pathfinder families with completed plans **registered in the monitoring tool**	542 families from 30 areas
Number of pathfinder families with completed plans and tracking information able to be **included in the tracking analysis**	317 families from 23 areas
Proportion of families with completed plans **included in the tracking analysis**	58%

Source: SQW monitoring data analysis

Characteristics of processes

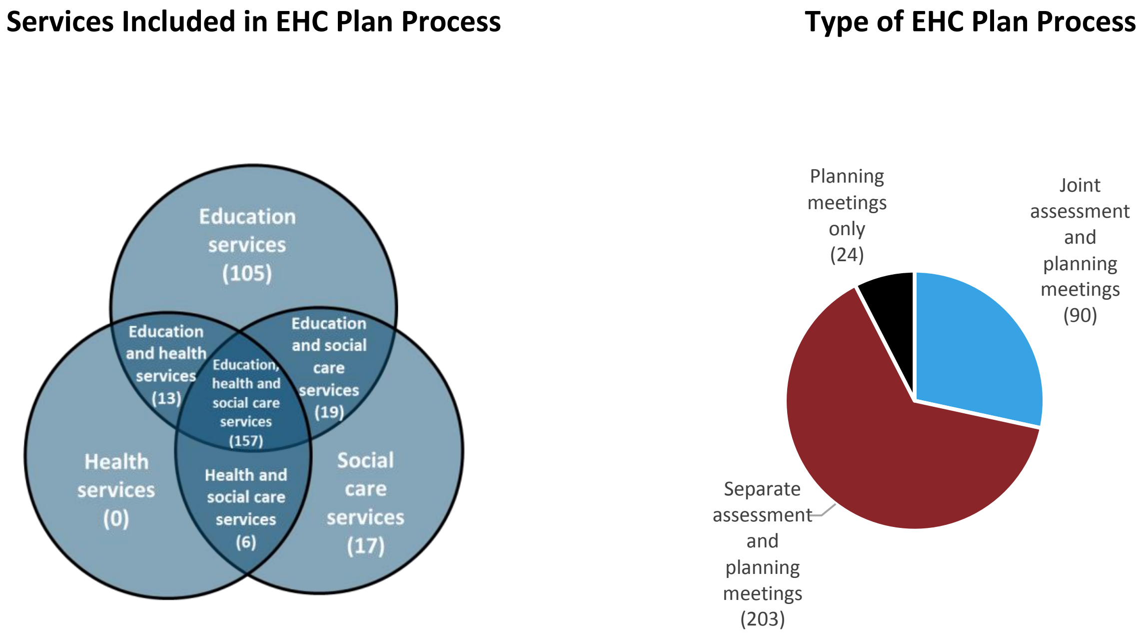
The pathfinder families included in this analysis had been through a range of processes across 23 areas (Figure 5). The analysis was thus able to reflect:

- **The diversity of the processes** – capturing EHC Plan process variation across areas and the varying involvement of different services (although education were involved in the vast majority of cases)
- **The diversity of the starting points** – while only 6 per cent of the families had no previous exposure to SEN intervention, there were a range of families with a Statement of SEN (54 per cent), Learning Difficulty Assessment (LDA) and transition plan (8 per cent), or lower

level support provided through Early Years of School Action or School Action Plus (29 per cent)[19].

In light of these differences, we would expect there to be an element of variation both in terms of the length of the processes and the time involved in delivering them to individual families and across areas. The methodology used for this analysis was designed to account for such deviation both at a family and area level.

Figure 5 Characteristics of the EHC Plan process



N=317 families from 23 pathfinder areas
Source: SQW monitoring data analysis

On average, the EHC Plan process involved three formal meetings between professionals and (often) the family, taking a total of 15 hours of professional time and five hours of family time per case (Table 44). However, these averages were skewed by a small number of cases taking much longer, as illustrated by the ‘maximum’ number of meetings and time involvement presented in Table 44, Figure 6 further illustrates this skew, with most families’ processes (including the ‘median’ process) involving 2 meetings but a small number involving 5, 6, 7, 8, 9 or 10+ meetings.

The skewed nature of the data is likely to be in part due to the infancy of the pathways, meaning that some EHC Plan processes were taking longer and involving more meetings than they would after the process had been refined and rolled out. For instance, a number of the case study areas indicated that their initial pathway was particularly labour intensive and would be scaled back for roll out. On the other hand it is possible that the intensity of the processes could increase as areas moved towards roll out (for instance if multiagency working improved leading to more services contributing professional time in EHC Plan meetings) or as they increasingly deal with newcomers, where a lot of assessments are required.

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[19] Information on the SEN level of intervention prior to the pathfinder was not available for the remaining 3 per cent of families included in this analysis.

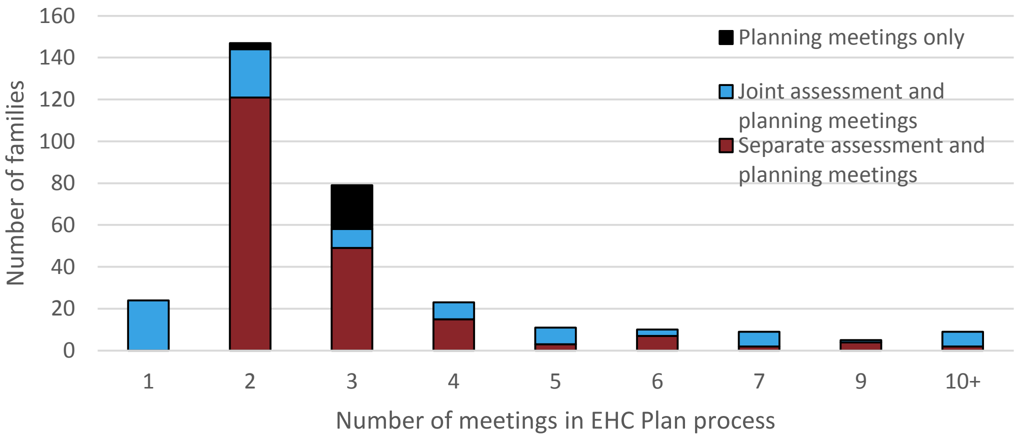
The estimated costs of delivery have been calculated using 'medians' rather than 'mean averages' to prevent undue distortion by the small number of resource intensive cases.

Table 44 Formal meetings in the EHC Plan process

	Mean	Median	Minimum	Maximum
Number of formal meetings in the EHC Plan process (per case)	3	2	1	19
Number of hours spent by professionals in formal EHC Plan meetings (per case)	15	10	1	92
Number of hours spent by families in formal EHC Plan meetings (per case)	5	4	0	30

Characteristics of the EHC Plan process: N=317 from 23 pathfinder areas
Source: SQW monitoring data analysis

Figure 6 Number of EHC Plan meetings per case, by type of process



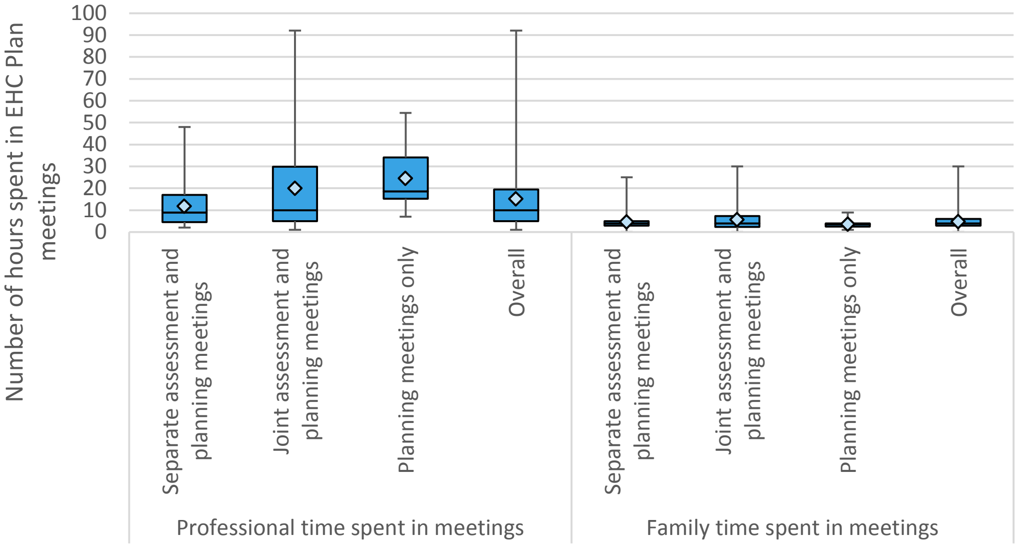
N=317 families from 23 pathfinder areas
Source: SQW monitoring data analysis

There were particularly large fluctuations in the amount of staff time spent in meetings per case (Figure 7). This depended on the number of professionals attending each meeting in addition to the number of meetings.

We calculated the median amount of professional time spent in formal EHC Plan meetings per case by area, and used this as a basis for calculating an 'average median pathfinder case' which gives equal weight to the median length of the process in each pathfinder.

Across areas, **the average of the median pathfinder case across areas involved 14 hours of professional time** in formal EHC Plan meetings, although median cases per area ranged from involving 3 hours to 45 hours of professional time.

Figure 7 Professional and family time spent in EHC Plan meetings per case, by type of process

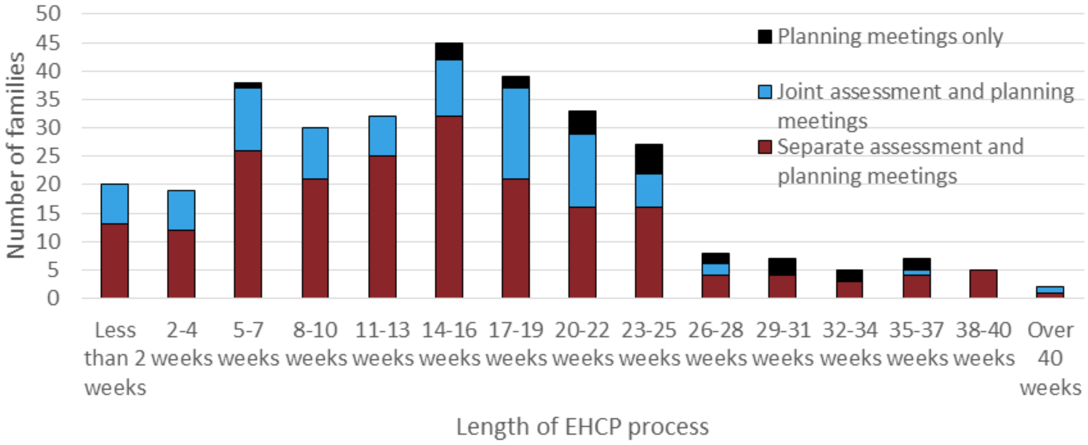


N=317 families from 23 pathfinder areas
Source: SQW monitoring data analysis

Length of process

While the processes varied substantially by area, three quarters of the families experienced an EHC Plan process that was shorter than the 20 working week limit set out in the Indicative Code of Practice[20]. This, in part, reflects differences in the measures; with the Indicative Code of Practice calculating the length of the process from the point an assessment is requested, while this analysis calculated the process from the date of the first assessment meeting. In addition, the focus of pathfinders to date on families already known to the system may also have had a bearing on timeframes, with complete newcomers to the system requiring an additional level of information collection/assessment.

Figure 8 Length of the EHC Plan process per case, from first meeting to sign off of plan



N=317 families from 23 pathfinder areas
Source: SQW monitoring data analysis

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[20] Department for Education (2013) *Indicative Draft: The (0-25) Special Educational Needs Code of Practice*

The cost of keyworkers across all EHC Plan activities

The staff work and satisfaction survey captured the amount of time that keyworkers spent conducting all EHC Plan activities per case, including tasks occurring outside of formal EHC Plan meetings such as administrative tasks, preparation for meetings and writing up plans. Through the use of a 'before' and 'after' survey, it also enabled us to understand how the average time associated with delivering the pathfinder varied from the amount of time the same front-line staff spent per non-pathfinder case. Again this data was skewed by a small number of keyworkers/front-line staff spending substantially longer per case than other keyworkers (Table 45). Thus, 'medians' were used for calculations, as these were not distorted by the extremes.

Across areas, **the average median pathfinder case involved 9 hours of keyworker time per month**, although median cases per area ranged from 2 hours to 31 hours of keyworker time per month. This **compared to an average of 5 hours of equivalent (i.e. front-line delivery) time per month for non-pathfinder families**, with median cases per area ranging from 2 to 11 hours of front-line delivery time per month.

Table 45 Average number of hours spent per month per case

	Mean	Median	Minimum	Maximum
Number of hours spent per month per **pathfinder case**	11	7	1	121
Number of hours spent per month per **non-pathfinder case**	7	5	0	72

Note: Figures rounded to include no decimal places
Pathfinder cases: N=80 staff survey responses
Non-pathfinder cases: N=91 staff survey responses
Source: SQW survey analysis

Time commitment to take one family through the process

As established earlier, the family tracking data suggested that the average pathfinder had a median process length of 14 weeks, less than the statutory 20 weeks set out in the Indicative Code of Practice. However there was substantial uncertainty as to the extent this might vary for future cohorts of families. For example, the process length could decrease as the workforce becomes more familiar with delivering the EHC Plans, or conversely, it may increase in length as more newcomers to the SEN system, who will require a more comprehensive coordinated assessment at the front-end, are taken through the process. Given that the length of the process is likely to be subject to change going forwards we have used the statutory lengths of the processes to calculate the amount of keyworker time involved per case.

Using this data, **the pathfinder approach appeared to involve, on average, 42 hours of front-line delivery time, compared to 30 hours for a non-pathfinder families completing the comparative SEN Statementing process** (Table 46). However, we recognise that it is it very early days and processes are likely to change significantly over the coming months. Therefore, it is possible this initial estimate will also differ markedly from the eventual outcome. To address this, additional research will be undertaken in the extended evaluation to further explore the issue.

Table 46 Conversion of monthly time commitment into the time required to take one family through the process

		Pathfinder case	Non-pathfinder case
A	Average of the median number of hours spent on a case per month	9 hours	5 hours
B	Statutory length of EHC Plan/Statement process	20 weeks = 4.62 months	26 weeks = 6.00 months
	(median process length from first cohort of families)	*(14 weeks = 3.23 months)*	*(comparator unavailable)*
C	Estimated number of hours spent per case if the process lasts the statutory length of time	42	30
	(based on median process length from first cohort of families)	(29)	*(comparator unavailable)*
	*(A * B)*		

Note: Figures rounded to include no decimal places
Source: SQW survey analysis

Costing the process

Deriving an hourly staff cost

The hourly 'Junior Manager' rate of £22.01, derived by DfE[21], was used to calculate the costs associated with the two proxies. This rate was used to reflect the level of staff observed delivering the EHC Plan process across areas, which had in many cases involved operational managers, as well as members of their teams. As the areas move towards roll out, it is likely that operational managers will stand back from front line delivery and will instead act as line managers who provide support to team members that act as key workers. For instance SEN caseworkers and existing Statutory Assessment team staff are likely to undertake the keyworker role in more areas. This transition may in turn lead the initial set of delivery costs to decrease.

Estimating the costs of delivery of the pathfinder approach

Table 47 sets out the estimated costs of delivery, both per family and overall using the statutory 20 week maximum timescale within which the process is to be completed (given the number of families with completed single plans across the pathfinder areas by 15th July 2013). **The average delivery cost per family associated with the staff time spent in formal EHC Plan meetings was an estimated £308**, although the minimum area median would have cost an estimated £66 per family and the maximum would have cost £990 per family. **The average estimated delivery cost per family for the key working role was £924**, with a minimum area median of an estimated £203 and a maximum of £1,118.

These two figures, which include an element of double counting as the key worker would be involved in the meetings, suggest a significant amount of work is required outside of the formal meetings.

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[21] Department for Education, 2013, *Evidence Pack: Special Educational Needs: Children and Families Bill 2013*

Table 47 Estimated costs of delivery

		Proxy 1 *(Time spent by all professionals in formal EHC Plan meetings)*	**Proxy 2** *(Time spent by keyworkers undertaking all EHC Plan tasks)*
A	Average of median area number of hours spent by staff conducting EHC Plan process per case *(Figures calculated in sections above)*	14 hours	42 hours
B	Average cost of staff per hour *(Derivation of cost calculated in section above)*	£22	£22
C	Number of families with completed single plans[22]	555 families	555 families
D	**Average delivery cost per pathfinder family** *(A * B)*	**£308**	**£924**
E	**Estimated cost of delivery** *(C * D)*	**£170,940**	**£512,820**

Note: Figures rounded to include no decimal places

Source: SQW survey and monitoring data analysis

Summary - Indicative costs of reform

On the basis of the analysis in this chapter, the minimum, maximum and average costs of reform to date are set out in Table 48. The costs of reform remain subject to continued and as yet unknown variation, as the pathfinders move from set up to roll out. While some costs may fall (for instance the cost of keyworker time if more junior staff increasingly take on the key working role) they may also rise (for instance if multi-agency working increases, leading to more staff time spent in a coordination role and more agencies participating in formal EHC Plan meetings). It is also likely that further development costs will need to be added into the mix as areas continue to refine their approaches.

Therefore, **these costs of reform should be treated as indicative only**. A fuller exploration of the costs of reform will be undertaken as part of the forthcoming cost effectiveness thematic case study.

Table 48 Indicative costs of reform (based on 2011/12 and 2012/13 figures)

	Costs of development ***(Total)***	**Costs of delivery** ***(Per Case)***	
		Proxy 1 *(Time spent by all professionals in formal EHC Plan meetings)*	**Proxy 2** *(Time spent by keyworkers undertaking all EHC Plan tasks)*
Minimum	£205,138	£66	£203
Average median	£333,018	£308	£924
Maximum	£559,149	£990	£1,118

Source: SQW survey and monitoring data analysis

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[22] Number of families with completed single plans listed in the SQW monitoring tool by 15th July 2013.

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 impact strand of the study to answer those questions. The survey data is drawn from the first cohort of families who experienced the new approaches (they were usually interviewed in the first half of 2013).

This final chapter also brings together the findings from both the *Process and Implementation* and *Impact* strands of the evaluation to consider the progress of the pathfinders against the more recent expectations set out in the initial version of the revised Code of Practice[23]. We therefore seek to identify learning and the issues that the pathfinders will need to consider in the coming months and the implications for non-pathfinder areas

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 evaluation identified that the pathfinder has had positive impacts in terms of parents' understanding of the process, and how family-centred and joined up these had been across different services. For example, we found positive and statistically significant changes in terms of:

- Pathfinder families were more likely to strongly agree that they understood the assessment and support planning processes (38 per cent pathfinder families; 27 per cent comparison)
- Almost nine in ten (88 per cent) pathfinder families agreeing strongly or tending to agree that their family's views had been taken into consideration (73 per cent of comparison families)
- Half (52 per cent) of parents in the pathfinder group agreed that the processes they had been through were straightforward, compared to 36 per cent of those in the comparison group.

Overall the results are encouraging. They present a series of **statistically robust improvements around many elements of the process.** However, while positive the **overall level of change appears modest at this fairly early stage[24].** The amount of change may reflect both that a good number of families were content with the old process and that pathfinders continue to refine their approaches. In parallel it is apparent that on many of the process indicators the level of dissatisfaction has declined to roughly half of what it was before. The next phase of the evaluation will test if the improvements seen to date become more widespread.

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

[24] As at March 2013

The positive impacts appeared to be linked to:

- **Involvement of a ‘key worker’ or ‘group of individuals’** that had delivered the new process and therefore provided the families with support
- The **competency, consistency and knowledge** of the key worker(s)
- Key workers allowing **sufficient time for discussions**, being **accessible** and **recognising the value of parents’ insights** into their child or young person’s needs
- **Parents’ capacity** to take part in the process, especially in cases where key workers were felt to have been less effective
- A sense that all **key professionals had engaged** (for example the process seemed to have worked better when they had attended the planning meeting rather than sending written inputs)
- The **extent to which activities and decision making had been transparent** and could therefore be easily understood by families
- The degree to which families felt the **resultant EHC Plan reflected their needs.**

The common theme from the list above is the importance of the key worker role. Resourcing the development of key workers will be a crucial area of activity for non-pathfinder areas.

The pathfinder **appears not to have had a significant impact on what parents felt about the fairness of the decisions made about the support their child was eligible for**. Results from the survey showed that around half (53 per cent pathfinder, 52 per cent comparison group) of parents agreed that the decisions were fair given the amount of money available locally. Similarly, 54 per cent of pathfinder families and 56 per cent of comparison families thought the decisions were fair compared to what other young people were receiving locally. This suggests that more could be done to improve the transparency of the system, which could be more important in the coming months as an increased number of newcomers are engaged.

Pathfinder families also reported being, **overall, more satisfied with the assessment and planning process**. For instance, the pathfinder had an eight percentage point impact (35 per cent of pathfinder families against 27 per cent of comparison families) on parents being ‘very satisfied’ with the processes. The percentages fairly dissatisfied or very dissatisfied has almost halved, from 23 per cent in comparison families to 12 per cent on pathfinder families. The relatively limited scale of impact may reflect apparently fairly good levels of satisfaction to begin with and some families remaining confused around the purpose of the plan. The latter implies a need to provide clarity to families on the legal status of the document, how it would be updated and its relationship to existing SEN Statements.

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

Looking first at choice and control, pathfinder families reported statistically significantly better experiences than the matched comparison group families. **Pathfinder families were less likely**

than comparison group families to report that they did not have enough choice or enough information about the choice (45 per cent of pathfinder parents reporting ‘not enough choice’ compared to 61 per cent of comparison group parents). As with choice, significantly fewer pathfinder families reported having too little information (41 per cent compared to 57 per cent of comparison group families).

Our sub-group analysis showed no discernible differences in reported impacts across a range of groups, suggesting that the pathfinder single plan is achieving similar results across the full range of families it is being used with.

Key workers also tended to report that their involvement in the pathfinder had enabled them to offer more choice and control to families, which had been well received and was felt to have been one of the primary successes of the new processes.

Pathfinder families also reported finding it easier to organise support and services (21 per cent of comparison group families had found it very difficult, and a further 31 per cent had found it fairly difficult, compared to only eight per cent and 16 per cent of pathfinder families) and more pathfinder families than comparison families were satisfied with the services received. These differences seem to reflect improvements in education services rather more than improvements in social care or specialist health services, although small samples hinder our ability to thoroughly explore this.

However, in amongst this generally positive picture were some **important lessons to guide future development**, which reinforce the importance of having an effective local offer:

- **Families differed in the amount of choice that they wanted**, feeling much more comfortable around some services than others
- Although choice had improved overall, **41 per cent of pathfinder families still reported that they had lacked enough information to make proper choices**
- **Around half of the pathfinder families did not agree that their child received all or most of the services that they required**.

While the overall feedback on the process was positive, as yet the survey found no consistent evidence to illustrate an improvement in outcomes had occurred. This lack of widespread change relates to the number of cases where the process had not led to changes in service receipt, either because of previous levels of satisfaction or due to the limited time that had passed since the plan was agreed. Conversely, where a change in outcomes had been experienced, it was more likely to be reported where families had gained new or increased service provision. The extent to which service receipt and outcomes change over time will be tested in more detail through the next phase of the evaluation will be undertaken.

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

Evidence gathered directly from families participating in the pathfinder did not explicitly make reference to engagement of the VCS in either the assessment or planning process. However, it was clear that families had been happier and therefore more satisfied when they felt they had received sufficient and effective support to participate in the pathfinder process. This support role is one that in the *Process and Implementation report* we noted was in some cases being taken on by the VCS.

Indeed, collaborative working was already evident in some areas, as evidenced by the results of the staff work and satisfaction survey. It found that key workers had tended to work more closely with the VCS as a result of their involvement with the pathfinder.

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

The costs of reform calculations to date are of necessity partial. The pathfinders are only part way through and so their full development costs are not yet known. Our best estimate of costs (cash and in-kind) incurred to date is a median value of £338,000 per pathfinder.

Similar timing caveats apply to our initial estimates of the costs of delivering the new approach. These will be developed further in the next stage of the study and therefore the following set of costs should be treated as indicative in their nature. To date, the average delivery cost per family associated with the staff time spent in formal EHC Plan meetings was an estimated £308. The average estimated delivery cost per family for the key working role was £924, or put another way the pathfinder approach used with the initial cohort of families required on average, 39 per cent more front-line delivery time than the SEN Statementing process.

We would expect these figures to change significantly as the pathfinders move out of development towards steady state as approaches are refined and newcomers are increasingly engaged. At this stage it is not clear whether the new approach will eventually be more or less costly. However, we will undertake detailed thematic research in the next phase to track this element as practice develops.

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 9 below describes each of the provisions along with the experiences of the pathfinders (taken from both the *Process and Implementation* and the *Impact* strands of the evaluation). In doing so it identifies a series of key challenges going forward for both pathfinder and non-pathfinder areas.

Taken together, the findings presented above are broadly positive. The pathfinders and the families that have participated in the new processes 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 across stakeholders, key workers and families. 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, providing high quality, family centred approaches in an affordable way to a much larger number of families and the development of a comprehensive and accessible local offer.

Figure 9 Learning and challenges experienced by the pathfinders

Expectation	Experience to date and future challenges	
	Evidence from the *Process and Implementation* evaluation	Additional evidence from the *Impact* evaluation
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 EHC Plans, but we would expect more balance between the inputs of parents and children and young people moving forward.	Encouragingly, the pathfinder was found to have had a positive impact on how family-centred parents felt the process had been. This was more likely to have been the case where professionals had been approachable, understanding and where the views of the families had been clearly translated into the resultant EHC Plans. However, much of this improvement was again found to relate to the views of the parent as opposed to the child/young person's views being taken into account. Only a third (34 per cent) of pathfinder and of comparison group families said that their child had had a say over the support and services he or she receives, with no significant impact of the pathfinder.
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 EHC Plans. Areas had commonly sought to do this through a single meeting, involving professionals and the family and young person. These	Joint working and information sharing had shown some improvement as a result of the pathfinder (pathfinder parents were significantly more likely to 'strongly agree' that the different services involved in the assessment process worked closely together than the comparison group (35 per cent versus 21 per cent). This had occurred both within and outside of multi-agency meetings. It had in the main been facilitated through effective key workers, who had led these meetings or sought to liaise with professionals on a one to one basis. Despite this, many families had still had to explain their child's needs on multiple occasions and had experienced separate planning exercises for different services. For

Expectation	Experience to date and future challenges	
	Evidence from the *Process and Implementation* evaluation	**Additional evidence from the *Impact* evaluation**
	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 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.	example, while this had improved from 81 per cent of comparison families to 65 per cent of pathfinder families, it was clear that there was room for further improvement.

Expectation	**Experience to date and future challenges**	
	Evidence from the *Process and Implementation* evaluation	**Additional evidence from the *Impact* evaluation**
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.	Findings from the impact evaluation mirrored the process and implementation research.
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.	The pathfinder was found to have had a positive impact on the choice afforded to parents in relation to both: • The level of information provided around potential services (significantly fewer pathfinder families reported having too little information (41 per cent compared to 57 per cent of comparison group families)) • The choice of provider (the pathfinder successfully reduced the proportion of parents saying they had 'not enough choice' to 45 from 61). This improvement was more apparent in relation to education as opposed to social care or specialist health services, which is likely to reflect the education origins of the EHC Plan and in turn the majority of the key workers. However, a large minority of families continued to report not having enough information about providers (41 per cent), which reinforces the need for pathfinder areas to prioritise the development and communication of a clear and accessible local offer for families.

Expectation	**Experience to date and future challenges**	
	Evidence from the *Process and Implementation* evaluation	**Additional evidence from the *Impact* evaluation**
For children and young people with more complex needs, a coordinated assessment of need and a new 0 to 25 EHC Plan	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.	Families rarely reported having new assessments to inform their single planning as most were in receipt of support/services prior to their involvement in the pathfinder. Therefore, the majority of learning related instead to the undertaking of a coordinated review, which most commonly drew on the SEN Statement, and in turn informed the EHC Plan. The higher levels of satisfaction associated with the EHC Plan process relative to the existing process (as reported in the survey) are therefore more likely to relate to the planning aspect of the process, implying that we will need to look to the ongoing evaluation to understand wider satisfaction around the comprehensive process. Families who preferred the EHC Plan to their previous SEN Statement felt they were broader documents which attempted to set out a more rounded and holistic package of care and goals, not limited to education. The plan process drew on the perspectives and agendas of a range of professionals from different disciplines.

Expectation	Experience to date and future challenges	
	Evidence from the *Process and Implementation* evaluation	**Additional evidence from the *Impact* evaluation**
	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 EHC Plans ... 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 pathfinders had underestimated: • The training need - with some professionals even	Families were clearer and more satisfied with the process in cases where the EHC Plan had clearly identified outcomes, goals and actions. Conversely, in cases where the EHC Plan tended to focus more on a description of the child or young person, and therefore lacked specificity, parents had found the process and the results less useful. Longer term planning was more evident in the EHC Plans of children and young people that were due to undergo a transition between education providers. However, in many cases it was not yet clear even to the families how these plans would be delivered.

Expectation	Experience to date and future challenges	
	Evidence from the *Process and Implementation* evaluation	Additional evidence from the *Impact* evaluation
	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 Personal Budget for those with an EHC Plan	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	There was limited evidence to date to illustrate that families had been able to exercise more choice and control in relation to school/college selection or via the use of a personal budget. Where participants in the qualitative work could identify that they had received an increase in the services provided for their child, a small number of families reported that this had included a change from a mainstream to a special school for their child. The benefits associated with this were better-trained staff, an environment that was well equipped to meet the needs of their child, improved experiences of education and some non-academic benefits such as building independence and confidence.

Expectation	Experience to date and future challenges	
	Evidence from the *Process and Implementation* evaluation	Additional evidence from the *Impact* evaluation
	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.	

Source: SQW

Annex A: A summary of 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 10.

Figure 10 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.

- **Source: Evaluation Terms of Reference**

To summarise, the evaluation sought to capture 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**[25] 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 were 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 were 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 were embedded within the suite of research tools to facilitate a continuous review of the activities of the support team.

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[25] 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.

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

Figure 11 provides a detailed illustration of the research tools that were used in each of the strands of work, and highlights in 'yellow' the tools that were used to inform the impact evaluation and will therefore be described in more detail in this report. Additional detail on the remaining tools and the case study selection process can be found in the *Evaluation Briefing Report*, which is available at http://www.education.gov.uk/childrenandyoungpeople/send/sen/b0075291/green-paper/evaluation.

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:

- The *process and delivery framework*
- The *family and provider journey*.

The framework, which is detailed in The Evaluation Briefing Report[26], sets out a set of research questions that the evaluation was seeking to explore and the methods that have been used to gather the relevant information. It also provided a structure to ensure that the effects of the pathfinders were considered at all stages of the impact logic chain. This included specific elements to cover the outcomes and short and medium-long term impacts that we proposed to explore.

More detail

A more detailed account of the methodology used to undertaken the impact-related elements of the evaluation can be found in the accompanying technical report.

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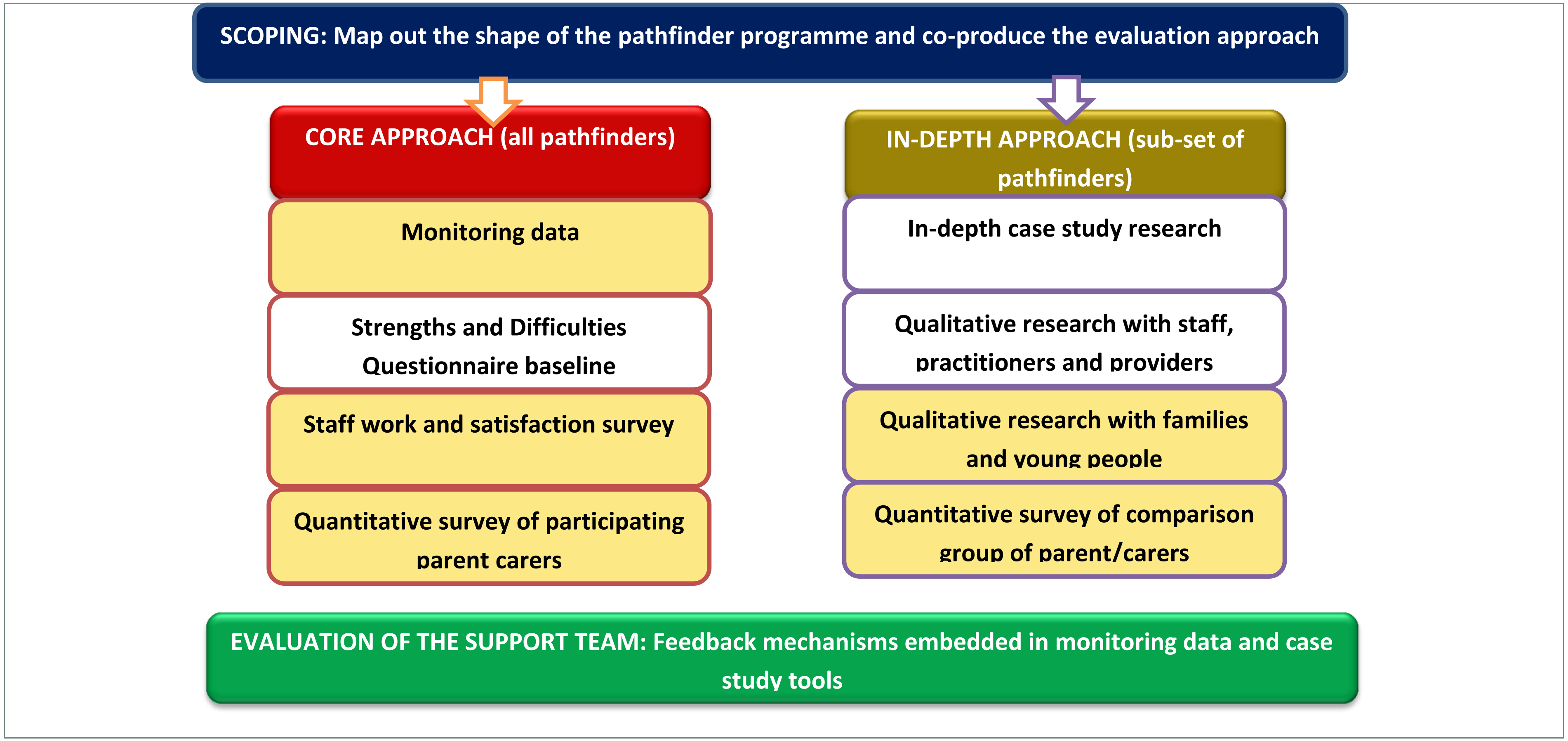
[26] http://www.education.gov.uk/childrenandyoungpeople/send/b0075291/green-paper/evaluation

Figure 11 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

Annex B: Additional tables from the impact study

Table 49 Extent to which parent carers agree that decisions were fair given money available

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.211
Strongly agree	23	17	6	'**' represents statistical significance at the 95% confidence level
Tend to agree	30	35	-5	
Neither agree nor disagree	5	3	2	
Tend to disagree	12	17	-5	'*' represents statistical significance at the 90% confidence level
Strongly disagree	11	14	-3	
Don't know	19	13	5	
Bases: all respondents	237	226		

Note: Percentage point differences are rounded to the nearest whole per cent

Source: Ipsos MORI survey data

Table 50 Extent to which parent carers agreed decisions were fair compared to other young people

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.465
Strongly agree	22	21	0	‘**’ represents statistical significance at the 95% confidence level
Tend to agree	33	35	-2	
Neither agree nor disagree	8	6	2	
Tend to disagree	9	14	-5	‘*’ represents statistical significance at the 90% confidence level
Strongly disagree	10	12	-2	
Don’t know	18	12	6	
Bases: all respondents	237	226		

Note: Percentage point differences are rounded to the nearest whole per cent

Source: Ipsos MORI survey data

Table 51 Parent carer views on satisfaction with process, social care

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.237
Very satisfied	29	31	-3	‘**’ represents statistical significance at the 95% confidence level
Fairly satisfied	34	25	9	
Neither satisfied nor dissatisfied	9	5	4	
Fairly dissatisfied	5	10	-5	‘*’ represents statistical significance at the 90% confidence level
Very dissatisfied	8	20	-12	
Don’t know	15	8	7	
Bases: all involved in social care services	112	99		

Note: Percentage point differences are rounded to the nearest whole per cent

Source: Ipsos MORI survey data

Table 52 Parent carer views on satisfaction with process, specialist health services

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.320
Very satisfied	34	32	2	'**' represents statistical significance at the 95% confidence level
Fairly satisfied	28	33	-5	
Neither satisfied nor dissatisfied	8	7	1	
Fairly dissatisfied	6	11	-5	'*' represents statistical significance at the 90% confidence level
Very dissatisfied	8	9	-1	
Don't know	17	8	9	
Bases: all involved in specialist health services	126	140		

Note: Percentage point differences are rounded to the nearest whole per cent

Source: Ipsos MORI survey data

Table 53 Parent carer views on satisfaction with services, social care

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.218
Very satisfied	26	23	3	'**' represents statistical significance at the 95% confidence level
Fairly satisfied	38	24	14	
Neither satisfied nor dissatisfied	7	6	1	
Fairly dissatisfied	9	14	-5	'*' represents statistical significance at the 90% confidence level
Very dissatisfied	9	21	-12	
Don't know	12	13	-1	
Bases: all respondents involved in social care services	112	99		

Note: Percentage point differences are rounded to the nearest whole per cent

Source: Ipsos MORI survey data

Table 54 Parent carer views on satisfaction with services, specialist health care

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.621
Very satisfied	40	36	4	'**' represents statistical significance at the 95% confidence level
Fairly satisfied	37	36	1	
Neither satisfied nor dissatisfied	8	7	1	
Fairly dissatisfied	6	7	-1	'*' represents statistical significance at the 90% confidence level
Very dissatisfied	6	5	0	
Don't know	5	10	-5	
Bases: all respondents involved in specialist health services	126	140		

Note: Percentage point differences are rounded to the nearest whole per cent

Source: Ipsos MORI survey data

Table 55 Parent carer reported health of young person

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.712
Very good	31	27	3	'**' represents statistical significance at the 95% confidence level
Good	35	35	0	
Fair	25	28	-3	
Bad	7	6	1	
Very bad	2	3	-2	'*' represents statistical significance at the 90% confidence level
Refused	*	*	*	
Bases: all respondents	237	226		

Note: Percentage point differences are rounded to the nearest whole per cent
Source: Ipsos MORI survey data

Table 56 Parent carer reported of young person's quality of life, by pathfinder and comparison groups

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.128
Very good	30	23	7	'**' represents statistical significance at the 95% confidence level
Fairly good	45	40	5	
Neither good nor poor	12	17	-5	
Fairly poor	8	11	-3	
Very poor	3	5	-2	'*' represents statistical significance at the 90% confidence level
Don't know	*	*	*	
Unable to say	1	3	-2	
Bases: all respondents	237	226		

Note: Percentage point differences are rounded to the nearest whole per cent
Source: Ipsos MORI survey data

Table 57 Parent carer views on concerns about young person’s safety outside the home

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.303
Very worried	51	57	-6	‘**’ represents statistical significance at the 95% confidence level
Fairly worried	31	29	2	
Not very worried	10	11	-1	
Not at all worried	6	4	3	
Refused	2	0	2	‘*’ represents statistical significance at the 90% confidence level
Bases: all respondents	237	226		

Note: Percentage point differences are rounded to the nearest whole per cent

Source: Ipsos MORI survey data

Table 58 Parent carer views on frequency their child plays sport

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.763
At least once a week	60	56	4	‘**’ represents statistical significance at the 95% confidence level
At least once a month	8	11	-3	
At least once a year	4	4	0	
Less often or never	22	25	-3	
Do not know or cannot remember	1	1	0	‘*’ represents statistical significance at the 90% confidence level
Not applicable	4	2	2	
Bases: all respondents	237	226		

Note: Percentage point differences are rounded to the nearest whole per cent

Source: Ipsos MORI survey data

Table 59 Parent carer views on the frequency their child sees friends

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.280
At least once a week	34	43	-9	‘**’ represents statistical significance at the 95% confidence level
At least once a month	16	17	-1	
At least once a year	3	2	2	
Less often or never	33	31	3	
Do not know or cannot remember	*	1	*	‘*’ represents statistical significance at the 90% confidence level
Not applicable	13	7	6	
Bases: all respondents	237	226		

Note: Percentage point differences are rounded to the nearest whole per cent

Source: Ipsos MORI survey data

Table 60 Parent carer views on young person’s confidence

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.434
Very confident	19	16	3	‘**’ represents statistical significance at the 95% confidence level
Fairly confident	41	42	-1	
Not very confident	28	23	5	
Not at all confident	8	10	-2	
Not applicable	4	8	-4	‘*’ represents statistical significance at the 90% confidence level
Bases: all respondents	237	226		

Note: Percentage point differences are rounded to the nearest whole per cent

Source: Ipsos MORI survey data

Table 61 Parent carer views on young person's confidence talking with adults

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.720
Very confident	15	15	1	'**' represents statistical significance at the 95% confidence level
Fairly confident	32	25	6	
Not very confident	29	33	-5	
Not at all confident	13	13	-1	
Not applicable	12	13	-1	'*' represents statistical significance at the 90% confidence level
Bases: all respondents	237	226		

Note: Percentage point differences are rounded to the nearest whole per cent

Source: Ipsos MORI survey data

Table 62 Extent to which parent carers agreed that young person is motivated at educational setting

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.234
Strongly agree	37	30	6	'**' represents statistical significance at the 95% confidence level
Tend to agree	37	32	5	
Neither agree nor disagree	6	12	-6	
Tend to disagree	12	12	0	'*' represents statistical significance at the 90% confidence level
Strongly disagree	6	10	-4	
Don't know	3	4	-1	
Bases: all respondents where child/ young person is at school, college or training	190	185		

Note: Percentage point differences are rounded to the nearest whole per cent

Source: Ipsos MORI survey data

Table 63 Parent carer views on post-16 aspirations for their child

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
Remain in school or college	86	91	-5	0.410
Enter employment	38	34	4	0.700
Participate in training	35	31	4	0.617
None of these	8	4	4	0.568
Don’t know	0	4	-4	0.268
Bases: all where child aged 14+	65	52		

Note 1: ‘**’ represents statistical significance at the 95% confidence level, ‘*’ represents statistical significance at the 90% confidence level

Note 2: Percentage point differences are rounded to the nearest whole per cent

Source: Ipsos MORI survey data

Table 64 Parent carer self-reported parental health

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.776
Very good	38	38	0	‘**’ represents statistical significance at the 95% confidence level
Good	39	35	4	
Fair	16	20	-4	
Bad	5	6	-1	
Very bad	2	1	1	‘*’ represents statistical significance at the 90% confidence level
Refused	0	0	0	
Bases: all respondents	237	226		

Note: Percentage point differences are rounded to the nearest whole per cent

Source: Ipsos MORI survey data

Table 65 Parent carer reported parental control over daily life

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.541
You are in control of your daily life	55	49	6	‘**’ represents statistical significance at the 95% confidence level
You have some control over your daily life but not enough	41	46	-5	
You have no control over your daily life	4	5	-1	‘*’ represents statistical significance at the 90% confidence level
Refused	0	*	*	
Bases: all respondents	237	226		

Note: Percentage point differences are rounded to the nearest whole per cent
Source: Ipsos MORI survey data

Table 66 Parent carer reported parental quality of life

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.485
Very good	34	29	5	‘**’ represents statistical significance at the 95% confidence level
Fairly good	46	53	-7	
Neither good nor poor	14	13	0	
Fairly poor	6	5	1	
Very poor	1	*	*	‘*’ represents statistical significance at the 90% confidence level
Don’t know	*	0	0	
Refused	0	*	*	
Bases: all respondents	237	226		

Note: Percentage point differences are rounded to the nearest whole per cent
Source: Ipsos MORI survey data

Table 67 Parent carer views on family functioning scale, by pathfinder and comparison groups

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.154
Top quartile 19-20	21	13	8	‘**’ represents statistical significance at the 95% confidence level
Second quartile 16-18	27	29	-3	
Third quartile 13-15	30	26	4	
Bottom quartile 4-12	20	28	-8	
Don’t know/refused to one or more questions	2	3	-1	‘*’ represents statistical significance at the 90% confidence level
Mean	15.3	14.6	0.74	
Bases: all respondents	237	226		

Note: Percentage point differences are rounded to the nearest whole per cent

Source: Ipsos MORI survey data

Annex C: Family based case studies

Case study 1

Henry is two and lives with his parents, John and Christina, and his brother in Area K. He has a rare genetic condition which means that he experiences severe challenges with his communication, and has late physical development. He does not have a learning disability and has an excellent memory, and his parents are keen for him to attend mainstream school. Henry's family decided to get involved in the pathfinder when they were trying to organise a statement so that he could start to attend nursery school. They were frustrated with the delays involved in the process of getting a Statement, and hoped that the single plan process would be quicker and allow him to start nursery school sooner. They also hoped to have more involvement in assessment and planning.

The family developed a strong relationship with their key worker Charlotte, an educational psychologist who gave them valuable support throughout the process. There are many different professionals involved in supporting Henry and his family, including health professionals, nursery staff, occupational therapists and speech and language therapists. This complex network of services had sometimes been difficult to manage: there had been breakdowns in communication and a lack of 'joined up working' in the past. This had been a source of stress and had sometimes led to confrontations with professionals. Charlotte helped to avoid this by acting as the family's first point of contact for issues relating to the plan and by mediating between the family and the agencies involved. This deflected confrontation and enabled a smoother, more cooperative process. Henry's father John reflected that: *'having someone who is physically involved and knows everyone … meant that I could stop arguing with people and in the last year I've had one (a key worker), I've never had to raise my voice to anyone.'*

Henry's family also found that the process of creating a plan led to more joined-up working between the different professionals involved in his care. Team Around the Child (TAC) meetings were an opportunity to share information about his complex medical needs. They also felt the meetings helped 'hold professionals to account', and ensure that responsibility was not deflected to another agency. John reflected that *'Sometimes one type of professional will say well that's a bit of this service they need, and the other type of professional says well that's my service he needs - but if they're all round one room they can't do that.'* TAC meetings prevented people from 'passing the buck' and kept the emphasis on meeting Henry's needs. Whilst improving Henry's care was the driving force behind the plan, John reflected that ensuring that the right professionals were working together to provide the right services was efficient and led to time and cost savings: *'As soon as we started on this we've probably taken far less time… so it's a huge money saver for everyone. We've used far less people because we've now got a team around him which is very streamlined.* However, the family found that in order for the TAC meeting to be effective, it was essential that a) all professionals attend, b) the actions agreed are specific and to a deadline and c) the timing of school holidays are taken into account to ensure that practitioners who only work in term-time are available to see through actions.

Henry’s parents felt that the process of getting a plan was preferable to the Statementing route as it allowed them to have more involvement in planning Henry’s care: they felt ‘part of the team’, rather than just recipients of services. They appreciated the fact that the process took into account the support needs of the rest of the family. Overall they felt that they had been able to put a strong plan in place to support Henry as he starts nursery school.

Case study 2

Sophie is older than most young people taking part in the pathfinder, and lives with her mum Carol and siblings in Area D. Sophie has learning difficulties and has previously attended both special and mainstream colleges. She enjoys the arts, and wants to work with children. Carol first heard about the pathfinder through a parents' group in the area. The family decided to get involved with as they hoped that it would help to support Sophie's transition to adult life, and that it would help her to find employment. Carol also felt that Sophie should be able to participate in decisions about her future, and to have a say in the deciding what support she needs. She felt strongly that young people with disabilities should be able to join in with life and contribute to society, and that there need to be structures and support in place to allow them to do so.

However, the family felt that in practice, the single plan had not been able to deliver the support they had hoped for. Carol had anticipated developing a long-term plan which reflected Sophie's needs and contained actions for addressing them. She felt that the plan that was developed was too descriptive, and explained Sophie's situation and her needs without really developing the actions to address them: *'It's much more descriptive of a situation than it is ambitious… Because there is nothing in place to help achieve what it says, so there is not much point in putting it in.'* The plan was also focussed very much around Sophie's short-term goal of getting employment, and Carol felt that it lacked a longer-term vision for supporting Sophie into adulthood.

Carol also felt that there was not enough follow-up support for making sure that actions in the plan were put into place. The family had a key worker who helped them to write the plan, but who did not have responsibility ensuring that the plan was followed through. Their key worker was an external employee of the council, who was hired on a short-term basis to help develop the single plans. Carol felt that she listened to Sophie and wrote a plan which reflected her needs and aspirations, but that it was not her responsibility to ensure that the plan was followed through. The key worker is no longer working at the council, and the family do not have any follow-on support from her. There was a general lack of accountability for following up actions from the plan. This has meant Carol feels there is '*still no support.'*

Carol felt that the pathfinder was geared towards working with school-age children, and was not well structured for supporting young people who had left education. She felt that professionals from Sophie's college were not interested in what would happen after she left college, and that Sophie needed a plan that would support her out of education and into housing and employment. She reflected that, as one of the oldest people involved in the pathfinder, Sophie had not received the support she needed, because she did not fit into the education-focussed, short-term way of planning. Carol still feels that the idea of young people and their families being involved in support planning is an important one, but thinks that in practice, the single plan did little to meet Sophie's long-term needs: *'It hasn't made any difference to us,'* she said, *'the situation is exactly the same.'*

Case study 3

Jack is five, and lives with his parents and his sister in Area J. He has autism, and attends a special school. Jack's mum, Diana, first heard about the pathfinder when someone from the council came to the school to talk to a group of parents and carers. She hoped that through the pathfinder, they would be able to create a holistic and individualised package of care in order to meet Jack's needs, and bring professionals and services from different areas together.

Diana initially had some concerns about whether this would involve a large time commitment, for example lots of meetings which might be difficult to schedule around her two young children. However, she found that working with a single plan was actually less burdensome than the Statement was: *'The process is much more convenient for busy parents, compared with the Statement, because you don't have to repeat as much information'.* She found that it was convenient and efficient to have all the information about Jack concentrated in one place, and it was useful that the plan was an electronic document which could be easily shared and updated.

Diana felt that the family were put at the centre of the process of creating the plan. During the development of the plan, all family members were asked for their views and their needs were considered. When the plan was in the final stages of development, the family were asked to approve it before it was finalised. '*So they've included all of us really… It's quite a holistic document, because it also incorporates very much the parents' views, what we feel about Jack and what he needs and how we're dealing with the situation here and now..'*

The family were supported throughout the process by their key worker Sarah, a family liaison worker. Diana found that Sarah was sympathetic, understanding and a good listener, and she appreciated having individual support someone who knew Jack and the family, and who was also familiar with the system. Sarah was able to synthesise the evidence from different professionals into a plan which Diana felt was coherent and family-centred.

Jack's plan was made up of a combination of multi-professional information from his existing Statement and new assessments by an educational psychologist and speech and language therapists. The plan has an 'About Jack' section, and separate sections for other service areas, setting out goals in each area. Diana feels that the plan is preferable to the Statement as it can be more easily updated, and removes the 'hassle factor' of having lots of separate documents relating to different aspects of Jack's needs. The plan will be updated yearly to keep up with social, health and education changes. It also provides a holistic package of care which spans the different areas of Jack's life and provides a synthesised and coherent picture of his support needs.

The family experienced some delays at the start of the project, which they found frustrating. They had expected the plan to take about six weeks to complete, but in reality it took six months. Diana put these delays down to the fact that the pathfinder was in its early stages, and the process had not been fully established. However, overall the family have been happy with the process, and are pleased that all the outcomes identified in Jack’s plan have now either been met, or are being actively addressed.

Case study 4

Max lives in Area A with his parents, grandparents, and younger brother Lawrence. Max is 9 and has Asperger's Syndrome and a learning disability He attends a mainstream school and is currently enjoying learning to swim. Max's mum Louise is involved in local support networks. It was through the support group that she first found out about the pathfinder.

Louise decided to get involved with the pathfinder because she hoped it would enable them to access the support that Max needed, for example an educational psychologist and occupational therapy. She also hoped that they would be able to develop joined-up and long-term plan to support Max as he grew up*: 'I liked the idea that it was being put forward as a more joined-up service and it just made sense to me that the simplest way to get things done would be for everybody to come together and talk on a professional level with the family about what the issues were.'* However, she had some concerns that the plan might take a long time to come into effect, and that it required parents to take a leading role in driving it forward. She was also concerned about the lack of detail which was provided around the available funding.

Louise was very involved in developing Max's plan, along with the family's key worker Adrian, an educational psychologist. Before the planning meeting she emailed the various professionals involved all Max's relevant reports and assessments to ensure that everyone had up to date information. After the planning meeting she drafted Max's plan herself, with some support from Adrian. She felt that the process was smooth and straightforward, and was pleased that the various professionals involved were able to come together and share information: *'Everything was very sort of current and everyone came with what they sort of felt about him, so it was a very productive meeting, you know, suddenly we had gone from knocking on doors and making phone calls to having everyone sitting in front of me in the teacher's office.'*

Louise found that the outcomes from Max's plan were largely positive. Although the plan was similar in some ways to Max's Statement, she felt it provided a more holistic picture of Max as a person. She liked the 'All About Me' section, which she felt provided a very good 'snapshot' of Max, which she could show to people who would be working with him. She also found that the plan helped to ensure that assessments and services which the family needed were actually delivered. She felt that the plan placed more accountability on the different professionals involved, and made sure that they delivered the actions in the plan. She would, however, have liked to have access more detailed information about the available funding – she found that it was difficult to put together a plan without sufficient information about the budget that was available.

Case study 5

Alex is 14 and lives in Area J with his parents. Alex is autistic and has learning difficulties. He attends a local special school. The family found out about the pathfinder at a talk given to parents by a local authority staff member, at Alex's school. They decided to get involved because they hoped it would speed up the process of getting Alex the assessments and additional support he needed. The family had been frustrated in the past by long waiting lists and time delays. They believed that it would be quicker to access assessments and services through the pathfinder, because if services were identified as being necessary within the plan, there would be more onus on providers to deliver them*: 'The way it was sold to us we were sort of told that, you know, if you need for example speech therapy it would happen, and Health would have to deliver and they would be accountable.'* They also hoped that the pathfinder would be able to support them with planning for Alex's transition into adulthood. Laura's only reservation about the process was that it sounded 'too good to be true': *'I suppose I'm a bit cynical because I've been in the system a while. But I just thought it was worth a go.'*

Laura's experience of the assessment process was very positive. She had a meeting with a member of staff from Alex's school, who already knew Alex. They talked about Alex's needs, and together identified services that would be useful for Alex. Afterwards, she produced a report that Laura felt gave a very accurate picture of Alex and his needs*: 'when my husband read it … he said he'd never read a document that described Alex so accurately as what she'd produced.'*

However, when the single plan itself was produced, Laura was disappointed to find that it did not seem to accurately reflect the assessment report. The report had been misinterpreted by the person writing the plan, so the plan itself did not reflect Alex's needs. Laura felt this showed a lack of joined-up working between the different people involved. However, she fed back her concerns to the council, and the plan was amended.

Laura felt that the lack of joined up working involved in producing the plan reflected a wider lack of joined-up working around Alex's care. She was frustrated by the fact that agencies involved in Alex's care did not automatically send reports to the pathfinder team so that the plan could be updated. She felt that too much responsibility was placed on her as a parent to liaise and pass information between different organisations to keep them up to date.

Overall, Laura felt that the process failed to live up to expectations. She had hoped that the plan would be a way of ensuring that the family got the services and support that they needed, and that it would help them with transition planning. In practice, neither of these things happened to the extent the family had hoped. Laura was disappointed that Alex did not receive any additional services as a result of the plan. She found that the family received 'mixed messages' around transition planning, and little support in planning for the future. After completing the process of developing a plan, Laura felt that her initial response to the pathfinder had been right: 'this is too good to be true'.

Case study 6

Zach is below primary school age, and lives with his mum, dad and brothers in Area K. Zach is autistic, and has very limited communication abilities. He attends a special needs nursery three mornings a week. Zach's parents first heard about the pathfinder from another mother at the local child development centre, who described it as a new alternative to the Statementing process.

The family decided to get involved because they thought it would be useful to have meetings at which all the people involved in Zach's care could communicate directly. They liked the idea of a key worker acting as a single point of contact. They hoped that the planning process would lead to better communications between the different professionals, which would in turn lead to more consistency around Zach's care. This was important to them because Zach's autism means that he benefits from consistency and routine.

The key worker was Zach's educational psychologist, Jan. Jan spoke to the professionals involved in his care and organised an initial Team Around the Child (TAC) meeting, attended by people including Zach's speech and language therapist, portage worker and nursery teacher. At the meeting, everyone was assigned goals relating to their work with Zach, and the outline of the plan was agreed. This was followed by a Council panel meeting at which the plan was signed off.

Zach's mum Rachel felt that the process of putting Zach's plan in place was very smooth, that she was listened to at TAC meetings and that her opinions and insights were valued. She liked the fact that the plan considered Zach as a 'whole person', rather than as a set of issues: *'it's more humane rather than clinical and that's why it works quite well.'* The meetings were constructive and the different professionals communicated well and listened to one another. Rachel left the first meeting hopeful that the plan would lead to better communications and joined-up working.

However, Rachel was disappointed in the aftermath of the first TAC meeting to find that communication between different professionals still seemed to be lacking. She was concerned about the fact that professionals would ask her to pass messages between them. She felt anxious because this placed pressure on her to communicate the message accurately, and worried that information could get 'lost in translation'.

Overall, however, the process has led to a number of positive outcomes for Zach and the rest of the family. One of the most positive things to come out of the plan was that the family was given a lot of information and support about choosing a special needs nursery for Zach. Zach now attends a special nursery three mornings a week, and is thriving. Rachel feels that Zach has benefitted from the greater consistency in his care, which she attributes to the single plan process: *'if they hadn't all been communicating with each other then they'd probably all be doing different things with him, which would probably confuse him.'*

Support has also been provided to other members of the family through the process. Rachel feels that the pathfinder has been a positive experience for the whole family, and is glad they were able to be part of it.

Case study 7

Teenager Amit lives with his parents and grandmother in Area J. He has a very rare condition which means that he requires 24 hour care. Amit's parents first heard about the pathfinder through Amit's special school. They were told that the single plan was an alternative to the Statement, and that it would involve identifying Amit's needs and the outcomes they would like for him. Amit's parents were keen to get involved; they liked that they would be able to invite a wide range of professionals involved in Amit's care to the single plan meetings, in contrast to the Statement review meetings which only involved his teachers. They hoped that bringing together professionals from across the different areas of Amit's care would lead to a more holistic approach to supporting his needs. They were also attracted by the fact that plan would be in place until Amit is 25, whereas the Statement would only last until he left school, at 19. They hoped that it would help them to plan for transition and address their concerns about what would happen after Amit left school.

Amit's family were happy with the plan that was developed, as they felt it provided a broad and holistic picture of his needs and the support he required. However, the plan did not contain many new actions, as the complexity of Amit's medical needs meant that he already had extensive support in place. The plan contains some actions around planning his transition, as the timing of the pathfinder coincided with the time to start transition planning. In practice, however, Amit's care has remained very much the same since his plan came into effect.

Amit's mum, Madhu, felt that the process of creating it was important and valuable for bringing the different professionals together. Before the plan, Madhu sometimes felt that the family was in danger of 'falling through the cracks' because of miscommunication between different professionals. The single plan process, she felt, was important because it ensured that there were no gaps left in Amit's care, and everyone was clear on what their responsibilities were: *'They know what each other are doing, so they can do things to complement each other, and share ideas. It feels more like they are working together, around us… The single plan meeting is an opportunity for us to talk about Amit's needs and everyone to agree how to meet them. Otherwise they'd all just think, 'oh someone else will do that.'* Madhu felt that the different professionals worked well together and communicated effectively, and that the meetings provided an important platform for sharing information and consolidating Amit's care. She now feels more confident that everyone involved knows which aspects of Amit's care they are responsible for. She also feels that she and her husband have greater peace of mind because they know who they should contact if they have any concerns about Amit's support needs.

Amit's plan involves annual meetings at his school, at which all the professionals involved in his care will review the plan, ensure that outcomes have been addressed, and review whether his needs have changed. These meetings will be led by the pathfinder team from the local council, and will be attended by a wide range of professionals who are involved in Amit's medical and educational needs. Madhu feels confident that she can get in touch with the school’s family support worker or the council’s pathfinder lead outside of these meetings, should they need to change something in the plan. However, so far the family has been satisfied with the plan that is in place.

Case study 8

Tom lives in Area F, is 11 and has dyslexia and a language difficulty. He also has some mobility issues in his joints which make it difficult for him to write with a pen. He attends a mainstream primary school where he has 20 hours a week of support from a learning assistant. He is a talented swimmer and attends a swimming club. Tom's dad Eric heard about the pathfinder through a presentation at his previous school.

Because Tom moved to a mainstream school in his final year of primary education, Eric had to make a case to get his son on to the pathfinder and after some negotiations this was allowed. Eric wanted to be part of the pathfinder because of the great difficulty he had had over the years trying to negotiate the system and get basic entitlements for his son: *'The system felt bureaucratic, it wasn't engaging, and it wasn't helpful for families.'* Getting Tom correctly diagnosed, keeping in him in the right school, and securing the right types of support had often felt like a battle. By joining the pathfinder he hoped to get Tom more accurately diagnosed and assessed and then use this information to plan a more complete and joined up package of care. Eric also hoped that by participating in the pathfinder, he could help to develop an approach in which all families, regardless of their skills and level of confidence, can access appropriate care and support.

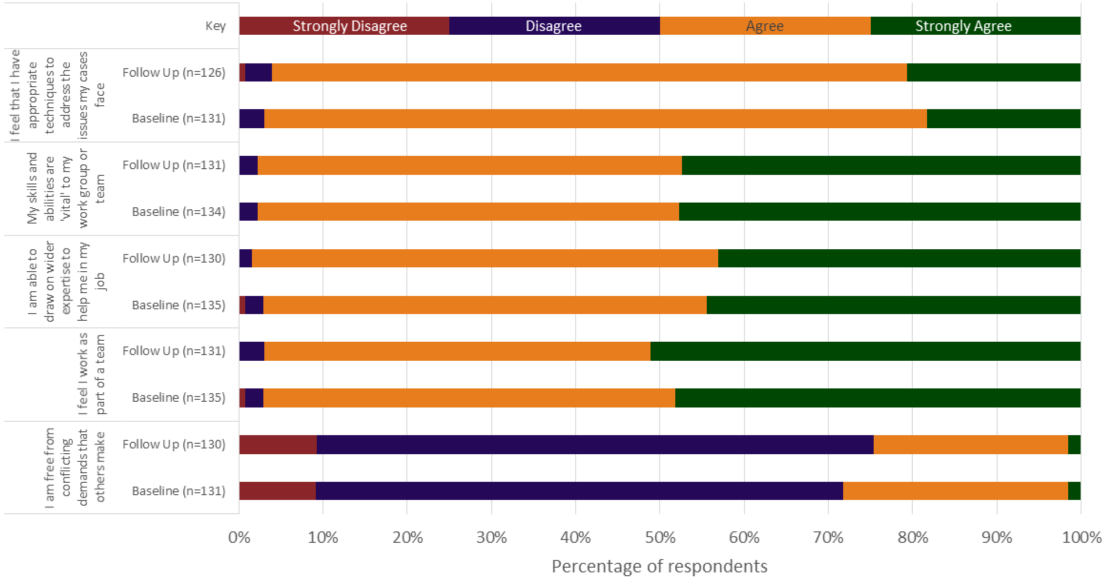
The process began by bringing all of the relevant specialists around the table and making a commitment to assessing Tom's needs and working together to develop a cohesive package of care and support. The different agencies worked quickly and efficiently to assess Tom and to develop a plan of action. Eric particularly liked the way the process of planning support and care began by taking blank sheets of papers and then capturing different views and perspectives about what was working well and less well across the different domains of his life.

Having explored their options and developed the plan, Tom's teachers have implemented a set of reasonable adjustments in his school place which includes extra time, provision of a reader and a scribe and some hours of learning assistance per week with a goal of reducing this as he develops his confidence and skills. The process also identified that Tom was eligible to receive Disability Living Allowance and financial support linked to his dyslexia, which has been used to support his learning and development. With this rounded package of care and support, Tom has developed the confidence and skills to make small trips unaccompanied by an adult and has made great strides in his academic life, recently passing a test three months earlier than expected.

Eric is very happy with both the process and outcomes of the pathfinder but he is keen to offer suggestions about how it could be further improved. He suggests offering participating families a brochure outlining the different forms of care and support that they might be eligible to receive, as he felt that not knowing the full range of options limited what was possible during planning meetings. His second recommendation is that the process needs to think about mechanisms for holding professionals to account to deliver the recommendations.

Annex D: Staff work and satisfaction survey –job-related statements breakdown

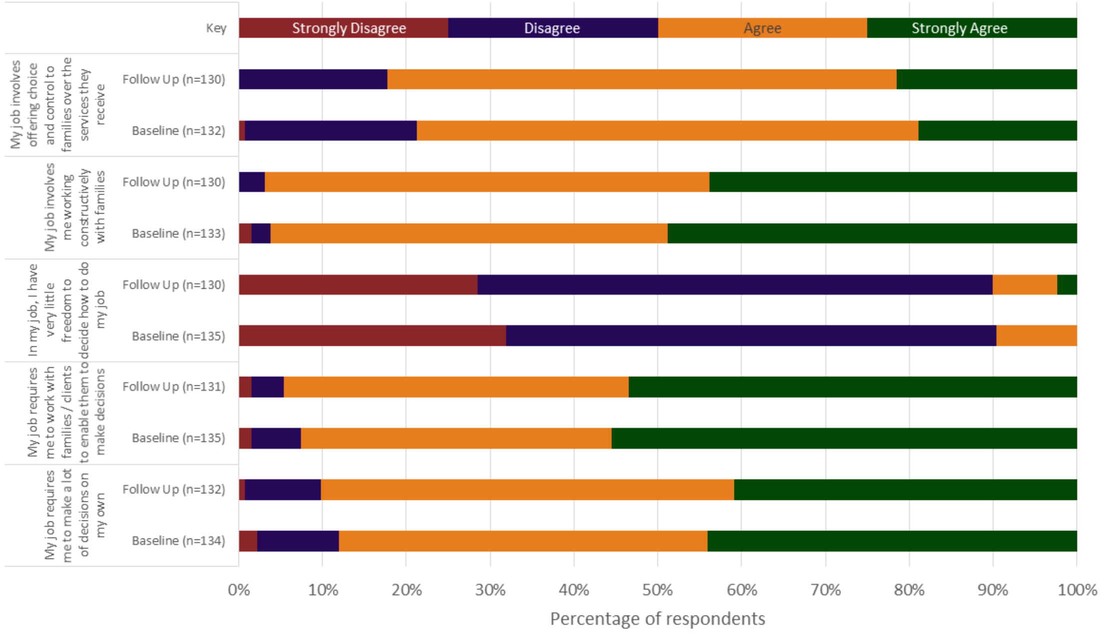
Figure 12 Organisational support



Source: SQW Survey analysis

Note: Number of responses (n) to each question and survey provided within the chart

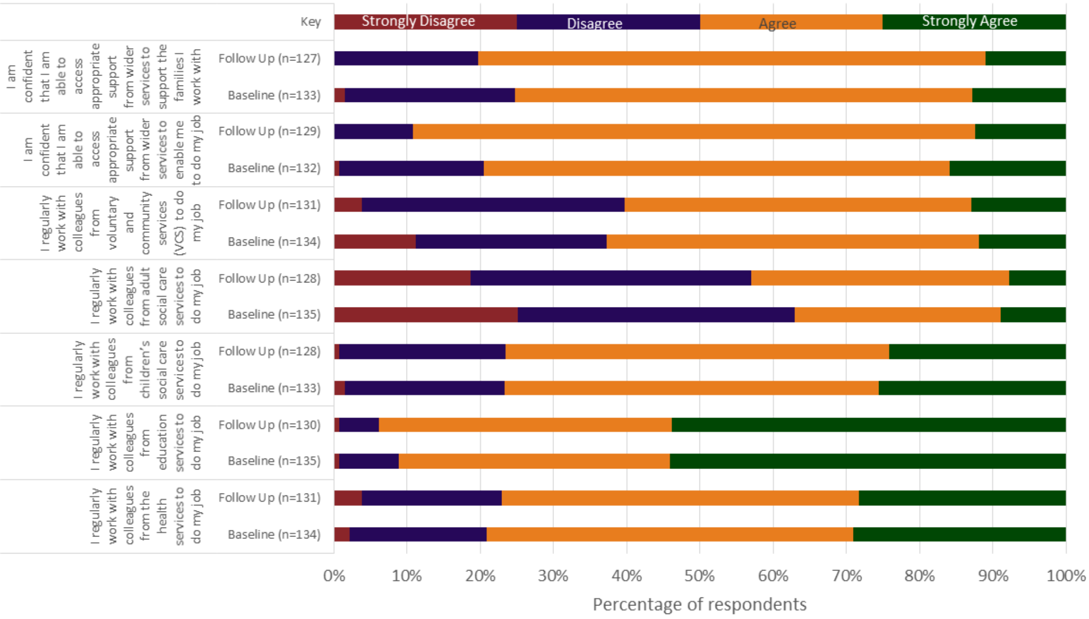
Figure 13 Decision influence



Source: SQW Survey analysis

Note: Number of responses (n) to each question and survey provided within the chart

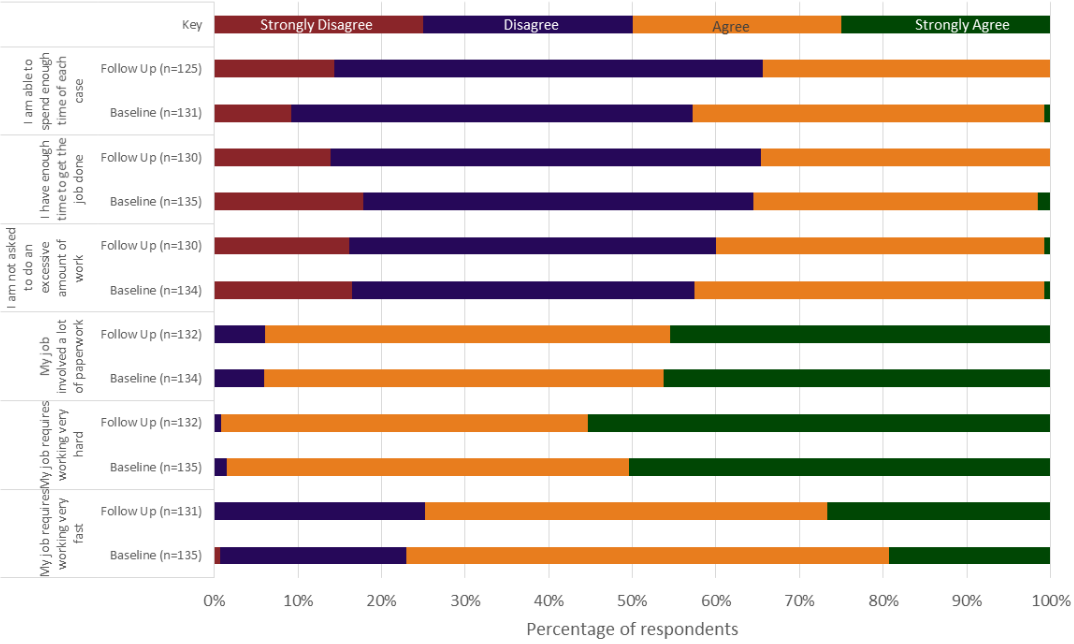
Figure 14 Cross working



Source: SQW Survey analysis

Note: Number of responses (n) to each question and survey provided within the chart

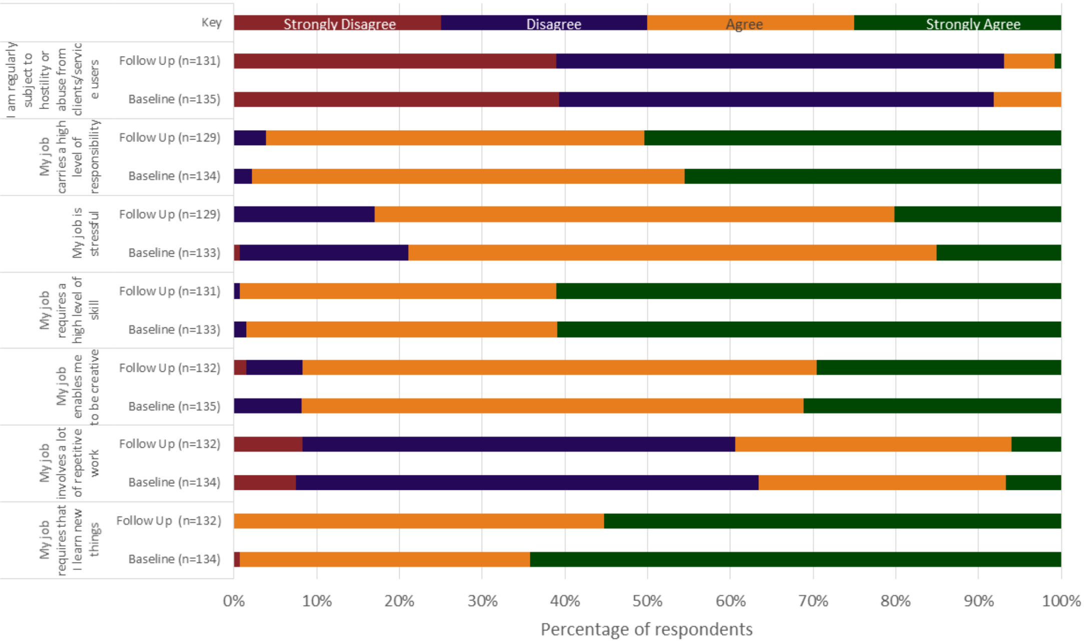
Figure 15 Physical demand



Source: SQW Survey analysis

Note: Number of responses (n) to each question and survey provided within the chart

Figure 16 Psychological demand



Source: SQW Survey analysis

Note: Number of responses (n) to each question and survey provided within the chart

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