Department
for Education

The Special Educational Needs and Disability Pathfinder Programme Evaluation

Final Impact Research Report

July 2015

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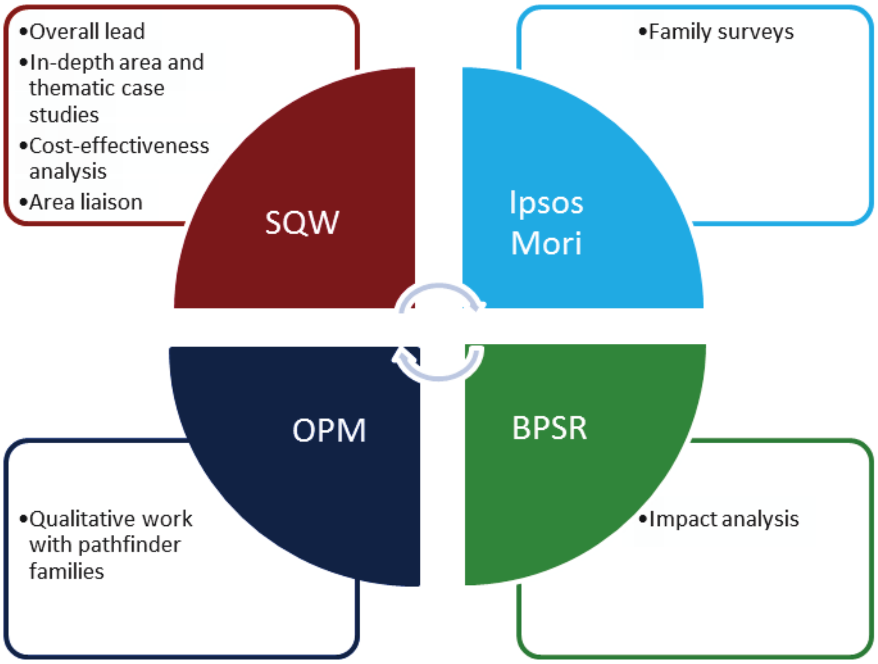
The Team

SQW was commissioned by the Department for Education to lead a consortium, including Ipsos MORI, Bryson Purdon Social Research (BPSR) and the Office of Public Management (OPM), to undertake the evaluation of the Special Educational Needs and Disability 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 (Managing Director) and **Meera Craston** (Director) at SQW acted as the overall leads for the Evaluation.

Claire Lambert and **Nicola James**, an Associate Director and Research Executive, acted as the leads for Ipsos MORI.

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

Lucy Smith acted as the lead for OPM.

Executive Summary

This is the final report from the evaluation of the Special Educational Needs and Disabilities (SEN&D) Pathfinder Programme. The evaluation has been on-going since 2011 and has described and analysed the work done to develop new approaches to deliver Education, Health and Care (EHC) plans across 31 local authority areas, and the resultant impact on families. This report considers:

- Families' experiences of the new system
- The impact that the new system has had on perceptions of satisfaction, fairness and outcomes
- The cost effectiveness of the new approach.

This report contains data gathered through:

- A survey of 698 Pathfinder families who had received a completed EHC plan between August 2013 and April 2014, and a comparison group made up of 1,000 families that were in receipt of either an SEN Statement or the post-16 equivalent and had not yet received an EHC plan
- Feedback from the initial and follow-up qualitative interviews conducted with families from a sub-set of 13 Pathfinder areas
- Detailed thematic case study work by SQW in a selection of locations, including an assessment of the costs of the old and new systems.

Conclusions and implications

The data suggest that the process has improved for families, often in ways that are statistically significant. Where it has happened, the scale of improvement has been incremental. The data around improved outcomes for families is much less conclusive at this point.

The family survey found improvement across a wide range of variables relating to the process of getting an EHC plan. This was in line with the feedback from the qualitative research. For many, but not all variables, the positive differences noted were statistically significant. Families who had received an EHC plan through the Pathfinder were statistically more likely to report that their views had been taken in to account and their views had been sought and listened to. **This suggests a more family-centred approach, as was intended**. There is also evidence to indicate that the **process was more joined up and integrated, and that the plan was delivered in a more acceptable timescale**, again as was envisaged in the original policy. These types of improvement feed in to **higher overall satisfaction with the process**.

Despite the improvement around the process, there was no statistical change in the extent to which families thought the decisions reached were fair. Around 20 per cent remain dissatisfied. While too early to tell, this might indicate that it will be difficult to achieve the hoped for reduction in Tribunal cases without further improvements around the process.

Moreover, on some issues even **where there has been improvement, there remain a significant percentage of families who are not satisfied**. There appears clear scope for further improvement around: the Local Offer; the process being more straightforward and joined up; and the engagement of children and young people in the process.

Similarly, while the study found some positive improvement in relation to choice and the sufficiency of provision, there is further work to do. Forty three per cent still said that there was not enough choice of provider and 39 per cent were receiving only some of support that they thought they were entitled to.

The family survey found little evidence of significant improvements in parental outcomes or in either children's health or quality of life. The qualitative work did find families reported outcomes, but they often expressed these in terms of access to services rather than a change in receipt of services leading to improved wellbeing. The lack of positive findings around outcomes may reflect:

- Timing – it will take time for these changes to lead to outcomes
- That changing the system to get support may not change outcomes if much of the support delivered (both quality and quantity) remains the same.
- That it is much harder to shift outcomes, and the changes made through the Pathfinders may not have been sufficiently different for enough families to show up at an aggregate level.

Overall, the findings are very much in line with those reported by the evaluation in 2013 and 2014. This may indicate that while the initial progress has been sustained it is questionable how far it has been built on to deliver further improvements. This therefore **emphasises the on-going job that DfE, local authorities and others have in taking the reforms forward and further refining and improving local delivery**.

Families' experience of the process

Overall, Pathfinder parents were significantly more satisfied with the assessment and planning processes they had participated in than comparison parents - 33 versus 26 per cent of Pathfinder and comparator families reported being very satisfied. They were **more likely than comparison families to state that their views had been taken into consideration** in assessment and reviews (84 per cent Pathfinder families; 73 per cent comparison).

They were also **more likely to agree that their process to get support had been straightforward** – 52 versus 40 per cent of Pathfinder and comparator families agreed that it had been straightforward. While the difference in Pathfinder and comparison families' understanding of the process was not statistically significant, it was for their understanding of the decisions made (up from 60 per cent to 65 per cent).

Pathfinder parents were more likely than comparison families to report that they: were encouraged to think about goals; felt their suggestions were listened to; and believed the decisions about their child's support reflected the family's views. **The competency,**

consistency and knowledge of a ‘key worker’ (or those providing key working support) was seen as critical to the process feeling family- and child-centred.

Although Pathfinder families were significantly more likely than comparison families to report that planning had been undertaken jointly across services (45 per cent versus 33 per cent), substantial proportions (38 per cent) reported it being undertaken separately. In addition, the Pathfinder did not seem to have impacted on parents having to explain their child’s needs on multiple occasions.

That said, Pathfinder parents were statistically **more likely than comparison group parents to feel that the various professionals involved in their child’s assessment had shared information well** - 71 per cent of Pathfinder parents said this had been done well or very well compared to 63 per cent of comparison group families.

Families’ perception of change

Many Pathfinder families reported an improvement in the quality of the support received compared to what they had experienced before. Four in ten (42 per cent) Pathfinder families felt that the quality of the support services they were now receiving was better than it was before, compared with a quarter (25 per cent) of comparison group families (a statistically significant finding).

Both Pathfinder and comparator families most commonly stated that their child was entitled to the same amount of support as had been the case in the 12 months previous. However, **Pathfinder families were more likely to report that they were now entitled to more support**, whereas comparison group families were more likely to perceive that they were entitled to less support than before.

Impact on sub-groups

On the whole, the Pathfinder had similar, often positive impacts across all families, regardless of demographic profile and needs. However, for some outcomes there were differences between sub-groups. For example, families with young people aged 11+ were most likely to state greater satisfaction with processes than comparison families; and similarly families with male children reported more positive experiences across outcomes such as the suitability of support provided and the degree to which services had worked together.

In terms of variations in experience among different Pathfinder families, those who had received support from a key worker were significantly more likely to be positive than those who did not recognise having a key worker. Similarly, those who had received more services through their EHC plans were more likely to be positive about their experiences than those who had received the same or less.

Having access to a personal budget did not appear to have had a significant influence on Pathfinder families’ experience, even though direct payments did. However, this contrasted with the findings gathered through the qualitative research, suggesting that further research is required in this area before it can be considered conclusive.

Assessment of costs and benefits

Drawing on the thematic research, it is expected that delivery of the EHC plan will on average be more expensive than the old Statement of SEN. The **average net additional cost per case is calculated at £254.** However, the limited data available means that there are a number of underpinning assumptions around this finding and uncertainty about how far it is representative for all areas and age groups, or whether costs of delivery will change as the system becomes more embedded.

The survey of Pathfinder families found that around 8 per cent reported that their experience of the process had improved. Setting this against the additional costs of delivery suggests a **cost per additional satisfied family of £3,175**.

1: Introduction

SQW was commissioned by the Department for Education in September 2011 to lead a consortium of organisations to undertake the evaluation of the Special Educational Needs and Disability (SEN and Disability) Pathfinder Programme. The evaluation was commissioned in two stages:

- **Stage one** - evaluated the first 18 months of the programme and focused on understanding the approaches adopted to deliver the new processes and the experiences and outcomes of the initial cohort of participating families.
- **Stage two** – evaluated the second 18 months of the programme (April 2013 – September 2014) to understand the progress made by the Pathfinders as they rolled out the new processes, and the experiences and outcomes of the second cohort of participating families.

A series of reports have been produced during both phases of the study. All of the reports are listed in Annex C, and a number are available on the government publications website.[1]

This report presents the overall findings from the second stage of the impact evaluation, through which a second cohort of Pathfinder families and a matched group of comparator families were asked to provide their views on the support they had been provided with. The results presented here reflect the views of families who completed their plans between August 2013 – April 2014, and where relevant are interwoven with other findings gathered during the course of the evaluation.

The SEN&D reforms: policy context

In March 2011, the UK government published a Green Paper entitled *Support and Aspiration: A new approach to SEN and disability*[2]. In recognition of the fact that the provision of services to families of children with SEN&D was often fragmented and challenging to navigate, the Green Paper set out a series of proposed changes to the way in which services were delivered. This was followed in May 2012 by the *Support and Aspiration: A new approach to SEN and disability: Progress and Next Steps*[3] document, which built on the ideas of the Green Paper (and the feedback given during the consultation period), and the draft SEN&D provisions[4], which were issued a few months later (September 2012). Informed by the *Progress and Next Steps* document, the SEN&D provisions included a number of duties for local areas, including the requirements to:

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[1] https://www.gov.uk/government/collections/send-pathfinders#evaluation-of-the-send-pathfinders

[2] https://www.education.gov.uk/publications/standard/publicationDetail/Page1/CM%208027.

[3] https://www.gov.uk/government/publications/support-and-aspiration-a-new-approach-to-special-educational-needs-and-disability-progress-and-next-steps

[4] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/228838/8438.pdf

- Draw up Education, Health and Care plans (hereafter referred to as EHC plans), which were to replace Special Educational Needs Statements (hereafter referred to as SEN Statements)
- Set out a 'local offer' of services available to parents and young people
- Put in place provisions to enable joint commissioning between local authorities and clinical commissioning groups (CCGs).

Following pre-legislative scrutiny these provisions became the SEN Clauses of the *Children and Families Bill*, which was introduced to Parliament in February 2013 and received Royal Assent in March 2014. The Act included a legal duty on CCGs to secure health services that were specified in EHC plans, thereby ensuring that the provision of support to families was fully integrated across the three main service areas. The *Children and Families Bill* took effect in September 2014, and is accompanied by the *0-25 SEND Code of Practice*, which replaced the SEN Code of Practice 2001[5].

In order to facilitate implementation of the legislation, the government put in place a number of support mechanisms, notably:

- The SEN&D Pathfinder programme – which started in October 2011 and is detailed further below
- Voluntary sector grants – in March 2011, the Department for Education (DfE) issued SEN&D grants to 18 voluntary sector organisations to support the implementation of the Green Paper
- Delivery Partners and Achievement for All – in November 2011, a series of Delivery Partners were selected to help support the improvement of local services and the Pathfinders. These included the National Network of Parent Carer Forums (NNPCF) and Preparing for Adulthood (PfA). In addition, the national government roll out of Achievement for All started, a school improvement approach
- Independent supporters – in January 2014, a £30 million fund was established by the DfE to introduce 1800 independent supporters, drawn from independent voluntary, community and private organisations, to help parents navigate through the new SEN&D process. Since July 2014, a series of locally-based providers have been delivering this support
- SEN reform grant – a one-off grant introduced in January 2014 to help support local authorities in preparing for the reforms.

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[5] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/273877/special_educational_needs_code_of_practice.pdf

The DfE is providing ongoing advice and support to facilitate the implementation of the SEN&D reforms, chiefly through the SEN&D Pathfinder programme. This is being delivered by the Pathfinder Support Team (PST), which was established by the department in summer 2011 and is comprised of a team from Mott Macdonald[6].

The SEN&D Pathfinder programme

The SEN&D Pathfinder programme was established in 2011 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.

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 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, covering of 31 local authorities were commissioned to run from October 2011 to September 2014. 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.

In order to provide support to non-Pathfinder areas in preparing for the reforms, a number of Pathfinder areas were also selected to serve as Pathfinder champions across England's 10 regions. The Pathfinder champion programme began in April 2013 for 12 months initially, and was later extended to March 2015 to ensure that support was available in the critical run up to September 2014 and beyond. Eleven Pathfinder champions provided support, formed from 20 Pathfinders, as well as 17 non-Pathfinder local authorities. Six of these also had national responsibilities for the thematic areas of the reforms (e.g. personal budgets, Preparing for Adulthood, Local Offer).[7]

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[6] http://www.sendpathfinder.co.uk/

[7] http://www.sendpathfinder.co.uk/pathfinderchampions/

An introduction to the evaluation

The aims of the evaluation, as set out in the original Terms of Reference (ToR), were to establish whether the Pathfinders:

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

A summary of the methods adopted to undertake the evaluation are set out in the table below. As highlighted, the methods used changed over the two stages of the evaluation.

Table 1 Summary of methods during stages one and two of the evaluation

Stage One (September 2011 – March 2013)	Stage Two (April 2013 – September 2014)
Collection of monitoring data	Collection of monitoring data
Baseline Strengths and Difficulties Questionnaires (SDQs)	
Staff and work satisfaction survey – baseline and follow up	Understanding the costs of delivery compared to the existing system
Parent carer survey – telephone based	Parent carer survey – telephone based
10 in depth area based case studies	Thematic case study research
Family based case studies	Family based case studies
SEN&D Delivery Partner evaluation – assessed readiness to meet the reforms	Assessing the effectiveness of the Pathfinder champions and readiness to meet the reforms

Source: SQW

In stage two, some methods remained, with continued focus on process and impact. However, the emphasis of the evaluation shifted to assessing the costs of delivery (relative to the existing system), and exploring the readiness of local authorities across England to implement the reforms, with four main strands of work conducted (see Figure 2).

Figure 2 Four strands of the stage two evaluation

Process evaluation

- Gathering evidence of the processes used by Pathfinders to deliver a coordinated assessment process, leading to a single Education, Health and Care Plan (EHC Plan), personal budgets, local offer and delivery of services

Pathfinder champions and readiness for reforms

- Exploring the state of readiness of LAs to implement reforms and their satisfaction with and perceptions of effectiveness of the support provided by the pathfinder champions

Impact evaluation

- Identifying the outcomes and short and medium term impacts experienced by families, children and young people who experience the new pathfinder systems, as compared with those who experience the current SEN system

Costs of delivery

- Providing a comparison of the costs of delivery of the current and new systems, based on professional time required. This strand also sought to provide an indication of whether costs had changed in the move to roll out

Source: SQW

In stage two, the focus of the case studies changed to exploring specific thematic issues which had been identified as pertinent during the first stage of the evaluation. A series of 10 standalone thematic reports were produced, covering[8]:

- Education, Health and Care planning
- Workforce development - produced in two parts, covering 1) key working and 2) wider workforce development
- Collaborative working with health
- Collaboration with social care
- Engagement with schools
- Transition and the engagement of post-16 providers
- Local Offer
- 19-25 provision
- Personal budgets and integrated resourcing.

The findings from the stage one evaluation fed into a series of reports, including an impact report, which was published in October 2013[9]. This report builds on the first impact report,

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[8] https://www.gov.uk/government/collections/send-pathfinders.

and the initial findings provided in the stage two interim impact report, which was published in 2014[10]. It draws on two main methods:

- The completed survey of Pathfinder and comparator families to assess differences in their experiences and outcomes
- Feedback from the initial and follow-up qualitative interviews conducted with families from a sub-set of 13 Pathfinder areas. Ten individual family case studies are included in Annex B.

Where relevant, evidence from the earlier thematic reports and other elements of the evaluation have been drawn upon in this report explain the context around the views of families.

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[9] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/246214/DFE-RR281.pdf

[10] Interim results from the stage two impact evaluation were disseminated in December 2014: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/386425/RR432_-_SEND_pathfinder_programme_interim_findings.pdf

2: An introduction to the impact study

SUMMARY

The impact of the Pathfinder programme on outcomes was measured by comparing self-reports of those outcomes for Pathfinder families with self-reports from a matched comparison group of families who had experienced pre-Pathfinder systems. The data were collected from parents via a **telephone survey.**

Interviews were achieved with 698 Pathfinder families and 1,000 comparison families. The families covered children of a wide range of ages, educational settings and service receipt. A range of outcome measures were collected via the survey, covering

- Experiences of the assessment and support planning process (reported in Section 3)
- Experiences of the delivery of services (Section 4)
- Self-reported change (Section 5)
- Child/young people's and parents' outcomes (Section 6).

In addition, and to complement the telephone survey, **in-depth qualitative research** was undertaken with Pathfinder families, who were interviewed in two stages: when they had just received their plan; and approximately 8-12 months later. Eighty-one families participated in the initial qualitative interviews, 40 of whom also participated in the follow up-interviews. The families involved in the follow-up interviews covered 41 children (as one family had two children).

A range of topics were explored in the qualitative interviews, which were largely undertaken face-to-face, or via telephone where it was more convenient for the family. This included:

- Experiences of the assessment and support planning process
- Experience of the delivery of services
- Child/young people's and parents' outcomes.

The impact of the Pathfinder programme on parent and child outcomes was measured using a quasi-experimental design. That is, outcomes for parents and young people going through the programme were compared to outcomes for a matched comparison group of an earlier cohort of similar parents and young people going through pre-Pathfinder systems (Statements and S139a). Wherever outcomes differed significantly between programme families and matched 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 involving 698 Pathfinder families and 1,000 comparison group families.

In subsequent chapters we describe the findings from the impact study, but before doing so we summarise the design of the impact study in terms of the sampling and analysis methods.

The quasi-experimental design

The design used to measure impact is based on a comparison of families' experiences under the 'pre-Pathfinder' system, with the experiences of families going through the Pathfinder system. The analysis is based on:

- **A comparison group made up of 1,000 families** that were in receipt of either an SEN Statement or the post-16 equivalent and had not yet received an EHC plan. This group was selected from historical lists of families that were provided by 24 out of the 31 Pathfinder areas, which included families that had recently received an SEN Statement (i.e. SEN newcomers), families that had been in receipt of their SEN Statement for at least two years (i.e. SEN existing service users) and families that held the post-16 equivalent
- **Six hundred and ninety eight Pathfinder families** who had received a completed EHC plan between August 2013 and April 2014. This group of families was provided by 30 out of the 31 Pathfinder areas.

A range of profiling data on the families were collected both via the impact survey interviews and via the monitoring data which all Pathfinders provided to the evaluation team. This data was 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 were demonstrably very similar. This helped ensure that the matched comparison group gave a reasonable estimate of the counterfactual for Pathfinder families. The characteristics collected covered:

- Child/young person characteristics: age and gender
- Nature of condition/disability; impact of that condition/disability on day-to-day life (parental report)
- Educational setting
- SEN status
- Receipt of services (educational support, social care, specialist health care)
- Length of time in receipt of services
- Parent characteristics: employment status, social grade, highest qualification level; ethnic group
- Household characteristics: number of parents in household, number of children in household.

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. These are broadly categorised as shown in Table 2.

Table 2 Outcome measures

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 ▪ Role of a key worker and professional support ▪ Whether assessment and support planning process was joined up ▪ Perceived fairness of decisions about support ▪ Satisfaction with process
2. Experience of the delivery of services	▪ Choosing support services ▪ Sufficiency and suitability of support ▪ The Local Offer
3. Perceived changes in processes and support	▪ Perceived change over time in the assessment and delivery processes
4. Child/young person's outcomes	▪ Parent-reported health ▪ Quality of life ▪ Social contact and confidence ▪ Experience of education ▪ Post-16 aspirations
5. Parental outcomes	▪ Self-reported health ▪ Control over daily life ▪ Quality of life

Source: Pathfinder evaluation team

We report on the first three sets of outcomes in chapters 3 to 5, focusing on the impacts across all Pathfinder families. In those chapters we address the question of whether, and where, the new approaches in the Pathfinder have had an impact on families' experience of the process of applying for and getting support. We use the family outcomes (child/young person and parent) in chapter 6 to see whether, in the short-term, the Pathfinder s have had an impact on the day-to-day lives of families and their feelings of well-being. In chapter 7, we report on the impacts across sub-groups of Pathfinder families, allowing us to reach conclusions on whether the benefits have been universally experienced or whether some groups have benefitted more than others; and close in chapter 8 with an assessment of the costs and benefits.

Interpreting the impact tables of chapters 3-8

The tables in chapters 3 to 7 each present three columns of data: the percentage responses of the Pathfinder group (first column); the percentage 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. In addition, 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[11]. The tables provide un-weighted bases[12].

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 effect of the Pathfinder, rather than just differences that could have happened by chance in our two samples. In contrast to the impact evaluation undertaken during stage one (October 2013), ordinal tests of significance have been used in this report, as they are less conservative with ordinal data than chi-squared tests (used previously). To run these tests, 'don't know' or other invalid responses have been excluded from the base. In instances where the 'don't know/invalid' percentage is high (above 5% of the total) a separate chi-squared test has been used to test whether this percentage differs by group. In practice there are no instances of significant differences on these percentages.

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[13]. 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, 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

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

[12] The matching of the comparison group to the pathfinder group creates a 'weighted' comparison group, with some members of that group being given a larger weight than others. The bases shown in the tables are the raw sample sizes, and represent all respondents included in the analysis irrespective of their weight.

[13] All tests are two-sided are based on chi-squared statistics. The tests take into account the weighting of the data and between-area variance.

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 make clear in the text where the p-value is greater than 0.05.

In addition, in reading the results it is important to be aware of some necessary limitations in the study design, which were largely imposed on the study by the design of the overall programme. They include:

- That the Pathfinders had to apply to be part of the programme. It is therefore possible that they were more committed to change than other local authorities, although we have no way of testing for this
- The Pathfinders and families knew that their experiences were being evaluated. In the style of a Hawthorne effect, this may have led them to behave slightly differently. If anything this would be expected to boost the overall impact results
- We have not picked up on differences of practice within or across sites. While we have asked at points about the quality of experience or the availability of key workers, it was beyond the scope of the study to collect detailed data on differing approaches. That said, it is unlikely that even when it beds downs in future that there will be a single approach (or that there was a single approach beforehand) and so the results of before and after probably reflect the range of practices that will continue as the new process rolls out.

Characteristics of the Pathfinder families in the impact study

In subsequent sections we present the outcomes for Pathfinder and matched comparison families, together with our estimates of impact. As context, we include here a brief summary of the profile of the 698 Pathfinder families in the impact study across a range of the variables used in the matching exercise.

In summary:

- The children and young people in the interim Pathfinder outcome survey sample were well distributed in terms of age (22 per cent under 5; 16 per cent aged 17 and over)
- 69 per cent were male
- 24 per cent of interviewed parents described their child’s health condition or disability as profound or complex
- 21 per cent of the interviewed parents were in full-time work

- 30 per cent of the interviewed parents reported having level 4 qualifications or higher; 16 per cent reported having no qualifications
- 35 per cent of the interviewed parents did not live with a second parent/guardian of the child or young person.

Further details are provided in Table 3.

Table 3 Profile of Pathfinder families in the impact study

Sample profile	Pathfinder group %
Age of child/young person:	
Under 5	22
5 to 7	16
8 to 10	12
11 to 13	14
14 to 16	20
17 and over	16
Gender:	
Male	69
Female	32
Whether child/young person has following conditions/problems:	
Cognition and learning needs (dyslexia, dyspraxia or learning difficulties)	82
Behaviour, emotional and social development needs (Attention Deficit Disorder/ Attention Deficit Hyperactivity Disorder)	74
Communication and interaction needs (speech and language difficulties, communications difficulties caused by Autism or Asperger's)	86
Sensory and/or physical needs (e.g. as a result of being deaf or visually impaired or having a mobility impairment)	59
Impact of condition/disability on day-to-day life:	
Mild	6
Moderate	32
Severe	39
Profound or complex	24
Educational setting:	
Early Years	14
School	70
College or training	9
Other learning	4

Sample profile	Pathfinder group %
None of these	4
SEN Type:	
SEN Newcomer	50
SEN Existing	37
Learning Disability Assessment (LDA)	13
Services in receipt of:	
Special education	92
Social care	44
Specialist health	42
Responding parent's working status:	
Working full-time	21
Working part-time	24
Looking after home/children	41
Other	13
Parent's social grade:	
A/B	14
C1	26
C2	18
D	12
E	30
Responding parent's highest qualification level:	
Level 4 or above	30
Level 3	14
Level 2	17
Below level 2	8
No qualifications	16
Unknown	15
Number of parents in household:	
One	35
Two or more	65
Number of children under 18 in household:	
0	7
1	33
2	37

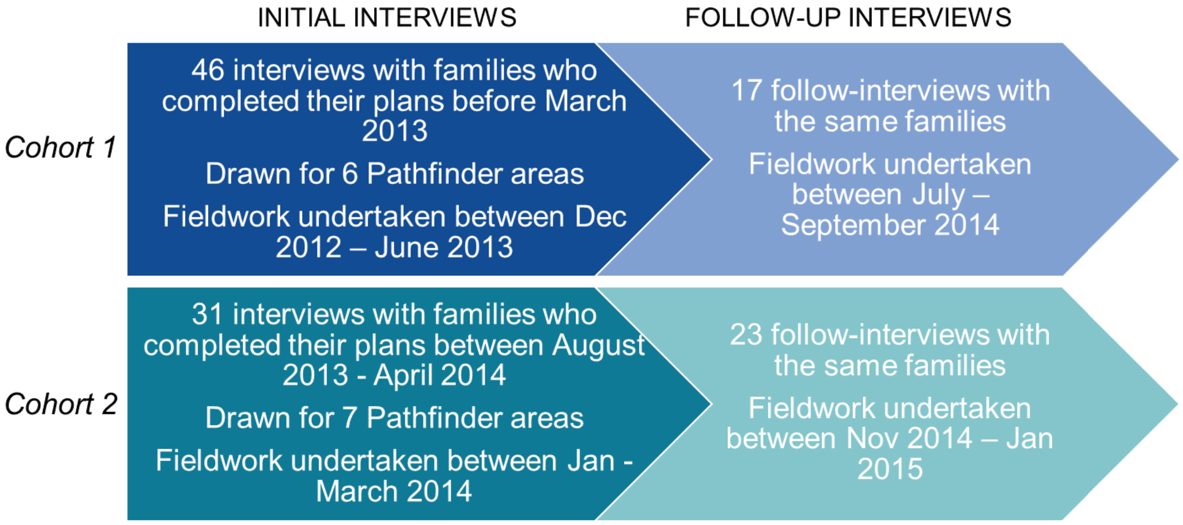
Sample profile	**Pathfinder group** **%**
3 or more	23
Base:	**698**

Source: Ipsos MORI survey data; Evaluation Monitoring Data

The qualitative research design

The qualitative research was undertaken in two main phases, consisting of initial family-based interviews with Pathfinder families who had just completed their EHC plans, and follow-up interviews with a selection of the same families 8-12 months later. A summary of the research methodology is provided in Figure 3 below.

Figure 3 Qualitative research design



Seventy-seven initial interviews were undertaken with families from a sub-set of 15 Pathfinder areas. The interviews followed completion of the parent-carer survey, and were undertaken in two ‘cohorts’, corresponding to the time at which the family had received their EHC plan. Building on the survey, the interviews sought to gather more detailed understanding of the experiences of and outcomes achieved by families, as their EHC plans were being developed by the Pathfinders.

In order to explore families’ experiences of service delivery and outcomes post-completion of their EHC plans, a series of follow-up interviews were undertaken with approximately half of the families that had participated in the initial round. Forty families participated in the follow-up interviews, covering 41 children and young people (one family had two children participating in the Pathfinder). The sample was designed to be representative across different age groups and Pathfinder areas, as detailed in the table below.

Overall, 29 interviews were conducted face to face at the family's home; the remaining 11 were conducted by telephone. The majority of the interviews were conducted with the parent/carer of the child or young person only, although children and young people were present in a few cases, two of whom participated meaningfully in the interview with the support of their parent/carer. All interviews were recorded and transcribed, except in a small number of cases where the participant did not wish to be recorded.

When considering the findings, it is important to bear in mind that there were a few challenges faced when undertaking the qualitative case studies. These included:

- **Limited understanding** of the EHC planning process and the purpose of the Pathfinder. Families often struggled to remember details on which professionals had participated in planning meetings, the sequence through which support was agreed and delivered etc. The semi-structured nature of the qualitative interviews meant that the research team were able to use prompts, repeat questions for clarity and use the interview guide flexibly to facilitate discussion, however the level of feedback provided varied
- Participants being at **different stages** in the process. While some families had had a review of their EHC plans, others had not, and some were not sure whether they had or not
- **Variations in individual family circumstances.** As well as being at different stages in the Pathfinder process, the differences in individual family circumstances (e.g. age, area, nature of needs, existing provision) meant that it was difficult to identify any patterns in analysis, or ascribe cause and effect to different outcomes and experiences. Where possible and relevant, key trends have been identified.

Characteristics of the Pathfinder families in the qualitative research

In terms of the profile of the 40 participating families:

- **Gender** - there were slightly more male than female children and young people in the sample (25 male to 16 female)
- **Age** - almost half were in the 5-10 age group, while the rest were evenly distributed between 0-4, 11-16 and 17+ age groups
- **Ethnicity** - three quarters were white, while the remainder were of Asian, African or mixed ethnic background
- **SEN type** - almost half had cognition and learning needs; a quarter physical or sensory needs; a quarter communication and interaction needs; and one child had behavioural, emotional or social needs. A small number had more than one type of SEN
- **Prior to the Pathfinder** - three quarters had an existing way of planning services and support, most commonly a Statement, or support through Early Years, School

Action Plus and S139a. The remaining quarter were largely newcomers to the system.

Summary

The impact of the Pathfinder programme has been assessed through two main methods:

- **Quasi-experimental design**, in which the 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 have differed 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 698 Pathfinder families and 1,000 comparison families. The two groups have been matched using propensity score matching. A range of outcome measures were collected via the survey, covering experiences of the process and outcomes for the child / young person and parent.
- **Initial and follow-up qualitative interviews with families**, with follow-up interviews undertaken approximately 8-12 months since families were first interviewed as part of the Pathfinder evaluation (at which point they had recently completed their EHC plans). The families interviewed had completed their EHC plans either before March 2013, or between August 2013 and March 2014.

  The interviews were used to explore families' experience of the assessment and support planning process, their experiences of service delivery, and outcomes for both parents and children and young people. Seventy-seven families participated in the initial interviews, 40 of which also participated in follow-up interviews.

3: Families' experience of the processes

KEY FINDINGS

- Pathfinder families were more likely than comparison families to state that their views had been taken into consideration in assessment and reviews (84 per cent Pathfinder families; 73 per cent comparison)
- The difference in Pathfinder and comparison families' understanding of the process was not statistically significant, but it was for their understanding of the decisions made (up from 60 per cent to 65 per cent)
- Pathfinder parents were more likely than comparison families to report that they: were encouraged to think about goals; felt their suggestions were listened to; and believed the decisions about their child's support reflected the family's views. The competency, consistency and knowledge of a 'key worker' (or those providing key working support) was seen as critical to the process feeling family- and child-centred
- Although Pathfinder parents were significantly more likely than comparison group parents to agree that their child had had a say in the support planning process, still only 37 per cent of Pathfinder parents and 29 per cent in the comparison group did so; implying room for improvement in relation to considering the views of young people
- Pathfinder parents were more likely to agree that their process to get support had been straightforward – 52 versus 40 per cent of Pathfinder and comparator families agreed that it had been straightforward
- Although Pathfinder families were significantly more likely than comparison families to report that planning had been undertaken jointly across services (45 per cent versus 33 per cent), substantial proportions (38 per cent) reported it being undertaken separately. In addition, the Pathfinder did not seem to have impacted on parents having to explain their child's needs on multiple occasions
- Pathfinder parents were statistically more likely than comparison group parents to feel that the various professionals involved in their child's assessment had shared information well - 71 per cent of Pathfinder parents said this had been done well or very well compared to 63 per cent of comparison group families
- Pathfinder parents were significantly more satisfied with the assessment and planning processes they had participated in than comparison parents - 33 versus 26 per cent of pathfinder and comparator families reported being very satisfied

Assessment and support planning process

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 an EHC plan, and those in the comparison group were asked about their experiences over the previous 12 months.

This chapter follows the course of the processes that the families had been through to develop a plan, reporting on Pathfinder families' and comparison group families' experiences. It reports on how families felt about the processes. This includes:

- Their understanding of the process and decisions made
- Whether they felt the processes were child-centred/family-centred
- The role of the key worker and other professional support
- Whether the assessment and support planning process was joined up
- Their perceived fairness of decisions about support
- Their satisfaction with the assessment and support planning process.

Understanding of the process/decisions

The survey interview included two questions about parents' understanding of the process and the decisions which were made. In each question, parents were asked to state the extent to which they agreed or disagreed with the following statements, using a five-point scale:

> *I understand the processes I went through to get support*
>
> *The decisions about what support [child] is eligible for were explained to me clearly*

While levels of understanding about the *processes* were not significantly different between Pathfinder families and those in the comparison group (see Table 4), **Pathfinder families were significantly more likely to report that the *decisions* about the support had been explained more clearly to them** (see Table 5). Both Pathfinder and comparison families reported high levels of understanding about the processes: 81 per cent of Pathfinder parents and 79 per cent of comparison group parents agreed that they understood them. Parents in both groups were less likely to agree that the decisions had been explained to them clearly, but Pathfinder parents were significantly more likely than comparison group parents to say that they had (65 per cent of Pathfinder parents and 60 per cent of those in the comparison group).

Through the qualitative interviews, it was clear that a number of factors influenced understanding of processes, notably the transparency of the process, and the competency, consistency and knowledge of a ‘key worker’ (or ‘group of individuals’) to explain, share information and keep families ‘up to speed’. In the initial interviews, a number of families had begun the EHC planning process without a detailed understanding of its purpose, including the relationship between the EHC process and other support planning mechanisms (e.g. SEN Statement). In follow-up interviews, it was clear that this misunderstanding still prevailed, suggesting that communication around EHC plans, and how they fit with wider provision, could still be improved.

Table 4 Extent to which parents agreed they understood the EHCP assessment process

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.751
Strongly agree	43	42	1	
Tend to agree	38	37	1	
Neither	6	7	-1	
Tend to disagree	8	7	1	
Strongly disagree	4	5	-2	
Don’t know	1	1	0	
Not applicable	1	2	-1	
Base: All Parent/carers	698	1000		

Source: Ipsos MORI survey data

Table 5 Extent to which parents agreed decisions were explained clearly

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.029**
Strongly agree	35	32	3	
Tend to agree	30	28	3	
Neither	5	6	-1	
Tend to disagree	13	17	-4	
Strongly disagree	14	16	-2	
Don't know	3	2	1	
Base: All Parent/carers	698	1000		

Source: Ipsos MORI survey data

Child/family-centred processes

Across a number of measures, the Pathfinder was found to have had a significant impact on the degree to which parents felt the assessment and planning process had been focused on their child and their family. Parents were asked a series of questions about theirs and their children's involvement in the assessment and planning process. The questions focused on (a) generally, whether their views were taken into consideration (b) whether they were encouraged to be involved (c) and the extent to which their views (parents' and young people's) were listened to, and how far they were reflected in the support or services offered.

Table 6 shows parents' responses when asked to what extent they agreed or disagreed that their family's views had been taken into consideration in assessments and reviews. Eighty four per cent of Pathfinder families agreed that they had, compared to 73 per cent of parents in the comparison group (an 11 percentage point difference). **Through the qualitative interviews, it was clear that parents were most likely to feel this to be the case when they were able to give feedback on both what was working well and less well,** as the following quote illustrates:

"You know, we were very clearly asked, is everything okay? Does anything need to change? What support do we need? All those types of questions where were part of the meeting." (Dad, 17+)

Table 6 Extent to which parents agreed that families' views were taken into consideration

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				<0.001**
Strongly agree	49	39	11	
Tend to agree	35	34	0	
Neither	6	7	-1	
Tend to disagree	5	9	-4	
Strongly disagree	4	8	-4	
Don't know	1	1	-1	
Not applicable	0	1	-1	
Base: All Parent/carers	698	1000		

Source: Ipsos MORI survey data

Further questions focused on the extent to which the assessment and support planning process was a *joint* process between the staff and the families: that is, how far families were encouraged to think proactively about the support their child needed and the goals they should be aspiring to reach. In order to measure this, parents were asked to respond to the following three statements, again using a five-point scale from 'strongly agree' to 'strongly disagree':

> *We were encouraged to think about what we wanted to get out of the support [child] would receive and what goals [he/she] should be aiming for*
>
> *Our suggestions were listened to about what we wanted to get out of [child]'s support and what goals [child] should be aiming for*
>
> *To what extent did the decisions made on how [child] should be supported reflect your family's views?*

Pathfinder parents responded more positively than comparison group parents to all three statements (see Table 7, Table 8 and Table 9). **They were statistically significantly more likely to say they were encouraged to think about goals (75 per cent of Pathfinder parents, 67 per cent comparison); to say their suggestions were listened to (77 per cent versus 69 per cent); and to say that the decisions about their child's support reflected the family's views (79 per cent versus 73 per cent).**

Similar findings were also gathered in the initial qualitative research with families, where the majority of parents felt that their experiences had been child- or family-centred. Commonly this was attributed to parents' interactions with professionals, with more positive feedback provided in cases where professionals had allowed time for discussion, were accessible, and recognised the value of parental insights.

In addition, the outcomes of the assessment and planning process were shown through the initial qualitative interviews to have had an influence. Where families were already receiving services due to the plan, it was seen as evidence that the process was centred on their needs. Conversely, if actions were identified in the plan that were not seemingly underway, families were less likely to feel ‘at the centre’ of the process.

Table 7 Extent to which parents agreed that they were encouraged to think about what they wanted to get out of their child’s support

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				<0.001**
Strongly agree	42	32	10	
Tend to agree	33	35	-2	
Neither	6	7	-1	
Tend to disagree	6	11	-5	
Strongly disagree	7	10	-3	
Don’t know	2	2	0	
Not applicable	3	2	1	
Base: All Parent/carers	698	1000		

Source: Ipsos MORI survey data

Table 8 Extent to which parents agreed their suggestions were listened to

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				<0.001**
Strongly agree	44	33	11	
Tend to agree	33	36	-3	
Neither	4	7	-2	
Tend to disagree	6	10	-4	
Strongly disagree	7	11	-4	
Don’t know	3	1	1	
Not applicable	3	2	1	
Base: All Parent/carers	698	1000		

Table 9 Extent to which parents felt decisions supported families’ views

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.001**
A great deal	38	32	7	
Fair amount	41	42	-1	
Not very much	11	18	-7	
Not at all	5	6	-1	
Don't know	5	3	2	
Base: All Parent/carers	698	1000		

Source: Ipsos MORI survey data

Further down the line where the review process was concerned, similar feedback was provided through the follow-up qualitative interviews. For those who had had their plan reviewed, it was common to agree that this process felt child and family centred, particularly when:

- ✓ They attended a face to face review meeting (as opposed to the plan being reviewed over email)
- ✓ They received information in advance of the review to tell them what to expect at the meeting, and/or to invite their input in advance by completing a form
- ✓ They were asked to suggest who should be invited to the meeting
- ✓ They felt that there was good representation from the key agencies at meetings and the professionals who knew the family and their case were involved.

Following the review meeting, parents indicated that receiving an updated copy of the plan contributed to the process feeling more family- and child-centred, as did seeing the revised (or new) actions being put into place (picked up further in Chapter 6). Where an updated version of the plan was not sent to families, it had typically led to families feeling unsupported or in some cases abandoned.

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 about a third of Pathfinder (37 per cent) and comparison (29 per cent) families agreed that the young person's views had been taken into consideration during the support planning process, although this was still a statistically significant improvement (Table 10).

Findings from the initial qualitative research supported this, indicating that the majority of children and young people had not been directly involved in the process, because they were too young or the nature / severity of their disability was seen to prevent them from participating (this is also reflected in Table 10 by the high number of 'not applicable' responses'). However, for those who had, feedback was generally positive, and parents generally felt that it would be positive to include children and young people where possible.

In the follow up interviews, **similar views were expressed, particularly among families with a young person in the upper age group (e.g. 17+). This was typically linked to concerns around transition, which it was felt had been inadequately addressed in the planning and review process,** as well as fact that only a few families had had their plans reviewed. Again though, where a review had been undertaken and the child or young person was able to participate actively (e.g. answering questions, showing pictures, or in one case delivering a PowerPoint presentation about himself), positive feedback was provided.

Table 10 Extent to which parents agreed young person had a say over support

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				<0.001**
Strongly agree	21	12	8	
Tend to agree	16	17	-1	
Neither	3	4	-1	
Tend to disagree	9	11	-2	
Strongly disagree	12	19	-7	
Don’t know/ can't remember	2	4	-2	
Not applicable	38	34	4	
Base: All Parent/carers	698	1000		

Source: Ipsos MORI survey data

Joint working

One of the key aspirations of the Pathfinder programme was that families should have a more streamlined experience of the assessment and planning processes across health, education and social care. In order to assess whether the Pathfinder has been successful in achieving this, parents were asked to what extent they agreed or disagreed with the following statements:

> *The processes our family went through to get support have been straightforward.*
>
> *Our family has had to explain [child]’s needs on many different occasions to be able to get support.*
>
> *The [education/specialist health/social services] involved in assessing and reviewing [child]’s needs have worked closely together.*

Overall, parents believed that the Pathfinder had significantly improved how straightforward processes had been. Twenty nine per cent of Pathfinder parents strongly agreed with this statement, compared to 21 per cent of comparison parents (see Table 11).

Table 11 Extent to which parents agreed processes were straightforward

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				<0.001**
Strongly agree	29	21	8	
Tend to agree	23	19	3	
Neither	5	6	-2	
Tend to disagree	17	20	-4	
Strongly disagree	22	29	-7	
It varies	3	2	1	
Not applicable	1	1	-1	
Don't know	1	0	0	
Base: All Parent/carers	698	1000		

Source: Ipsos MORI survey data

Similarly, significantly more Pathfinder parents agreed that **those involved in the assessment and review process had worked closely together** (70 per cent compared to 61 per cent) (see Table 12). However, parents still reported having to explain their child's needs on multiple occasions (see Table 13), indicating further room for improvement. Around two thirds of Pathfinder (63 per cent) and comparison group (63 per cent) parents 'strongly agreed' that they had had to do so.

Further down the line, the follow-up interviews with families highlighted that joint working across service areas may have fallen back around the review stage. While a quarter of participants in the follow-up interviews reported having professionals from multiple agencies at their review meetings, often these were school staff (e.g. SENCos, teachers) or school-based professionals (e.g. speech and language therapists). Social workers were commonly in attendance, but the presence of specialist health professionals was unusual. Similarly, a member of the local authority Pathfinder team was present at some review meetings, but it was not always clear to the families what their role was, or how essential it was:

"Their role, I think, was to act on behalf of the authority, I suppose, and coordinate things that might need to be coordinated." (Dad, 17+)

Table 12 Extent to which parents agreed services worked closely together

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				<0.001**
Strongly agree	42	32	10	
Tend to agree	28	29	-1	
Neither	4	7	-3	
Tend to disagree	10	11	-1	
Strongly disagree	9	15	-6	
It varies	3	2	1	
Not applicable	1	1	-1	
Don't know	3	3	0	
Base: All Parent/carers	698	1000		

Source: Ipsos MORI survey data

Table 13 Extent to which parents agreed they had to explain on multiple occasions

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.701
Strongly agree	63	63	0	
Tend to agree	20	20	0	
Neither	2	2	0	
Tend to disagree	7	7	0	
Strongly disagree	6	5	1	
It varies	0	1	-1	
Not applicable	0	1	-1	
Don't know	1	0	1	
Base: All Parent/carers	698	1000		

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. **Although Pathfinder families were significantly more likely than comparison group families to report that planning had been undertaken jointly across services (45 per cent compared to 33 per cent), still substantial proportions (38 per cent) reported it being done separately (see Table 14).**

Table 14 Whether support planning had taken place jointly or separately

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.001**
Jointly	45	33	12	
Separately	38	53	-15	
Not applicable	7	5	2	
Don't know	9	9	0	
Base: Parent/carers of CYP eligible for more than one type of support	402	435		

Source: Ipsos MORI survey data

When those who reported separate support planning were asked whether all, or just a few of the child/young person’s needs were taken into account at each support planning session, the differences were not statistically significant (see Table 15).

Table 15 Whether all of young person's needs were taken into account with separate support planning

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.377
All	47	40	8	
Just a few	43	47	-4	
It varied	5	10	-5	
Don't know	5	3	1	
Base: Parent/carers with separate planning	154	239		

Source: Ipsos MORI survey data

Overall, the Pathfinder had also improved the extent to which different professionals involved in the assessment process had shared information. Using a four-point scale from 'very well' to 'not at all well', a third (32 per cent) of Pathfinder parents said this had been done 'very well' compared to a quarter (25 per cent) of comparison group families (see Table 16) (which was statistically significant). However, the number of families reporting that information was not shared very well was still relatively high, at 14 per cent for Pathfinder families and 19 per cent for comparison families.

Feedback from the initial qualitative research indicated that a number of factors were seen by families to be critical to information sharing, most notably:

- Multi-agency meetings – as they bring professionals together to meet. Face-to-face meetings sped up the process, and allowed information to be circulated among professionals first-hand
- Key working support – as a professional (or small group of professionals) is essentially charged with overseeing the sharing of information.

Through the initial and follow-up qualitative research it was also clear that these elements were not always in place, which may account for information reportedly not being shared very well. In around one quarter of cases, parents felt that they were continuing to play a 'go-between' role in terms of passing on information, and chasing up agencies to provide services. Examples of this included:

- A parent writing instructions for the school on how to deal with issues arising from the child's health condition, rather than the relevant health professional providing this directly to the school
- A lack of communication between health and education leading to a school's risk assessment interpreting a child's needs incorrectly (as behavioural rather than medical).

Table 16 How well information is shared across services

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.001**
Very well	32	25	8	
Fairly well	39	38	1	
Not very well	14	19	-5	
Not at all well	8	11	-3	
Don't know	7	7	0	
Base: All Parent/carers	698	1000		

Source: Ipsos MORI survey data

Key worker and professional support

Pathfinder families were significantly more likely than comparison group families to say that they had at least one key worker working with their family (47 per cent compared to 34 per cent) (see Table 17); an encouraging finding given that both the initial qualitative interviews and thematic research conducted on workforce development indicated that key working was critical to families' experience and satisfaction with the processes.

In terms of the nature of key working, the qualitative and thematic research indicated that while most families had a key worker, there were wide variations in the role and level of input of the key worker at the assessment and planning stage. While they commonly led on driving forward the process, others were focused on more discrete elements, such as drafting the plan or conducting one-to-one interviews. The number, background and location of professionals providing key working support also varied, with two main models of delivery identified:

- A single-person model, in which support was provided by one dedicated key worker (typically located in the local authority or a VCS organisation)
- A multi-person model, which was more common and saw key working provided by two or more people, with administrative and more 'technical' functions divided up.

Table 17 Support from a key worker

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				<0.001**
Yes, one	41	28	13	
Yes, more than one	6	7	0	
No	49	64	-15	
Don't know	4	2	2	
Base: All Parent/carers	698	1000		

Source: Ipsos MORI survey data

When asked about the professional with whom the family has had most contact, Pathfinder families were **slightly more likely than comparison group families to say they had confidence in that person's ability to help their family get support for their child's needs**: 68 per cent of Pathfinders agreed that they had confidence with them compared to 62 per cent of comparison group parents (see Table 18).

Table 18 Confidence in the ability of the main professional to help the family get support

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.003**
Strongly agree	45	41	4	
Tend to agree	23	22	1	
Neither	3	4	-2	
Tend to disagree	3	8	-5	
Strongly disagree	6	8	-2	
Don't know	2	2	1	
Not applicable	18	16	3	
Base: All Parent/carers	698	1000		

Source: Ipsos MORI survey data

Key workers (or groups of professionals conducting key working) were felt by families to be most effective where they:

- **Provided advice, information and advocacy support** – in the key working thematic[14], which followed the initial qualitative interviews, four main functions were identified for key workers: emotional and practical support; coordination; planning and assessment; and information and specialist support
- **Had knowledge of the child or young person** – although some participants also talked about the value of having a key worker who did not know their case previously, as it allowed for fresh perspectives to be applied
- Were able to draw on their **understanding of the system,** including provision options and who to go to get things done
- Used their **professional status** and knowledge to **influence others**
- **Exercised their judgement**, tailoring their approach to different needs and family dynamics, e.g. taking a collaborative role vs a clear lead
- Were **fair and impartial** throughout the process, bringing 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 behaviours in different care settings] so I think that’s what’s really good about the process.” (Mum, 0-5 year old)

Where key workers were less effective at the initial assessment and planning stage, they were described as unresponsive or too stretched to provide sufficient support (e.g. undertaking key working ‘on top of their day job’).

In follow up interviews, the extent to which key working support was being provided was generally more limited. While in about a third of cases the original local authority key worker was still providing support, a quarter of participants were unaware whether they had a key worker, and the remaining third stated that key working was being undertaken by school staff, although it had not necessarily been described as such. Partly this may be due to terminology (i.e. the fact that key working is referred to differently across local areas), but it may also reflect more limited key working support being provided once plans are completed.

Key working support provided post- completion of plans also tended to be limited to administrative duties, such as informing the family about review meetings, organising and coordinating meetings, and updating the plan with families. In addition, a few other issues were highlighted as occurring after the plan was completed, including:

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[14] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/275914/RR326A_Key_working_and_workforce_development_-_FINAL.pdf

- Poor handover – in a few cases, families felt that the support from the original key worker had ended prematurely and that the handover to the new key worker lacked clarity, as indicated in the following quote:

  "She sort of gave the impression that, you know, 'I will always be there, I will come and visit' and everything, and then – not a thing." (Mum, 17+)

  In many cases, key working support had transferred over to school staff, who it was felt were generally in a good position to provide this support given their day-to-day contact. And yet, concerns were expressed about school staff's capacity to do so, as well as their knowledge of the reforms. One parent noted that the leads at the school did not seem to have a clear grasp of EHC plans or the overall SEN&D reforms, reflecting similar findings gathered in 2014 through the thematic research on engagement with schools (which indicated that awareness of the reforms was relatively high among school leaders and SENCos, but not teaching staff)
- Inadequate skills, capacity and experience – largely the case when school-based staff were delivering support. Whilst their close working day-to-day with the young person was seen as beneficial, it was felt that school staff did not always have the capacity (due to other work priorities) or skills (e.g. to manage the delivery of plans) required.

Although the nature of key working may vary locally, what was therefore clear from the evaluation was that key working remains key to successful delivery of support; but that it is remains an area for improvement and further resource, particularly where schools are playing an active role.

Perceived fairness of decisions about support

According to families, the Pathfinder appears not to have had a significant impact on the fairness of decisions made about what support their child was eligible for. Around two thirds of parents (67 per cent Pathfinder, 63 per cent comparison group) agreed that the decisions were fair compared to what other young people with similar needs were receiving locally (Table 19).

While such decisions may be influenced by local resources and so be outside the remit of the Pathfinders, we might have expected that the Pathfinders (and especially the key workers) were in a better position to explain this to families (and hence that families would have perceived a greater degree of fairness). Families reported having a better understanding of decisions (see Table 5), but it would appear that this did not extend to how decisions were being made; aligning with the finding that understanding of the process had not significantly improved through the Pathfinder approach.

Table 19 Extent to which parents agreed that decisions were fair compared to other children/young people

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.157
Strongly agree	34	30	3	
Tend to agree	34	33	1	
Neither agree nor disagree	5	6	-2	
Tend to disagree	8	9	-1	
Strongly disagree	10	12	-2	
Don't know	11	10	1	
Base: All Parent/carers	698	1000		

Source: Ipsos MORI survey data

Satisfaction with the process

It is important to understand what impact the Pathfinder has had on how satisfied parents were with assessment and planning processes overall. Encouragingly, **Pathfinder parents were more satisfied with the processes than comparison group families** (see Table 20), with a seven percentage point impact among the groups who reported being 'very satisfied' with processes.

Table 20 Satisfaction with the processes

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				<0.001**
Very satisfied	33	26	7	
Fairly satisfied	39	38	1	
Neither	8	9	-1	
Fairly dissatisfied	7	12	-5	
Very dissatisfied	7	12	-5	
Don't know	3	1	2	
No services received	3	3	0	
Base: All parent/carers	698	1000		

Source: Ipsos MORI survey data

Across the three service areas, the feedback followed this overlying trend (see Table 21, Table 22 and Table 23). Although satisfaction with education services was similar to that overall (7 per cent impact between Pathfinder and comparison families in terms of those being ‘very satisfied’), for health and particularly social care it was better (10 and 18 per cent). This suggests that the Pathfinder has had the greatest impact in terms of families’ satisfaction with health and social care services, which could be due to different starting points, i.e. families feeling more satisfied with the existing delivery of education services through the Statementing process.

Table 21 Satisfaction with process, education services[15]

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				<0.001**
Very satisfied	34	26	8	
Fairly satisfied	40	40	0	
Neither	8	9	0	
Fairly dissatisfied	8	12	-5	
Very dissatisfied	7	12	-5	
Don't know	3	1	2	
Base: All parents/carers receiving education services	641	917		

Source: Ipsos MORI survey data

Table 22 Satisfaction with processes, social care

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				<0.001**
Very satisfied	34	18	16	
Fairly satisfied	40	43	-3	
Neither	8	10	-1	
Fairly dissatisfied	7	14	-6	
Very dissatisfied	6	14	-7	
Don't know	3	1	2	
Base: All parents/carers receiving social care services	309	332		

Source: Ipsos MORI survey data

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[15] Analysis of those receiving education, health and social care services based on propensity score matching of each subgroup.

Table 23 Satisfaction with processes, specialist health

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.010**
Very satisfied	33	23	10	
Fairly satisfied	42	43	-1	
Neither	7	9	-2	
Fairly dissatisfied	7	13	-5	
Very dissatisfied	7	11	-4	
Don't know	2	1	1	
Base: All parents/carers receiving specialist health services	294	283		

Source: Ipsos MORI survey data

In terms of the qualitative research, feedback was more mixed. While some families felt entirely satisfied or dissatisfied about the initial assessment and planning process, the overwhelming majority made comments relating to specific aspects that worked well and less well. Many of these families may have described themselves as ‘fairly satisfied’ with the positives and negatives of their experiences summarised in Table 24.

Table 24 Satisfaction with the process from the qualitative research

Reasons for satisfaction	Reasons for dissatisfaction
PROCESS	
✓ Being at the centre of the process – many families reported that professionals asked their views, and that meetings with families and professionals took place	✗ Not knowing the options – families felt that they needed more information early on in the process, to enable families to make suggestions and explore options
✓ User-friendly and non-burdensome process – generally families reported that they understood the purpose of the plan, and some felt to be an efficient use of time and resource	✗ Delays – in drafting and/ or signing off the plan led to dissatisfaction. These were either attributed to their specific case or to wider delays in their area
✓ Feeling supported through the process - effective support was seen to be provided by a key worker in terms of explaining things, providing knowledge about local services, resolving issues, coordinating the planning process and advocating for the	✗ Shortfalls in the organisation and running of planning meetings – a number of issues were identified, including lack of preparatory work, uncertainty of who was at meetings, and feeling intimidated or unable to follow the terminology

family

Reasons for satisfaction	Reasons for dissatisfaction
	✗ Capacity to take part – many families reported capacity issues in taking part, including for busy working families where multiple meetings were held ✗ Support and leadership – some families felt that the lack of commitment from their key workers had slowed down the process. Lack of clear leadership from the centre had also caused dissatisfaction
RESULTS	
✓ Developing a fuller understanding of the young person, - having a richer understanding of needs, aspirations and personality, often seen to be due to multi-agency and planning assessment meetings ✓ Learning more about wider support and services – several families reported benefits in this area, including meeting other parents to share learning and ideas ✓ Accessing new support and services – where new services had been accessed or new support received, families were more satisfied ✓ Improved multi-agency working – often cited as a reason for satisfaction, through for example allowing shared goals and priorities among professionals to be developed	✗ Lack of actions or specificity of language in the plans – for example, some families felt that the wording of outcomes or goals was too general to translate into meaningful action, and enable them to hold professionals to account ✗ Lack of buy-in or cooperation from professionals – this included inconsistent attendance at meeting or the feeling that professionals were not adequately engaged in the first place ✗ Not sharing and following the plan – in some instances families were broadly happy with the plan, but felt that it had been inadequately followed up. More generally, parents queried the status of the plan (e.g. legal standing)

Source: Pathfinder evaluation team

Given that over a third (39 per cent) of Pathfinder families reported the process as being too long, it is perhaps unsurprising that delays were a cause of dissatisfaction for some families (even though they were statistically more likely than comparison group parents to be happy with its duration (see Table 25).

Table 25 Perception of how long processes have taken

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				<0.001**
Too long	39	55	-16	
About right	55	39	16	
Too short	3	2	1	
Don't know	3	3	0	
Base: All Parent/carers	698	1000		

Source: Ipsos MORI survey data

Summary

In many aspects of the assessment and support planning process, Pathfinder families reported significantly better experiences than comparison families. Positive impacts were found in parents' understanding of decisions, and how family-centred and joined up services had been. Improvements had also been made in how straightforward the process was, leading to Pathfinder parents being more satisfied overall.

A number of areas for improvement were also identified. Despite feeling that the Pathfinder had improved information sharing between agencies at the assessment and planning stage, parents reported that they were still having to explain their child's needs on multiple occasions. Moreover, while understanding of decisions had improved, it was not the case for understanding of the processes *per se,* nor the extent to which families felt that the decisions were fair.

Through the qualitative research (and the thematic research on key working), it was clear that the competency, consistency and knowledge of the key worker (or group of individuals) was critical to families' understanding of and satisfaction with the processes. Ensuring that those undertaking key working have sufficient time, knowledge of local provision, links with wider agencies, and the skills and experience to do their role effectively should be considered a priority across local areas.

4: Families' experience of delivery

KEY FINDINGS

- The Pathfinder had had a significant impact on the amount of choice that families felt was available to them. Forty-three per cent of Pathfinder parents compared to 54 per cent of comparison group parents reported 'not having enough choice'
- Just over half (54 per cent) of Pathfinder families reported that they felt their child received 'all' or 'most' of the support they thought he or she needed, compared to 46 per cent of comparison group parents
- Where services had been accessed, the Pathfinder was seen to have significantly improved their suitability for the young person's needs. Across education, health and social care, Pathfinder families were statistically more likely to agree that what they were receiving was suitable for this child/young person's needs
- Only a minority of parents in both the Pathfinder and comparison groups had heard about and looked at the Local Offer. Ensuring its increased uptake going forward should therefore be considered a priority.

This chapter covers the stage in the process at which the young person's support has been decided, and support services are being organised. During the telephone survey, parents were asked about their experience of selecting the support services, and the sufficiency and suitability of that support. They were also asked about their awareness and use of the Local Offer.

Choosing support services

The Pathfinder was seen by families to have had an impact on how much choice they had relative to other local families. The proportion of families reporting that they did 'not have enough choice' was much lower for Pathfinder families (43 per cent) than those in the comparison group (54 per cent), representing an 11 percentage point difference (see Table 26). That said, the fact that 43 per cent still reported still not having enough choice shows there to be further room for improvement, and may be linked to the poor take up of the Local Offer so far (as discussed below).

Table 26 Perceived amount of choice of providers

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.005**
Too much choice	1	1	0	
The right amount of choice	44	37	7	
Not enough choice	43	54	-11	
Don't know	12	7	4	
Base: All Parent/carers	698	1000		

Source: Ipsos MORI survey data

Through the qualitative research, it was clear that a number of factors influenced the degree to which parents felt that choice was available to them, including how much funding was available locally, and what opportunities and transport options there were in the area. This was seen to be particularly an issue where post-19 services were concerned.

Whether choice was relevant often depended on how effectively existing services were seen to be working. If they were working well, then having choice was not seen as important. Whether choice was appropriate depended on the type of service or support available. Where health services (e.g. speech and language therapy) were concerned, participants often felt that it was not appropriate for them to have a choice due to their limited knowledge/ expertise, or as one parent stated:

'*The[y] kept asking me 'what other support do you think you need?'. How do I know what other support I need…? 'Can we help you' was another question they asked, 'can we help you to arrange other activities for her?' Well, what activities?' (Mum, 5-16 year old)*

Conversely, parents felt much better able to make a judgement on education and social care activities (e.g. leisure, day centre), and generally valued this opportunity. Indeed, parents being able to choose their education placement was identified through the follow-up interviews as being particularly key to facilitating a sense of choice. These interviews also highlighted personal budgets and direct payments as important to those who had them (particularly in terms of organising services such as personal care, respite and leisure), as was access to information on local provision and services.

Sufficiency and suitability of support

The Pathfinder appears to have had a **positive impact on parents' perceptions of whether their child was receiving the support** they thought was needed. Just over half (54 per cent) of Pathfinder parents felt that their child gets 'all' or 'most' of what they think he or she needs, compared to 47 per cent of comparison group parents (see Table 27).

Most of the participants in the initial set of qualitative interviews were satisfied with the services they were receiving, except where:

- They were not satisfied with the amount of services received – most commonly mentioned was respite care
- They were not satisfied with the level of engagement of a particular service or professional
- The young person's school was not acting on their commitments in the plan – such as making changes to the way in which they worked.

Table 27 Whether child/young person is receiving support for all needs

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.011**
All of what you think he/she needs	17	14	4	
Most of what you think he/she needs	37	33	4	
Some of what you think he/she needs	39	47	-8	
None of what you think he/she needs	7	7	0	
Base: All Parent/carers	698	1000		

Source: Ipsos MORI survey data

As to the suitability of the support received, the picture was positive. Looking across all three service areas, **Pathfinder families were more likely than those from comparison groups to 'strongly agree' that support was suitable for the young person's needs** (see Table 28). Looking at the suitability of education, social care and health support specifically (see Table 29, Table 30 and Table 31), positive feedback was also reported, with improvements in the suitability of social care support most marked. Thirty-eight per cent of Pathfinder parents accessing social care support 'agreed strongly' about its suitability, compared to 25 per cent in the comparison group (a 13 percentage point difference). In contrast, the smallest change was in health (6 percentage point difference), with more families here reporting that they 'tend to agree'.

Table 28 Extent to which agree that support is suitable for child/young person's needs

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				<0.001**
Strongly agree	39	31	8	
Tend to agree	38	40	-2	
Neither	9	9	-1	
Tend to disagree	4	10	-6	
Strongly disagree	4	5	-2	
Don't know	4	3	1	
No services received	3	3	0	
Base: All parent/carers	698	1000		

Source: Ipsos MORI survey data

Table 29 Extent to which agree that educational support is suitable for young person's needs[16]

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.001**
Strongly agree	40	32	8	
Tend to agree	39	40	-1	
Neither	9	9	-1	
Tend to disagree	5	10	-6	
Strongly disagree	4	5	-2	
Don't know	4	3	1	
Base: All parents/carers receiving education services	641	917		

Source: Ipsos MORI survey data

Table 30 Extent to which agree that social care support is suitable for young person's needs

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				<0.001**
Strongly agree	38	25	13	
Tend to agree	39	44	-5	
Neither	12	10	2	
Tend to disagree	4	13	-10	
Strongly disagree	3	5	-2	
Don't know	4	3	1	
Base: All parents/carers receiving social care services	309	332		

Source: Ipsos MORI survey data

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[16] Analysis of those receiving education, health and social care services based on propensity score matching of each subgroup.

Table 31 Extent to which respondents agree that specialist health support is suitable for young person's needs

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.042**
Strongly agree	36	30	6	
Tend to agree	44	43	0	
Neither	10	11	-1	
Tend to disagree	4	10	-6	
Strongly disagree	4	4	0	
Don't know	3	2	1	
Base: All parents/carers receiving specialist health services	294	283		

Source: Ipsos MORI survey data

Information provision and the Local Offer

Access to information was identified through the qualitative work as critical to influencing participants' experiences and satisfaction with assessment and planning processes. In the initial interviews before the Local Offer was published, there was often a feeling of frustration that the onus was on families to find out for themselves what was available, and that some families may be disadvantaged if they were less able or proactive:

"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)

Key working was seen as important in helping to address this issue, with one of the main functions of a key worker identified as providing information, advice and guidance on local provision and policies (see Key Working Thematic Report). While access to key working may have improved however, the degree to which this has contributed to improvements in information sharing is questionable, as described previously.

Throughout the reform process, the Local Offer has also been seen as key to improving information provision, but awareness of the Local Offer appeared low. **Only a minority of parents, in both the Pathfinder and comparison groups[17], had heard of the Local**

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[17] It is important to note that we would not have expected many of the comparator families to be aware of the Local Offer, as it is being developed and delivered as part of the pathfinder programme.

Offer, with no statistically significant differences between them (see Table 32). Furthermore, only one in eight (12 per cent) Pathfinder families had looked at the Local Offer, with a further one in seven (14 per cent) aware of it but not having read it. This may well reflect the progress (or lack of it) made in some areas with the development and publishing of their Local Offer. This is further emphasised by only around half of the families who had looked at the Local Offer reporting it as being useful.

Participants in the follow-up qualitative research had limited understanding of the Local Offer. Only half had heard of it, and of those none had used it. And yet, the view that planning processes could have been significantly improved through better information on local provision was commonly expressed. Having access to information on leisure and social activities, as well as financial matters (e.g. personal budgets, welfare benefits) and services for older young people (particularly those aged 19+) were seen as particularly important for those with plans in place. So too was the need for information to be accessible and digestible, aligning with similar findings gathered through the thematic research on the Local Offer.

Table 32 Whether aware of Local Offer

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.328
You have looked at the Local Offer	12	13	-1	
You have not looked at the Local Offer, but you have heard of it	14	10	5	
You've never heard of it	72	76	-5	
Don't know	2	1	1	
Base: All Parent/carers	698	1000		

Source: Ipsos MORI survey data

Table 33 Level of helpfulness of the information in the Local Offer to help families make choices about services available

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.514
Very helpful	26	26	0	
Fairly helpful	25	37	-12	
Neither	19	11	8	
Fairly unhelpful	13	14	-2	
Very unhelpful	11	7	4	
Don't know	7	6	2	
Base: Parent/carers who have looked at their area's Local Offer	85	114		

Source: Ipsos MORI survey data

Summary

In terms of the delivery of services, Pathfinder families reported better experiences in a number of areas, which were statistically significant. They were less likely than comparison group families to report that they did not have enough choice. Moreover, they were more satisfied when it came to the sufficiency and suitability of services to meet their child, particularly social care services.

While the more moderate differences in education may reflect the fact that families were already fairly well catered for in this respect (i.e. through SEN Statementing), in the case of specialist health services the responses suggest that further work is required for families to feel satisfied with their suitability. In addition, the results highlighted some important lessons to guide future development:

- In spite of the positive change, a significant number of Pathfinder families still felt that they had lacked enough information to make proper choices, emphasising the need for the Pathfinders to ensure continued development of their provider market
- While the value of key workers was widely recognised, issues were identified with the accessibility and effectiveness of this support, particularly once plans had been signed off. This undoubtedly had an impact on access to information, given that key workers often play a key role in signposting and providing information

- Access and use of the Local Offer among families was extremely limited, even though Local Offers should have been live in Pathfinder areas since March 2014. A number of suggestions were made for how the Local Offer could be improved (e.g. up-to-date, accessible), suggesting that promoting its usage should be considered a priority going forward.

5: Families' experience of change

KEY FINDINGS

- Overall, the Pathfinder was found to have had a positive impact on families' experiences. Many Pathfinder families reported an improvement in the quality of the support received compared to what they had experienced before. Four in ten (42 per cent) Pathfinder families felt that the quality of the support services they were now receiving was better than it was before, compared with a quarter (25 per cent) of comparison group families (a statistically significant finding)
- Both Pathfinder and comparator families most commonly stated that their child was entitled to the same amount of support as had been the case in the 12 months previous. However, Pathfinder families were more likely to report that they were now entitled to more support, whereas comparison group families were more likely to perceive that they were entitled to less support than before
- Across both Pathfinder and comparator families, the overriding feeling was that the quantity of support to which their child was entitled was the same as in the previous 12 months. Where differences were reported, Pathfinder families were more likely to report that they were now entitled to more support, whereas comparison group families perceived that they were entitled to less support than before (a statistically significant finding)
- Further down the line, the follow-up interviews suggested that the Pathfinder may have had a larger impact on the level of support provided to families than was estimated around completion of the plan. Over half (c. 20) of parents reported receiving more support or services since having a plan, with slightly fewer having the same amount.

Before looking at the impact of the Pathfinder process on families' day-to-day lives, it is important to consider how Pathfinder families viewed the EHC planning process relative to their experiences in the 12 months prior to being offered a plan. We asked families who had previously been receiving support for over a year to compare:

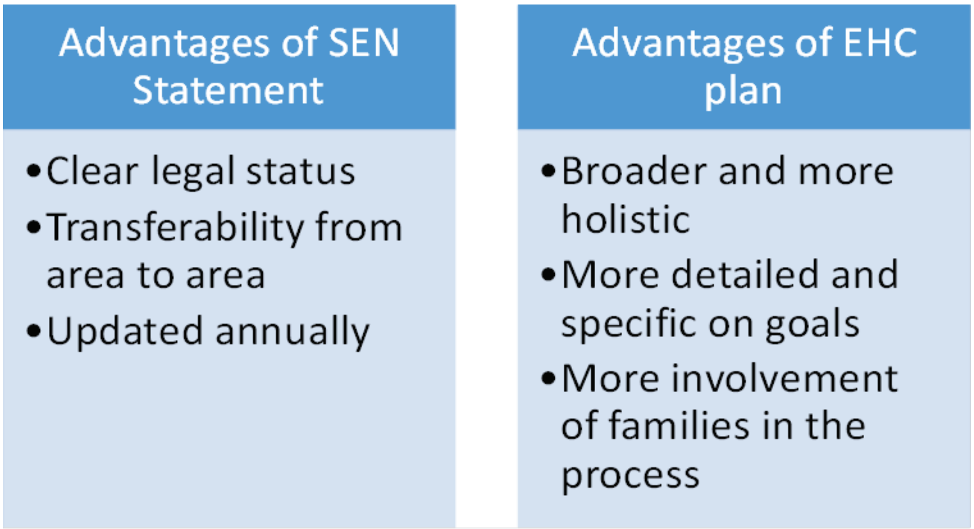
- Whether the overall quality of the support services was better, the same or worse than before
- Whether their child was entitled to more or less support than before.

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 EHC planning approach. To extract any changes in parents' perceptions due to the EHC 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. By seeing whether Pathfinder families' perceptions had changed more than the comparison group families' perceptions, we have been able to test whether Pathfinder families perceived the EHC plan to have had a positive impact on their experiences.

In sum, many Pathfinder families reported that this had been the case; that is, that the Pathfinder had led to an improvement in the quality of the **support they had received through the EHC plan, when compared to previously**. Four in ten (42 per cent) Pathfinder families felt that the quality of the support services they were now receiving was better than it was before (see Table 34). Although a quarter (25 per cent) of comparison group families felt the same, there is still a 17 percentage point difference between the two groups which is statistically significant. What is more, while only six per cent of Pathfinder parents reported that the quality was worse than before, 17 per cent of comparison group parents felt that this was the case.

When exploring in the initial qualitative interviews (i.e. around completion of the plan) why the quality of care may have improved, participants typically compared their experiences to the SEN statementing process. Both were seen to have advantages (see Figure 4), with those who preferred the EHC planning process commonly stating that it was because it offered more holistic and family-centred approach.

Figure 4 Advantages of the EHC plan and SEN Statementing processes



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

Source: SQW

In the follow-up interviews, similar views were expressed, although families were more critical about the extent to which their plan had enabled holistic support. Only a few families' plans had been reviewed, and many felt that their plans were not informing delivery as comprehensively as they had perhaps originally envisaged; as picked up further in Chapter 6.

Table 34 Whether support services are better or worse than before

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				<0.001**
Better	42	25	17	
Same	42	55	-13	
Worse	6	17	-12	
Don't know	11	3	8	
Base: Parent/carers who have been receiving support from any of education services, social services or specialist health services for more than one year	573	829		

Source: Ipsos MORI survey data

In regard to the amount of support received, perceptions of Pathfinder and comparison group families were also statistically significantly different (see Table 35). Overall, comparison families were more likely than Pathfinder families to perceive that they were entitled to less support than before, although the majority of families from across both groups still saw no difference.

The follow-up interviews supported this evidence. Only one family reported experiencing a reduction in support, which was attributed to out-of-school services being closed due to local authority cuts. In contrast, just over half (c. 20) of parents reported receiving more support or services since having a plan, with slightly fewer having the same amount.

Table 35 Whether family is entitled to more, less or the same amount of support as before

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.003**
A lot more	12	10	3	
A little bit more	14	15	-1	
The same amount	56	56	0	
A little bit less	3	7	-3	
A lot less	3	8	-5	
Don't know	12	6	7	
Base: Parent/carers who have been receiving support from any of education services, social services or specialist health services for more than one year	573	829		

Source: Ipsos MORI survey data

Summary

Encouragingly, the Pathfinder appeared to have had a positive impact on the quality of support provided to families (via the EHC plan). Pathfinder families reported statistically significant improvements both in what they had experienced previously, and what comparison families had reported.

Both Pathfinder and comparator families most commonly stated that their child was entitled to the same amount of support as had been the case in the 12 months previous. However, Pathfinder families were more likely to report that they were now entitled to more support, whereas comparison group families were more likely to perceive that they were entitled to less support than before.

6: Outcomes experienced

KEY FINDINGS

- No statistical evidence was found of the Pathfinder approach having an impact on: the health and quality of life of young people; their confidence, independence or social contact; or the extent to which children enjoyed their education setting. This could either be because the impacts were too small to detect through the sample, or because the survey took place too soon after the new EHC plan was agreed for impacts to have occurred
- However, Pathfinder parents were more likely than comparison parents to report that transitions into a new educational settings had gone smoothly, where they had taken place
- At the post-16 transition, the aspiration of most families was that their child would remain in education. However, this was much more likely for Pathfinder families than comparison group families; with the latter showing greater interest in their child taking a vocational post-16 route (e.g. employment or apprenticeship)
- Feedback gathered through the follow-up qualitative research showed some signs of improvement. Families reported feeling better supported, due to improved access to respite care or specialist health services. Some also reported an improved sense of self-management of care where personal budgets were available
- Some evidence was found of the Pathfinder having an impact on parental health and quality of life, but this impact was small and only significant at a 10 per cent confidence level

In the previous sections, we reported on the impact of the Pathfinder on families' experience of the assessment and support planning process, and what they felt about the support services they had received as a result. In this section, we report on a wider set of outcomes, around families' quality of life and aspirations, based on their experiences around seven months after the plan was completed.

Before doing so, it is important to reflect on the context in which the responses were made. Through the follow-up qualitative interviews it was clear that **while all families had received an EHC plan, the degree to which this was informing delivery varied.** Three broad categories were identified:

- Families who perceived that the EHC plan was playing a continuing role in delivery - approximately half of the 40 families interviewed
- Families who perceived that the EHC plan was not informing delivery, but who had taken part in other planning or review activities, such as an SEN Statement review or transition planning – representing less than a quarter of those interviewed

- Families who perceived that the EHC plan was not informing delivery and had not participated in any other planning reviews – less than a quarter of those interviewed.

While limited use of the EHC plan was not seen by families to have influenced the amount of support they received, it did affect their awareness of the reforms, including how their plan was being delivered. This in turn impacted on the degree to which families believed that their plans had resulted in change, where change had occurred, and the extent to which they were able to attribute it to EHC planning processes.

Child outcomes

We asked parents to report on the outcomes experienced by their child in terms of:

- Health and well-being
- Social contact and confidence
- Experience of education, and future aspirations.

Health and wellbeing

Table 36 and Table 37 show parents' responses to the two questions:

> *How is [child]'s health in general?*
>
> *If we define 'quality of life' as how someone feels overall about their life, including their standard of living, their surroundings, friendships and how they feel day-to-day, how would you rate [child]'s quality of life?*

The **Pathfinder was not found to have had an impact on parents' ratings of their child's health or quality of life**: parents reported very similar views of their child's health regardless of whether or not they took part in the Pathfinder Around seven in ten (68 per cent of Pathfinder and 72 per cent of comparison group) parents rated their child's health as 'very good' or good' (Table 36) and 75 per cent of both groups did so for quality of life (Table 37).

Table 36 Parental reported health of young person

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.239
Very good	31	31	-1	
Good	38	41	-4	
Fair	23	20	3	
Bad	7	6	2	
Very bad	2	2	0	
Refused	0	0	0	
Base: All parents/ carers	698	1000		

Source: Ipsos MORI survey data

Table 37 Parental reported quality of life of young person

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.590
Very good	28	27	1	
Fairly good	47	48	-1	
Neither	13	12	1	
Fairly poor	6	8	-2	
Very poor	3	3	0	
Don’t know	0	0	0	
Unable to say	2	2	0	
Base: All parents/ carers	698	1000		

Source: Ipsos MORI survey data

The qualitative work provided individual examples of where change had occurred in health and quality of life. Usually this was related to families feeling better supported, due to improved access to respite care or specialist health services:

“She gets her one-to-one and they also do physio three times a day…She used to suffer with really bad chest problems and since this has took place I think it's just made her [chest] that bit stronger.” (Mum, 0-4)

However, these examples were quite rare. More often than not families were unable to identify how the Pathfinder had led to any improvements in health and wellbeing. In addition, examples were provided of experiences that had not always been positive, such as where insufficient key working support had led to delays in finalising therapy arrangements, or where support was not being delivered due to a dispute with the care provider. In the latter case, having the care set out in the SEN Statement (not the EHC plan) had enabled the family to hold the service provider to account for breeching their duty to deliver it, leading to them having concerns about the legal status of EHC plans (although this may simply reflect timing).

Social contact, independence and confidence

Parents were asked a range of questions aimed at capturing whether the EHC planning process had resulted in any improvements in young people’s lives in terms of their confidence and level of independence. They were asked how confident their child was talking to adults (other than family members) (Table 38), how well they get on with their peers (Table 40), and how often they see friends (Table 39).

On each of these measures, there were no statistically significant differences in the confidence and independence of young people in the Pathfinder and comparison groups. Moreover, comparison families were more likely than Pathfinder families to report that their child got on with other people their age either ‘very well’ or ‘fairly well’ (63 per cent of Pathfinder families; 68 per cent comparison).

Table 38 Child/young person’s confidence talking with adults

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.341
Very confident	18	15	2	
Fairly confident	31	30	1	
Not very confident	26	28	-2	
Not at all confident	17	17	1	
Not applicable	8	10	-2	
Base: All Parent/carers	698	1000		

Source: Ipsos MORI survey data

Table 39 Frequency of seeing friends

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.971
At least once a week	39	36	3	
At least once a month	16	19	-3	
At least once a year	5	6	0	
Less often or never	30	27	3	
Don't know	1	1	0	
Not applicable	10	12	-2	
Base: All parent/carers	698	999		

Source: Ipsos MORI survey data

Table 40 How well child/young person gets on with other people of his/her age

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.215
Very well	20	20	1	
Fairly well	43	48	-5	
Not very well	24	22	1	
Not at all well	9	7	2	
Don't know	5	4	1	
Base: All Parent/carers	698	1000		

Source: Ipsos MORI survey data

Self-reported improvement in social outcomes was reported through both the initial and follow-up qualitative interviews. Usually, this was related to families having better access to respite support or one-to-one activities, thinking more carefully about social goals, or having more opportunity to manage their own care. For many families**, key to promoting choice and independence was having access to a personal budget**, or more control over how their budget would be spent. This had allowed families to promote independence, confidence and social contact in two main ways:

- Having the ability to employ their own carer, personal assistant or buddy – for example, somebody who the young person trusted and got along with, who could accompany them on trips and activities; or an assistant who was qualified to administer medications
- Being able to participate in an independent hobby or activity, such as after-school clubs.
  "He gets to mix with different age groups, and gets to do things that he can enjoy. He has opened up a lot now, he has grown up, you know" (Mum, 11-16).

Important to promoting confidence and social contact was also the way in which the EHC planning process was conducted. Giving young people the opportunity to participate in planning meetings was identified through the initial interviews as important. In the follow-up interviews, although less frequently reported, examples were also provided of how the review process has opened up opportunities:

"When I came to have the review [the child] did a PowerPoint which he presented to us, to me, about what he likes about school, what he's good at...a lot of it he did himself actually which they were really proud of." (Mum, 5-10).

At the same time, it was **common for families to report that lack of information and advice on local provision had impacted on how much the young person could benefit from any improvements in confidence or independence**. Information and guidance was specifically seen to be lacking in the following areas:

- Options for young people aged 19+, for example, day centres and short breaks provision in their area
- Information on how to find a personal assistant
- Leisure and social activities (outside school)
- Entitlements to personal budgets, direct payments or welfare benefits.

Where parents had accessed this information, it was often been because they had been signposted appropriately by their school or a key worker or because parents had themselves been proactive in seeking out activities or had been able to benefit from their professional background (e.g. sitting on a parent-carer council).

Experience of education and aspirations

Parents were asked whether the Pathfinder had led to improvements in education provision and outcomes. Through the initial and follow-up qualitative research, parents provided some examples of where change had taken place, usually through access to better support or improved joint working. For a few families, this had led to noticeable improvements in performance (in areas such as literacy and numeracy) and behaviour (less conflict), as well as non-academic benefits, such as increased confidence and life skills (e.g. handling money):

"Since having the [classroom assistance], since having [the plan] and having the help through it, the confidence, it has just gone from like zero to like ten." (Dad, 5-10)

Where this had occurred, a few enabling factors were identified:

- The plan had provided professionals in schools with a better understanding of the child's health need
- Planning meetings had facilitated open discussion between parents and education professionals about the best way to meet the child's needs. For example, parents had used review meetings to express concerns about the level of homework being set and teachers have adapted this accordingly.
- The plan had ensured that parents and professionals were applying more consistent strategies and techniques. For example, through collective goal setting and planning one family has implemented a reward star system that is used across the home and the school.

However, these enabling factors largely depended on whether (and how) the child's school was engaged in the planning process, and while promising, were not picked up in the telephone survey. **There was no significant evidence of the Pathfinder having had an impact on the extent to which their child enjoyed their educational setting**, with the vast majority of parents in both groups (81 per cent Pathfinder, 78 per cent comparison) agreeing that their child enjoyed themselves (see Table 41).

Table 41 Extent to which parents agree their child enjoys their educational setting

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.734
Strongly agree	50	52	-1	
Tend to agree	30	27	3	
Neither	6	9	-3	
Tend to disagree	6	6	0	
Strongly disagree	5	6	-1	
Don't know	2	1	1	
Base: All parents/ carers where CYP in education	670	960		

Source: Ipsos Mori Survey Data

During the survey, parents with children aged 14 and over were asked what they hoped their child might do from age 16 onwards, giving them the options of (parents could choose more than one):

1. Remain in school post 16 or go to college

2. Enter employment

3. Participate in training such as apprenticeship

4. None of these.

In Tables 42 and 43, we report on the responses of parents with children aged 14 or 15. While 31 per cent of Pathfinder parents aspiring for their children to remain in education were very confident that this would be feasible compared to 23 per cent of parents in the comparison group, this difference was only statistically significantly at a 10 per cent level). [18]

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[18] The percentages shows in Tables 42 and 43 are matched on the profile of families with children aged 14 and 15.

Table 42 Parents' post-16 aspirations for their child

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
Remain in education	97	92	6	0.124
Enter employment	26	28	-1	0.781
Start apprenticeship	33	42	-8	0.272
None of these	1	1	0	0.669
Don't know	1	1	0	0.521
Base: Parent/carers of young people aged 14 and 15	72	119		

Source: Ipsos MORI survey data

Table 43 Parents' confidence in getting appropriate post-16 education

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.052*
Very confident	31	23	8	
Fairly confident	50	34	16	
Not very confident	10	20	-10	
Not at all confident	3	18	-16	
Don't know	6	5	1	
Base: Parent/carers of young people aged 14 or 15 aspiring to post-16 education	70	107		

Source: Ipsos MORI survey data

While post-16 education may be the best destination for some children, it is important that it is not considered the only or preferred option:

"She's more pleased with herself because she knows she is doing a job as a part of a team of people that she's actually doing something that needs doing." (Mum, 17+)

Pathfinder families reporting a stronger preference for their child staying in school may reflect greater academic ambition, however it may also be linked to concerns about post-16 provision in Pathfinder areas in light of the reforms. Through the post-19 thematic research, it was clear that school is often seen as the 'safe' option, which can be comforting during a time of changing service delivery; and yet, as the above quote illustrates, it is might not be the best route for all young people. For some, post-16 education may be the best option; however for others a vocational path may be more suited.

Ensuring that a range of options are available - covering education, as well as employment, independent living and community participation (i.e. the Preparing for Adulthood outcomes[19]) – is therefore a priority, although also a work in progress. During the follow-up qualitative research, concerns were expressed by families about the support in place for those leaving school and transitioning into adult life. Individual examples were provided of EHC plans enabling young people to learn new skills for independent living (e.g. travelling and using money), or having the opportunity to get accustomed to spending time away from home. However, on the whole it was felt that post-19 support was insufficient, particularly where housing and employment options were concerned.

Parents interviewed between September and December 2014, whose children were in education, were asked if their child had started a new educational setting in that school year. Half (56 per cent) of Pathfinder families and a third (32 per cent) of comparison families reported that this was the case. **Of these, Pathfinder parents were statistically significantly more likely to agree that their child's move to a new education setting had gone smoothly**. Nine in ten (87 per cent) of Pathfinder parents agreed that it had, compared to 73 per cent of parents in the comparison group (Table 44).

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[19] http://www.preparingforadulthood.org.uk/outcomes.

Table 44 Young person's move to a new education setting went smoothly

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.024**
Strongly agree	58	52	6	
Tend to agree	29	21	9	
Neither agree nor disagree	1	8	-7	
Tend to disagree	5	8	-3	
Strongly disagree	5	10	-5	
Don't know	2	2	0	
Base: Parent/carers of CYP who started/moved to a new school/education setting in September	154	305		

Source: Ipsos MORI survey data

Through the follow-up qualitative research, specific examples were given to illustrate where EHC plans had had an impact on the transition process, namely from primary to secondary school. However, it was quite common for families to report that the Pathfinder had not had any impact on the transition, and more generally that school professionals had limited knowledge of the reforms. This finding was also highlighted in the thematic research on school engagement, where all of the schools consulted recognised the importance of ensuring effective transition, but the degree to which it was being facilitated differed. Parents reported variable levels of communication and joint working among schools, combined with variable awareness of and engagement in the EHC planning process.

In terms of their choice of 'post-transition' education setting, no significant differences were reported between Pathfinder and comparison families. The majority of parents whose children were moving setting had requested a specific setting (83 per cent of Pathfinder; 78 per cent comparison); approximately **nine in ten (92 per cent) of which had been successful in their request** (Table 45).

Table 45 Young person got the requested education setting

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.829
Yes	92	92	1	
No	8	9	-1	
Base: Parent/carers of CYP who started/moved to a new school/education setting in September which they were able to request	128	221		

Source: Ipsos MORI Survey Data

Parental outcomes

The impact of the Pathfinder on parental health and quality of life appears limited. Three quarters of parents in both groups rated their health as very good or good (Table 46), with no statistically significant differences.

Table 46 Self-reported parental health

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.905
Very good	33	34	-1	
Good	42	42	1	
Fair	19	18	0	
Bad	5	5	0	
Very bad	1	2	-1	
Refused	0	0	0	
Bases: All parents/ carers	698	1000		

Source: Ipsos Mori Survey Data

In terms of quality of life, parents were asked:

> *For many people, being in control of your daily life and having the choice to do things or have things done for you when you want are important. Do you feel that...?*
>
> *If we define 'quality of life' as how you feel overall about your life, including your standard of living, your surroundings, friendships and how you feel day-to-day, how would you rate your quality of life?*

As was the case with health outcomes, no statistically significant differences were found in how Pathfinder and comparison parent felt about the extent of their daily control (Table 47).

Table 47 Parental control over daily life

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.287
In control of daily life	64	62	2	
Some control over your daily life	32	34	-2	
No control over daily life	3	4	0	
Don't know	1	1	0	
Refused	0	0	0	
Base: All parents/ carers	698	1000		

Source: Ipsos MORI survey data

Table 48 Parental quality of life

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.092*
Very good	33	30	4	
Fairly good	48	50	-1	
Neither	12	12	-1	
Fairly poor	4	6	-2	
Very poor	1	1	0	
Don't know	0	0	0	
Refused	1	0	1	
Base: All parents/ carers	698	1000		

Source: Ipsos MORI survey data

As with outcomes for children and young people, the follow-up qualitative work showed some signs of improvement. Families that felt the right level of services and support were in place to meet their child's needs usually felt better supported, less stressed and reassured. Often these related to the planning process *per se*, with examples drawn from small numbers of cases including:

- Parents felt **reassured** that things were happening, that concerns were being addressed and that people were accountable for their actions, in cases where they had received little support prior to the Pathfinder.
- Parents felt **enabled** in some cases to better understand and manage their child's behaviours, due to the process of action planning in collaboration with professionals.
- Parents felt **better supported** as a result of new or improved relationships with professionals. Having a support network of professionals to draw on reduced the stress experienced by one parent:

  "I know that all those things are there and they happened, like they have all said like anything, you know, if there is anything you need, just to come back in for it, you know." (Mum, 11-16)

  However, often this was reliant upon schools providing appropriate support, which was not always in place, due to capacity issues or limited awareness of the reforms among school practitioners (relative to existing provision)

- Parents had to **repeat themselves less frequently** and in some cases attended fewer appointments. This was dependent on having a detailed and comprehensive plan in place, which was reviewed routinely and shared effectively among professionals.

Change in service receipt resulting from plans had also in some cases brought benefits to parents. For example, where the plan had supported a transition to a preferred education setting, or to additional support within an existing school, it had often brought **reassurance** that their child was supported:

"He has what he needs; he's in the right school and is flourishing. The weight off my shoulders is like nothing before." (Mum, 5-10)

Having access to personal budgets was also found to have led to greater confidence among a few families that their child was receiving the best care available (as it allowed the family to choose the personal assistant, for example), while improved access to respite care, school or holiday clubs, or extra hours from a personal assistant, had eased the burden in some cases:

"Now I can help my other children, which I've got time for them now…so I can actually pick my own children up from school and take them to school. I've never been able to really do that." (Mum, 5-10).

However, where the process had not worked well, negative outcomes were experienced. These tended to relate to the planning and support process, rather than the services/ support outlined within the plan, and were most prevalent among those who perceived that the EHC plan was not informing delivery, or who felt that they no longer had any support systems in place. For example, a few participants had experienced anxiety or stress at not having heard about the Pathfinder since finalising the plan, most commonly when the young person was aged 16+ and no longer in the education system. Others raised concerns at having to drive the review process themselves, including updating the plan or writing new plans to be used by professionals. And in some cases review meetings themselves had created anxiety, when the purpose and format of the meeting had not been clear, and parents felt that they were at risk of losing their services.

Concerns such as these highlight the importance of getting the process right, and in ensuring that (key working) support does not stop when the plan is signed off.

Summary

Overall, a mixed picture was provided of the extent to which the Pathfinder had led to positive change for children and parents. Pathfinder parents reported improvements in transitions between educational settings (certainly between primary and secondary schools), however no evidence was found - at least in the short-term – that the Pathfinder had had a significant impact on the perceived health or quality of life of the child or young person, or young people's levels of confidence or independence. While there were some self-reported impacts captured in the qualitative work (which had improved between initial and follow-up interviews), such changes did not show through the survey, suggesting that they are not widespread. This may be an issue of timing, with outcomes taking time to manifest.

The variability in outcomes may be linked to the degree to which EHC plans were seen to be informing ongoing delivery. The follow-up qualitative interviews indicated wide variation in this respect, with some families reporting that support was still being delivered through alternative systems (e.g. SEN Statement, school planning processes). This in turn had led to anxiety and uncertainty among some parents about the future of services (including EHC plans), as well as frustration that support had diminished since their plans had been signed off. This may explain why Pathfinder parents were more likely than comparison parents to hope that their child remained in post-16 education; as it was a continuation of the previous provision and hence represented a safe option. While for some young people, post-16 education may be the best option, others may benefit much more from pursuing alternative paths, such as vocational training.

Ensuring that positive outcomes were achieved was therefore identified as a work in progress, for which the role of those working in a day-to-day capacity with families (e.g. school staff) came through as critical.

7: Impacts on different subgroups of families

KEY FINDINGS

- On the whole, the Pathfinder had a positive impact across all families, regardless of demographic profile and needs
- However, for some outcomes there were differences between sub-groups. For example, families with young people aged 11+ were most likely to state greater satisfaction with processes than comparison families; and similarly families with male children reported more positive experiences across outcomes such as the suitability of support provided and the degree to which services had worked together
- In terms of variations in experience among different Pathfinder families, those who had received support from a key worker were significantly more likely to be positive than those who did not have a key worker. Similarly, those who had received more services through their EHC plans were more likely to be positive about their experiences than those who had received the same or less
- Having access to a personal budget did not appear to have had a significant influence on Pathfinder families' experience, even though direct payments did. However, this contrasted with the findings gathered through the qualitative research, suggesting that further research is required in this area before it can be considered conclusive.

Families with different demographics and needs

Chapters 3 to 6 describe the impact of the Pathfinder on parents, children and young people, looking across the full range of families interviewed. Across a wide range of measures, the experiences of Pathfinder families were more likely than those of comparison families to be positive. However, it is important to explore how well the EHC planning approach works for *different* sub-groups of families. Does it result in positive impacts across families with different demographic profiles or needs, or are there some groups of families for which it works less well?

Annex A includes tables on five key measures which were used to compare the outcomes of different sub-groups of families. Comparing Pathfinder families with their matched comparators[20], we reviewed the impact of the single plan among:

- Families with children and young people of different ages: under 5; 5 to 10; 11 to 16; 17 and over (Annex A tables 55 to 74)
- Families with boys and girls (Annex A tables 75 to 84)

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[20] A separate propensity score match exercise was undertaken for each subgroup to ensure that the Pathfinder and comparison families were well-matched within the subgroup.

- Families going through different referral and assessment processes: LDA; newcomer to SEN; existing SEN (Annex A tables 85 to 99)
- Families in different social classes: ABC1; C2DE[21] (Annex A tables 100 to109)
- Families with parents of different education levels: Level 4 or above; Level 3 or below; no formal qualifications (Annex A tables 110 to 124)
- Families with children and young people eligible for different services: education; social care; specialist health (Annex A tables 125 to 139
- Families with children and young people with different needs: cognitive and learning; behavioural, emotional and social; physical and sensory (Annex A tables 140 to 159).

As the sample sizes among these sub-groups were considerably smaller than in the 'all family' analysis presented in earlier chapters, we were less able to detect statistically significant impacts between sub-groups of Pathfinder and comparison group families. Rather, the overall pattern of results was analysed, regardless of statistical significance, to provide an indication of how the Pathfinder had worked for different types of families. A summary of findings across the key indicators is provided in the table below and in the text that follows. The results included refer to the highest response category available (i.e. strongly agree, very satisfied).

Table 49: Percentage point differences in the highest category responses of Pathfinder and comparison group families, by sub-group

Sub-group	**Family's views taken into consideration** (pp difference strongly agree)	**Services worked closely together** (pp difference strongly agree)	**Satisfaction with processes** (pp difference very satisfied)	**Whether support suitable for needs** (pp difference strongly agree)	**Parental quality of life** (pp difference very good)
Age of child					
Under 5	10	8	7	-3	-12
5 to 10	7	2	6	7	6
11 to 16	11	15	6	13	8
17 or over	19	16	16	8	5
Gender of child					
Female	5	7	5	0	4
Male	14	11	8	12	4
Sample type					
LDA	16	16	20	18	7
SEN newcomer	16	10	8	7	0
SEN existing	6	13	4	9	5

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[21] We also looked at AB; C1C2; DE and found the same pattern of results.

Sub-group	**Family's views taken into consideration** (pp difference strongly agree)	**Services worked closely together** (pp difference strongly agree)	**Satisfaction with processes** (pp difference very satisfied)	**Whether support suitable for needs** (pp difference strongly agree)	**Parental quality of life** (pp difference very good)
Social grade					
ABC1	7	10	5	4	2
C2DE	14	9	6	11	4
Parents' qualifications					
Level 4 or above	7	8	3	1	-3
Level 3 or below	12	5	6	9	9
No qualifications	6	15	4	0	-5
Services received					
Education	12	10	8	8	4
Specialist health	10	6	10	6	1
Social care	11	12	16	13	6
Main SEN need					
Cognition and learning	9	6	5	11	4
Behaviour, emotional, social	11	1	8	14	4
Communication and interaction	7	10	5	8	7
Physical and/or sensory	13	5	5	5	5

Source: Ipsos MORI survey data

Overall, the Pathfinder approach was found to have been positive across all family types on almost all indicators. In certain cases, the percentage point difference in outcomes between Pathfinder and comparison families was different for some sub-groups. For example:

- Pathfinder families with male children were more likely than those with female children to strongly agree that (relative to comparison families): their views had been taken into consideration; services had worked more closely together; they were satisfied with processes; and the support was suitable for their needs
- Change in satisfaction with processes and the suitability of support resulting from the Pathfinder was greater for Pathfinder families with an LDA than it was for those either new to the system or with an SEN Statement
- Families with young people aged 11 years+, and particularly those in the 17+ bracket, were most likely to report improvements, namely in: their views being better considered; services working more closely together; and greater satisfaction with processes.

However, across each of the measures, for each of the subgroups, the pattern of results for sub-groups largely replicated that identified in the ‘all family’ analysis, with no clear pattern of differences emerging.

Differences across Pathfinder families

Alongside undertaking analysis of different sub-groups, we looked at how experiences among different Pathfinder families, based on three main factors:

- Whether they were eligible for more or less support than previously (i.e. prior to an EHC plan)
- Whether they had access to a key worker
- Whether they were in receipt or not of direct payments or individual budgets.

An overview of the findings is provided in Table 50, with more detailed data provided in Annex A.

Table 50: Percentage point differences in the highest category responses within Pathfinder families, by sub-group

Sub-group	Family's views taken into consideration (pp difference strongly agree)	Services worked closely together (pp difference strongly agree)	Satisfaction with processes (pp difference very satisfied)	Whether support suitable for needs (pp difference strongly agree)	Parental quality of life (pp difference very good)
Eligibility for services (more versus less than before single plan)	13	6	14	14	-5
Key worker (vs not)	10	13	9	13	-4
Personal budget (vs not)	4	-3	-9	-8	-6
Direct payment (vs not)	5	5	6	9	5

Source: Ipsos MORI survey data

Parents were asked whether they perceived their child as being eligible for more, less or the same amount of services prior to their EHC plan. We compared the responses of those eligible for more to those eligible for the same or less, to test whether their reported experiences differed depending on the changes in service provision (Annex A tables 160 to 164). Overall, **those who reported getting more services were significantly more likely to be positive about their experiences than those reporting receiving the same or less**; a finding which was also picked up in the follow-up qualitative interviews.

Equally, **those who had received support from a key worker were significantly more likely to be positive about their experiences than those who did not have a key worker** (Annex A tables 165 to 169). Key working was shown to have had a particular impact on how closely services had worked together and the suitability of support being delivered; an unsurprising finding given than throughout the evaluation the importance of effective key working support has been highlighted. And yet, as the follow-up interviews indicated, the degree to which key working support has been provided post-completion of plans has been patchy, and largely reliant upon the engagement of school-based staff, who had variable understanding of the reforms.

Lastly, in regard to the third category, there was **little evidence to suggest that Pathfinder families' experiences differed according to whether they were in receipt of a personal budget,** although differences were reported for direct payments (Annex A tables 170 to 179). Given that many of the participants in the follow-up interviews suggested that having a personal budget had improved their experience of the EHC planning process (e.g. in increasing their sense of choice and control), this finding may seem surprising. However, the fact that many families still have uncertainty or anxiety about having a personal budget (i.e. whether they have the necessary budget management skills), may have been at play. It is suggested that further analysis is undertaken to explore these findings.

8: Assessment of costs and benefits

KEY FINDINGS

- The costs used in this chapter are drawn from the thematic research, reported previously. They focus on the differential costs to develop and agree an EHC Plan.
- It is expected that delivery of the Plan will on average be more expensive than the Statement. However, the limited data available means that there are a number of underpinning assumptions around this finding as to how far it is representative for all areas and age groups, or whether the costs will change over time.
- The survey of Pathfinder families found that around 8 per cent reported that their experience of the process had improved. Setting this against the additional costs of delivery suggests a cost per additional satisfied family of £3,175.

This chapter looks at the benefits which have arisen to families as a result of the new EHC planning process, and compares these to the costs incurred. We begin by describing the data that we have used and the strengths and issues around that data. This is then followed by the derivation of some ratios of costs against benefits.

Cost estimates

The original impact report (October 2013) [22] set out a series of costs relating to implementation of the reforms. This included the grant funding provided by DfE to Pathfinders and the in-kind staff time involved at a local level.

Since then DfE has provided further ‘set-up’ funding to the Pathfinders and all other local authorities in England to assist with their transition costs (as described in Chapter 1). We have not however included these costs in our calculations, as their scope is geographically broad, covering the cohort of Pathfinder families included in this report, as well the original cohort of Pathfinder families, and families who come later who benefit from the costs incurred in moving to the new system. Our calculations below relate to the first of these groups (the second cohort of Pathfinder families), which is a relatively small share of the total numbers of families who will eventually receive an EHC plan. Therefore, including the set-up costs would significantly over-state the costs involved in supporting these families.

Instead, our costs estimates have been derived from the additional costs of a Pathfinder family receiving a plan, drawing from our thematic research on this subject[23]. The thematic research set out estimates of the additional costs in five Pathfinder areas, for two exemplar individual case studies. The results are shown in Table 51. It

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[22] https://www.gov.uk/government/publications/impact-evaluation-of-the-send-pathfinder-programme

[23] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/342285/RR356B_-_Comparative_Costs_Evaluation.pdf

demonstrated that there was inconsistency in the direction of change between the costs of delivering the SEN Statementing vs the EHC planning process across areas, with:

- Case study 1 - three areas estimating the new process would mean each case would take more time to deliver, and two areas estimating it would each case would take less time
- Case study 2 - three areas estimating an increase in the cost per case, and one a decrease.

The reduction in costs experienced by two of the areas (B and C) was driven by a change in the staging of the EHC planning process relative to the traditional process. This involved assessments being undertaken up-front prior to the point of referral in the new process, leading the costing of these assessments to fall outside of the estimates derived by this research. The research concluded that were these costs to be included in the estimates of the new process for the two areas, the costs would rise, and as a result, at least one of the two areas would show rising costs.

Table 51: Cost comparison of old and new processes

	Area A	Area B	Area C	Area D	Area E
Case study 1					
SEN Statement	£1,418	£1,139	£2,062	£1,192	£1,593
EHC planning	£1,976	£734	£1,799	£1,488	£2,147
Absolute change	£558	-£405	-£263	£296	£554
Case study 2					
SEN Statement	£1,386	£984	£1,492	£1,320	N/A
EHC planning	£1,940	£728	£1,709	£1,580	N/A
Absolute change	£554	-£256	£217	£260	

Source: SQW Pathfinder cost focus groups

Therefore, for the purposes of this exercise we have assumed that these (unknown) costs are included. To do so we have assumed that:

- In area C the new approach is cost neutral (i.e. £0)
- In area B, case study 2 is cost neutral and case study 1 shows a cost saving. We have subtracted £250 from the costs of case study one (broadly in line with the other reductions assumed), bring the cost saving down to £155.

Based on these assumptions the **average net additional cost per case is £254.**

Although this is the figure we use below, there are some important caveats around this figure which should be noted. It assumes that:

- The five areas chosen are representative of the population – we think this is a reasonable assumption
- The two case studies are representative of all cases. The average costs of cases 1 and 2 are very similar, which provides confidence that this is the case. However, the two cases are both for school aged children only. It is uncertain what difference this might make
- The figures which have been calculated for new cases also hold for translations from SEN Statements to EHC plans. While it is conceivable that translations will be less time intensive, our understanding of the Pathfinders was that they took all families through the same process
- The costs of the new system may come down in time as people get used to the new ways of working. However, we have no evidence to substantiate this or quantify it
- The costs do not include any additional costs incurred through EHC plans providing additional resource or any saving made if the new processes lead to fewer disputes and so Tribunal cases.

Estimating benefits

It is possible to view the benefits of the programmes in two ways:

- Through families being more **satisfied** with the process
- Through improved **outcomes**, such as quality of life, gained by families as a result of improved plans.

In terms of satisfaction, Table 20 above demonstrated a positive improvement due to the Pathfinder, with 72 per cent of families now very or fairly satisfied, compared to 64 per cent previously (an increase of eight percentage points).

Therefore, for every additional 100 families going through the process, eight would be more satisfied. The additional costs of the supporting the 100 families would be (£254 * 100) £25,400. Therefore, **the cost per additional satisfied family is (£25,400 / 8) £3,175.**

We have not been able to source any benchmark data for comparison purposes.

The data on longer term outcomes is less conclusive around the impact of the new processes. As described in Chapter 6 there were no significant differences in terms of the outcomes reported for young people. Amongst parents there was a shift in aspiration around a change in educational setting post-16 and about the smoothness of transition. However, it is not possible to value these, and they are likely to be tied closely to wider satisfaction with the process as captured above.

A small difference was identified in parental quality of life. However, this was only statistically significant at the 10 per cent confidence level, and the extent of net change was just 1per cent. For these reasons, we have not been able to calculate a benefit-cost ratio at this point, although it may be something to return to later as more evidence of impact emerges.

9: Conclusions and implications

This final chapter draws together the evidence from the report to set out a series of conclusions and to identify issues which appear to require further consideration as the changes introduced through the SEN&D reforms bed down across England. It illustrates that mixed progress had been reported by the Pathfinder families relative to the comparator group, which largely mirrors the findings from the previous impact assessment. **In short, the data suggest that the process has improved for families, often in ways that are statistically significant but with quite limited numbers reporting improvement. The data around improved outcomes for families is much less conclusive to this point.**

Context

This report is the last of many produced through this project since 2011 (see Annex C). Through the first period, to 2013, the focus was on how well the Pathfinders were implementing the new approach, the issues and challenges that they were facing, and the experiences of families and staff that resulted. We tracked the development over time, detailing the ways approaches evolved in local areas and noting a series of common challenges, for example around the development of the Local Offer, staff development and the engagement of other partners.

These issues provided the focus for the thematic studies undertaken in late 2013 and through 2014. The thematic research highlighted both the on-going efforts to address these issues, but also the difficulties in doing so. The challenges varied across the elements, but often came down to difficulties in translating the vision into practical action and having sufficient resources to implement changes that were desired. Similar challenges were faced across locations and partners from different service areas.

The first phase of research also included gathering feedback from the initial group of families who received an EHC plan. This was a much smaller number than reached for this report. Their feedback suggested that families were 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.

Despite this, the earlier work found no consistent statistical evidence of the Pathfinder approach having had an impact on wider child and parent outcomes. This could be explained by the fairly small amount of time that had passed from completing the plan to the interview, or because the change in process is not sufficient to drive a change in outcomes.

This final phase of the evaluation therefore had some important questions to answer including: could the initial rise in satisfaction with process be maintained for larger numbers or indeed increased as the new approach was refined; and could the new approach demonstrate an ability to improve outcomes?

Families' experience of the process

The family survey found improvement across a wide range of variables relating the process of getting an EHC plan. This was in line with the feedback from the qualitative research. For many, but not all variables, the positive differences noted were statistically significant (see Table 52). Families who had received an EHC plan through the Pathfinder were statistically more likely to report that their views had been taken in to account and their views had been sought and listened too. **This suggests a more family-centred approach, as was intended**. There is also evidence to indicate that the **process was more joined up and integrated, and that the plan was delivered in a more acceptable timescale**, again as was envisaged in the original policy. These types of improvement feed in to **higher overall satisfaction with the process**.

However, there are several important caveats to this positive picture:

- For some of the variables there was no statistically significant improvement, although the number of these variables was outweighed by related questions which did show a positive difference
- **Many of the statistically significant improvements noted were a result of incremental changes**. Across these variables in Table 52 the size of improvement ranges from 5-15 per cent, reflecting incremental rather than transformative change
- **Despite the improvement around the process there was no statistical change in the extent to which families thought the decisions reached were fair**. Around 20 per cent remain dissatisfied. While too early to tell this might indicate that it will be difficult to achieve the hoped for reduction in Tribunal cases without further improvements around the process
- **In some areas where there has been improvement, there remain a significant percentage of families who are not satisfied**.

Table 52 Summary of statistically significant improvements around the plan process

Variable	Net improvement (percentage points)
…that illustrated statistically significant improvement as a result of the Pathfinder	
Understanding of the decisions made about the support the child or young person was eligible to receive (strongly or tend to agree)	+6pp
Parents views being taken into consideration in assessment and reviews (strongly or tend to agree)	+11pp
Parents being encouraged to think about what they wanted (strongly or tend to agree)	+8pp
Parents suggestions being listened to during the assessment and planning process (strongly or tend to agree)	+8pp
Parents feeling the decisions made about their child's support reflected the family's views (a great deal or fair amount)	+6pp
Children and/or young people having a say in the support planning process (strongly or tend to agree)	+7pp
The assessment and planning process to get support had been straightforward (strongly or tend to agree)	+11pp
Planning had been undertaken jointly across services	+12pp
Professionals/services working closely together (strongly or tend to agree)	+9pp
Parents reporting that support planning had been undertaken jointly	+12pp
The various professionals involved in a child's assessment had shared information well (very or fairly well)	+9pp
Parents reporting they had at least one key worker working with their family (one, more than one)	+13pp
Parents' confidence in the main professional to help them get support	+5pp
Overall satisfaction with the assessment and planning processes and within this, satisfaction with the processes to get educational support and social care services (very or fairly satisfied)	Overall: +8pp Education: +8pp Social care: +13pp Specialist health: +9pp
Length of the assessment and planning process (about right)	+16pp

…that did not illustrate statistically significant improvement as a result of the Pathfinder	
Levels of understanding about the assessment and planning processes (strongly or tend to agree)	+2pp
Parents needing to explain their child's needs on multiple occasions (strongly or tend to agree)	+0pp
Extent to which all young person's needs were taken into account in separate support planning processes	+4pp
Awareness of the Local Offer (have looked at it, or heard of it but not looked at it)	+4pp
Perceived fairness of the decision about support	+4pp

Source: Ipsos MORI survey data

NOTE: Net improvement shows the percentage point difference between Pathfinder and comparator families that had responded positively to the relevant statement, for example those that had both 'strongly agreed' and 'tended to agree'

The Local Offer is one area where further progress is needed. Just a quarter of Pathfinder families reported having looked at it, and half of those who had, reported finding it useful. These findings probably reflect the time it took Pathfinders to develop their Local Offer compared to initial expectation, but they do highlight the considerable distance that many still had to go at the time of the research.

Similarly, in terms of being a more straightforward and joined up process, although there was progress there is still some way to go. Almost 40 per cent reported that they did not find the process straightforward and 22 per cent that information was not well shared between agencies. Similarly, there is scope to improve the engagement of children and young people in the process, with 21 per cent disagreeing that they had had a say (and this excludes cases where parents reported it was "not applicable" that they should).

Meeting needs and families' experience of change

In terms of the delivery of services, Pathfinder families again reported some improvements which are illustrated in Table 53. **This shows some positive improvement in relation to choice and the sufficiency of provision**. However, as above there is further work to do with 43 per cent still saying there was not enough choice of provider and 39 per cent receiving only some of support that they thought they were entitled to.

The latter was also picked up in the **qualitative work which highlighted a number of families where plan delivery appeared to have slipped back and where review arrangements appeared to be weak or not in place. These are really important issues looking forward if the gains made through the process are to be sustained**.

Table 53 Summary of statistically significant improvements illustrated by the interim impact analysis

Variable	Net improvement (percentage points)
…that illustrated statistically significant improvement as a result of the Pathfinder	
Right amount of choice of providers	+7pp
Child/young person is receiving all or most of services they need	+8pp
Support is suitable for the Child/young person's needs	+6pp
Whether support services were better or worse than before (better)	+17pp
…that did not illustrate statistically significant improvement as a result of the Pathfinder	
Amount of support entitled to, compared to previously (a lot or little bit more)	+2pp

Source: Ipsos MORI survey data

NOTE: Net improvement shows the percentage point difference between Pathfinder and comparator families that had responded positively to the relevant statement, for example those that had both 'strongly agreed' and 'tended to agree'

Outcomes experienced as a result of the process

The family survey found little evidence of significant improvements in parental outcomes or in either children's health or quality of life (see Table 54). The qualitative work did find families reported outcomes, but they often expressed these in terms of access to services rather than a change in receipt of services leading to improved wellbeing. The lack of positive findings around outcomes may reflect:

- Timing – it will take time for these changes to lead to outcomes
- That changing the system to get support may not change outcomes if much of the support delivered (both quality and quantity) remains the same.
- That it is much harder to shift outcomes, and the changes made through the Pathfinders may not have been sufficiently different for enough families to show up at an aggregate level
- That the outcomes for these families are very subtle and have not been picked up through the questions asked, although they follow similar questions asked elsewhere.

Table 54 Summary of changes in outcomes

Variable	Net improvement (percentage points)
…that illustrated statistically significant change as a result of the Pathfinder	
Parents post-16 aspirations for their child – remain in education	+12pp
Parents post-16 aspirations for their child – enter employment	-10pp
Parents post-16 aspirations for their child – start an apprenticeship	-8pp
Parents' confidence in getting appropriate post-16 education (very or fairly confident)	+23pp
Young person's move to a new education setting went smoothly (strongly or tend to agree)	+15pp
Parental quality of life (very or fairly good), a 10 per cent confidence interval	+3pp
…that did not illustrate statistically significant improvement as a result of the Pathfinder	
Parental report of the health of their child (very good or good)	-5pp
Parental report of the quality of life of their child (very or fairly good)	0pp
Young person's confidence speaking to adults (very or fairly confident)	+3pp
How well the young person gets on with other people of their age (very or fairly well)	-4pp
How often the young person sees their friends (at least once a week or once a month)	0pp
Extent to which parents agreed their child enjoyed their educational setting (strongly or tend to agree)	+2pp
Young person got their requested educational setting	0pp
Self-reported parental health (very good or good)	0pp
Parental control over daily life (in control or some control)	0pp

Source: Ipsos MORI survey data

NOTE: Net improvement shows the percentage point difference between Pathfinder and comparator families that had responded positively to the relevant statement, for example those that had both 'strongly agreed' and 'tended to agree'

Concluding comment

The evaluation evidence suggests that the Pathfinders have achieved a positive direction of travel. They have in general improved the process families go through to get an EHC plan and so support for the needs of their child. Families seem to recognise this improvement across a range of indicators and so are more satisfied with the process. However, as noted above there are some significant caveats to this positive picture. In particular that:

- We found very little evidence of improved outcomes – and these may need to be tracked over a longer period
- Even where improvements had been made there remain some issues where the level of satisfaction appears lower than might be hoped for.

The findings are very much in line with those reported previously by the evaluation in 2013 and 2014. They may indicate that while the initial progress has been sustained it is questionable how far it has been built on to deliver further improvements. This emphasises the on-going job that DfE, local authorities and others have in taking the reforms forward and further refining and improving local delivery. The Pathfinders have made a start in implementing the SEN&D reforms, but more remains to be done before the original aspiration could be said to have become the reality.

Annex A: Additional tables from the sub-group analysis

Age of child

Under 5

Table 55 Extent to which parents agreed that families' views were taken into consideration

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.131
Strongly agree	57	46	10	
Tend to agree	31	33	-2	
Neither	3	6	-3	
Tend to disagree	5	7	-2	
Strongly disagree	4	8	-4	
Don't know	1	0	1	
Base: All parents/carers with a child aged under 5	150	71		

Source: Ipsos MORI survey data

Table 56 Extent to which parents agreed services worked closely together

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.089*
Strongly agree	49	41	8	
Tend to agree	28	20	8	
Neither	3	12	-9	
Tend to disagree	8	14	-6	
Strongly disagree	5	8	-3	
It varies	3	1	2	
Don’t know	3	4	-1	
Base: All parents/carers with a child aged under 5	150	71		

Source: Ipsos MORI survey data

Table 57 Satisfaction with the processes

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.063*
Very satisfied	37	30	7	
Fairly satisfied	43	40	2	
Neither	7	5	2	
Fairly dissatisfied	5	13	-7	
Very dissatisfied	5	12	-7	
Don't know	2	1	1	
No services received	2	0	2	
Base: All parents/carers with a child aged under 5	150	71		

Source: Ipsos MORI survey data

Table 58 Extent to which respondents agree that support is suitable for young person's needs

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.948
Strongly agree	43	46	-3	
Tend to agree	38	34	4	
Neither	9	6	3	
Tend to disagree	3	9	-5	
Strongly disagree	2	3	-1	
Don't know	3	2	1	
No services received	2	0	2	
Base: All parents/carers with a child aged under 5	150	71		

Source: Ipsos MORI survey data

Table 59 Parental quality of life

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.267
Very good	29	40	-12	
Fairly good	56	44	12	
Neither	12	14	-2	
Fairly poor	2	0	2	
Very poor	1	1	0	
Base: All parents/carers with a child aged under 5	150	71		

Source: Ipsos MORI survey data

5 to 10

Table 60 Extent to which parents agreed that families' views were taken into consideration

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.149
Strongly agree	49	43	7	
Tend to agree	34	38	-4	
Neither	8	7	1	
Tend to disagree	5	8	-3	
Strongly disagree	4	4	0	
Don't know	0	1	-1	
Not applicable	1	1	0	
Base: All parents/carers with a child aged 5-10	195	311		

Source: Ipsos MORI survey data

Table 61 Extent to which parents agreed services worked closely together

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.613
Strongly agree	39	37	2	
Tend to agree	28	30	-2	
Neither	5	6	-1	
Tend to disagree	11	11	0	
Strongly disagree	10	10	0	
It varies	3	3	1	
Not applicable	0	1	-1	
Don't know	4	3	2	
Base: All parents/carers with a child aged 5-10	195	311		

Source: Ipsos MORI survey data

Table 62 Satisfaction with the processes

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.124
Very satisfied	34	28	6	
Fairly satisfied	38	41	-3	
Neither	8	9	-1	
Fairly dissatisfied	7	11	-4	
Very dissatisfied	8	9	-1	
Don't know	1	1	0	
No services received	4	2	3	
Base: All parents/carers with a child aged 5-10	195	311		

Source: Ipsos MORI survey data

Table 63 Extent to which agree that support is suitable for young person's needs

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.081*
Strongly agree	40	33	7	
Tend to agree	33	40	-7	
Neither	8	10	-1	
Tend to disagree	8	8	0	
Strongly disagree	4	5	-2	
Don't know	4	3	1	
No services received	4	2	3	
Base: All parents/carers with a child aged 5-10	195	311		

Source: Ipsos MORI survey data

Table 64 Parental quality of life

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.066*
Very good	39	33	6	
Fairly good	44	50	-7	
Neither	10	11	-1	
Fairly poor	5	6	-1	
Very poor	0	1	-1	
Don't know	1	0	1	
Refused	2	0	2	
Base: All parents/carers with a child aged 5-10	195	311		

Source: Ipsos MORI survey data

11 to 16

Table 65 Extent to which parents agreed that families' views were taken into consideration

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.003**
Strongly agree	44	33	11	
Tend to agree	38	35	4	
Neither	6	8	-2	
Tend to disagree	7	11	-4	
Strongly disagree	4	10	-6	
Don't know	0	3	-3	
Not applicable	0	1	-1	
Base: All parents/carers with a child aged 11-16	240	409		

Source: Ipsos MORI survey data

Table 66 Extent to which parents agreed services worked closely together

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				<0.001**
Strongly agree	42	27	15	
Tend to agree	28	32	-4	
Neither	3	5	-2	
Tend to disagree	10	11	0	
Strongly disagree	9	20	-11	
It varies	5	2	2	
Not applicable	2	0	1	
Don't know	2	3	-1	
Base: All parents/carers with a child aged 11-16	240	409		

Source: Ipsos MORI survey data

Table 67 Satisfaction with the processes

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.006**
Very satisfied	31	25	6	
Fairly satisfied	38	33	5	
Neither	11	7	4	
Fairly dissatisfied	8	15	-7	
Very dissatisfied	5	14	-9	
Don't know	5	1	4	
No services received	3	5	-3	
Base: All parents/carers with a child aged 11-16	240	409		

Source: Ipsos MORI survey data

Table 68 Extent to which agree that support is suitable for young person’s needs

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				<0.001**
Strongly agree	38	25	13	
Tend to agree	40	38	2	
Neither	7	9	-2	
Tend to disagree	3	12	-9	
Strongly disagree	4	8	-4	
Don't know	5	2	3	
No services received	3	5	-2	
Base: All parents/carers with a child aged 11-16	240	409		

Source: Ipsos MORI survey data

Table 69 Parental quality of life

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.081*
Very good	33	24	8	
Fairly good	48	54	-6	
Neither	12	13	0	
Fairly poor	5	9	-4	
Very poor	1	0	1	
Don’t know	1	1	0	
Refused	1	0	1	
Base: All parents/carers with a child aged 11-16	240	409		

Source: Ipsos MORI survey data

17 or over

Table 70 Extent to which parents agreed that families' views were taken into consideration

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.024**
Strongly agree	50	31	19	
Tend to agree	32	35	-3	
Neither	8	5	3	
Tend to disagree	2	11	-9	
Strongly disagree	5	14	-9	
Don't know	3	1	2	
Not applicable	0	3	-3	
Base: All parents/carers with a child aged 17 or over	112	209		

Source: Ipsos MORI survey data

Table 71 Extent to which parents agreed services worked closely together

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.210
Strongly agree	38	22	16	
Tend to agree	26	35	-9	
Neither	5	4	2	
Tend to disagree	12	5	7	
Strongly disagree	14	24	-10	
It varies	2	3	-1	
Not applicable	1	4	-3	
Don't know	3	5	-2	
Base: All parents/carers with a child aged 17 or over	112	209		

Source: Ipsos MORI survey data

Table 72 Satisfaction with the processes

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.026**
Very satisfied	29	13	16	
Fairly satisfied	39	37	2	
Neither	4	19	-14	
Fairly dissatisfied	10	7	3	
Very dissatisfied	11	18	-7	
Don't know	4	2	2	
No services received	3	4	-2	
Base: All parents/carers with a child aged 17 or over	112	209		

Source: Ipsos MORI survey data

Table 73 Extent to which agree that support is suitable for young person's needs

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.216
Strongly agree	32	24	8	
Tend to agree	44	41	2	
Neither	11	13	-2	
Tend to disagree	3	10	-7	
Strongly disagree	5	6	-1	
Don't know	3	1	2	
No services received	3	5	-2	
Base: All parents/carers with a child aged 17 or over	112	209		

Source: Ipsos MORI survey data

Table 74 Parental quality of life

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.374
Very good	31	26	5	
Fairly good	46	50	-4	
Neither	13	13	1	
Fairly poor	7	5	2	
Very poor	2	5	-3	
Don’t know	0	0	0	
Refused	0	1	-1	
Base: All parents/carers with a child aged 17 or over	112	209		

Source: Ipsos MORI survey data

Gender

Female

Table 75 Extent to which parents agreed that families' views were taken into consideration

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.207
Strongly agree	49	44	5	
Tend to agree	33	30	3	
Neither	5	6	-1	
Tend to disagree	7	11	-4	
Strongly disagree	5	8	-3	
Don't know	0	1	0	
Not applicable	0	0	0	
Base: All parents/carers with a child who is female	220	275		

Source: Ipsos MORI survey data

Table 76 Extent to which parents agreed services worked closely together

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.348
Strongly agree	38	31	7	
Tend to agree	28	36	-8	
Neither	3	4	-1	
Tend to disagree	15	11	4	
Strongly disagree	10	11	-1	
It varies	4	2	2	
Not applicable	0	2	-1	
Don't know	3	3	0	
Base: All parents/carers with a child who is female	220	275		

Source: Ipsos MORI survey data

Table 77 Satisfaction with the processes

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.219
Very satisfied	31	26	5	
Fairly satisfied	41	45	-4	
Neither	9	5	3	
Fairly dissatisfied	9	9	0	
Very dissatisfied	5	13	-8	
Don't know	2	0	2	
No services received	3	1	2	
Base: All parents/carers with a child who is female	220	275		

Source: Ipsos MORI survey data

Table 78 Extent to which agree that support is suitable for young person's needs

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.486
Strongly agree	35	34	0	
Tend to agree	40	42	-2	
Neither	10	9	1	
Tend to disagree	5	7	-2	
Strongly disagree	3	6	-3	
Don't know	4	0	4	
No services received	3	1	2	
Base: All parents/carers with a child who is female	220	275		

Source: Ipsos MORI survey data

Table 79 Parental quality of life

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.566
Very good	35	31	4	
Fairly good	48	52	-5	
Neither	11	10	2	
Fairly poor	4	6	-2	
Very poor	1	0	1	
Don’t know	0	0	0	
Refused	0	0	0	
Base: All parents/carers with a child who is female	220	275		

Source: Ipsos MORI survey data

Male

Table 80 Extent to which parents agreed that families' views were taken into consideration

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				<0.001**
Strongly agree	49	36	14	
Tend to agree	36	36	0	
Neither	6	7	-1	
Tend to disagree	4	9	-5	
Strongly disagree	4	9	-5	
Don't know	1	2	-1	
Not applicable	0	2	-1	
Base: All parents/carers with a child who is male	478	725		

Source: Ipsos MORI survey data

Table 81 Extent to which parents agreed services worked closely together

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				<0.001**
Strongly agree	44	33	11	
Tend to agree	28	26	1	
Neither	4	7	-3	
Tend to disagree	8	11	-3	
Strongly disagree	9	17	-8	
It varies	3	3	1	
Not applicable	1	1	0	
Don't know	3	3	1	
Base: All parents/carers with a child who is male	478	725		

Source: Ipsos MORI survey data

Table 82 Satisfaction with the processes

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				<0.001**
Very satisfied	34	26	8	
Fairly satisfied	38	35	3	
Neither	8	9	-1	
Fairly dissatisfied	7	13	-7	
Very dissatisfied	8	11	-3	
Don't know	3	2	2	
No services received	3	4	-1	
Base: All parents/carers with a child who is male	478	725		

Source: Ipsos MORI survey data

Table 83 Extent to which agree that support is suitable for young person's needs

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				<0.001**
Strongly agree	41	29	12	
Tend to agree	37	39	-2	
Neither	8	9	-1	
Tend to disagree	4	11	-7	
Strongly disagree	4	5	-1	
Don't know	4	3	0	
No services received	3	4	-1	
Base: All parents/carers with a child who is male	478	725		

Source: Ipsos MORI survey data

Table 84 Parental quality of life

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.078*
Very good	32	28	4	
Fairly good	49	49	0	
Neither	12	14	-2	
Fairly poor	5	7	-2	
Very poor	1	1	0	
Don't know	0	0	0	
Refused	1	0	1	
Base: All parents/carers with a child who is male	478	725		

Source: Ipsos MORI survey data

Sample type

LDA

Table 85 Extent to which parents agreed that families' views were taken into consideration

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.017**
Strongly agree	46	29	16	
Tend to agree	32	32	0	
Neither	12	7	5	
Tend to disagree	4	15	-12	
Strongly disagree	4	12	-8	
Don't know	4	1	2	
Not applicable	0	4	-4	
Base: All parents/carers in the 'LDA' sample group	85	250		

Source: Ipsos MORI survey data

Table 86 Extent to which parents agreed services worked closely together

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.089*
Strongly agree	39	22	16	
Tend to agree	21	34	-13	
Neither	6	5	1	
Tend to disagree	14	9	5	
Strongly disagree	13	21	-8	
It varies	1	2	-1	
Not applicable	4	5	-1	
Don't know	2	1	1	
Base: All parents/carers in the 'LDA' sample group	85	250		

Source: Ipsos MORI survey data

Table 87 Satisfaction with the processes

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.005**
Very satisfied	40	20	20	
Fairly satisfied	27	30	-3	
Neither	8	14	-6	
Fairly dissatisfied	8	12	-3	
Very dissatisfied	11	15	-5	
Don't know	5	2	2	
No services received	1	7	-6	
Base: All parents/carers in the 'LDA' sample group	85	250		

Source: Ipsos MORI survey data

Table 88 Extent to which agree that support is suitable for young person's needs

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.039**
Strongly agree	38	20	18	
Tend to agree	36	38	-2	
Neither	13	7	6	
Tend to disagree	1	12	-10	
Strongly disagree	6	13	-7	
Don't know	5	3	1	
No services received	1	7	-6	
Base: All parents/carers in the 'LDA' sample group	85	250		

Source: Ipsos MORI survey data

Table 89 Parental quality of life

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.359
Very good	36	29	7	
Fairly good	40	47	-7	
Neither	13	13	0	
Fairly poor	8	11	-2	
Very poor	1	0	1	
Don’t know	1	0	1	
Base: All parents/carers in the ‘LDA’ sample group	85	250		

Source: Ipsos MORI survey data

SEN newcomer

Table 90 Extent to which parents agreed that families' views were taken into consideration

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				<0.001**
Strongly agree	54	38	16	
Tend to agree	32	37	-5	
Neither	4	7	-3	
Tend to disagree	6	10	-4	
Strongly disagree	4	8	-4	
Don't know	0	1	-1	
Not applicable	1	0	1	
Base: All parents/carers with a child in the 'SEN newcomer' sample group	331	375		

Source: Ipsos MORI survey data

Table 91 Extent to which parents agreed services worked closely together

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				<0.001**
Strongly agree	45	35	10	
Tend to agree	29	29	0	
Neither	2	6	-4	
Tend to disagree	7	13	-5	
Strongly disagree	8	12	-4	
It varies	4	2	2	
Not applicable	0	0	0	
Don't know	4	2	1	
Base: All parents/carers with a child in the 'SEN newcomer' sample group	331	375		

Source: Ipsos MORI survey data

Table 92 Satisfaction with the processes

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				<0.001**
Very satisfied	37	28	8	
Fairly satisfied	40	37	2	
Neither	6	8	-2	
Fairly dissatisfied	7	12	-6	
Very dissatisfied	6	11	-5	
Don't know	2	0	1	
No services received	4	3	1	
Base: All parents/carers with a child in the ‘SEN newcomer’ sample group	331	375		

Source: Ipsos MORI survey data

Table 93 Extent to which agree that support is suitable for young person's needs

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.004**
Strongly agree	41	35	7	
Tend to agree	36	35	1	
Neither	8	11	-2	
Tend to disagree	3	10	-6	
Strongly disagree	4	5	-1	
Don't know	4	2	1	
No services received	4	3	1	
Base: All parents/carers with a child in the 'SEN newcomer' sample group	331	375		

Source: Ipsos MORI survey data

Table 94 Parental quality of life

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.382
Very good	33	33	0	
Fairly good	51	47	4	
Neither	11	15	-4	
Fairly poor	4	5	-1	
Very poor	0	0	0	
Don’t know	0	0	0	
Refused	1	0	1	
Base: All parents/carers with a child in the ‘SEN newcomer’ sample group	331	375		

Source: Ipsos MORI survey data

SEN existing

Table 95 Extent to which parents agreed that families' views were taken into consideration

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.055*
Strongly agree	45	39	6	
Tend to agree	41	32	9	
Neither	6	9	-2	
Tend to disagree	4	8	-4	
Strongly disagree	4	9	-5	
Don't know	0	2	-1	
Not applicable	0	1	-1	
Base: All parents/carers with a child in the 'SEN existing' sample group	239	375		

Source: Ipsos MORI survey data

Table 96 Extent to which parents agreed services worked closely together

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.001**
Strongly agree	42	29	13	
Tend to agree	26	29	-4	
Neither	5	6	-1	
Tend to disagree	12	8	4	
Strongly disagree	9	20	-11	
It varies	4	3	1	
Not applicable	0	1	-1	
Don't know	3	4	-1	
Base: All parents/carers with a child in the ‘SEN existing’ sample group	239	375		

Source: Ipsos MORI survey data

Table 97 Satisfaction with the processes

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.080*
Very satisfied	27	23	4	
Fairly satisfied	41	37	4	
Neither	12	12	0	
Fairly dissatisfied	7	10	-3	
Very dissatisfied	5	12	-7	
Don't know	4	1	3	
No services received	3	4	-1	
Base: All parents/carers with a child in the 'SEN existing' sample group	239	375		

Source: Ipsos MORI survey data

Table 98 Extent to which agree that support is suitable for young person's needs

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.015**
Strongly agree	37	28	9	
Tend to agree	40	43	-3	
Neither	8	10	-2	
Tend to disagree	5	7	-2	
Strongly disagree	3	6	-3	
Don't know	4	2	2	
No services received	3	4	-1	
Base: All parents/carers with a child in the 'SEN existing' sample group	239	375		

Source: Ipsos MORI survey data

Table 99 Parental quality of life

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.270
Very good	33	28	5	
Fairly good	49	51	-2	
Neither	12	9	3	
Fairly poor	3	6	-3	
Very poor	1	3	-2	
Don’t know	1	1	0	
Refused	1	0	0	
Base: All parents/carers with a child in the ‘SEN existing’ sample group	239	375		

Source: Ipsos MORI survey data

Social grade[24]

ABC1

Table 100 Extent to which parents agreed that families' views were taken into consideration

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.109**
Strongly agree	48	41	7	
Tend to agree	34	34	0	
Neither	8	6	2	
Tend to disagree	6	10	-4	
Strongly disagree	3	6	-3	
Don't know	1	0	0	
Not applicable	0	1	-1	
Base: All parents/carers in the ABC1 social grade	279	410		

Source: Ipsos MORI survey data

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[24] Analysis of social grades AB, C1C2 and DE found a similar pattern of results. We have included tables on ABC1 and C2DE due to small sample sizes in the AB subgroup.

Table 101 Extent to which parents agreed services worked closely together

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.026**
Strongly agree	35	26	10	
Tend to agree	27	30	-3	
Neither	4	8	-4	
Tend to disagree	13	11	2	
Strongly disagree	12	17	-5	
It varies	5	2	3	
Not applicable	0	1	-1	
Don't know	3	4	-1	
Base: All parents/carers in the ABC1 social grade	279	410		

Source: Ipsos MORI survey data

Table 102 Satisfaction with the processes

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.007**
Very satisfied	29	24	5	
Fairly satisfied	42	38	4	
Neither	8	10	-3	
Fairly dissatisfied	9	14	-5	
Very dissatisfied	8	11	-4	
Don't know	4	1	3	
No services received	1	1	0	
Base: All parents/carers in the ABC1 social grade	279	410		

Source: Ipsos MORI survey data

Table 103 Extent to which agree that support is suitable for young person's needs

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.040**
Strongly agree	35	31	4	
Tend to agree	44	42	1	
Neither	10	11	-1	
Tend to disagree	3	10	-6	
Strongly disagree	4	4	0	
Don't know	4	1	2	
No services received	1	1	0	
Base: All parents/carers in the ABC1 social grade	279	410		

Source: Ipsos MORI survey data

Table 104 Parental quality of life

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.762
Very good	41	39	2	
Fairly good	46	48	-2	
Neither	10	10	0	
Fairly poor	3	3	-1	
Very poor	1	0	1	
Don't know	0	0	0	
Refused	0	0	0	
Base: All parents/carers in the ABC1 social grade	279	410		

Source: Ipsos MORI survey data

C2DE

Table 105 Extent to which parents agreed that families' views were taken into consideration

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				<0.001**
Strongly agree	50	36	14	
Tend to agree	35	34	1	
Neither	5	7	-3	
Tend to disagree	5	10	-5	
Strongly disagree	5	10	-6	
Don't know	0	2	-1	
Not applicable	0	1	0	
Base: All parents/carers in the C2DE social grade	407	578		

Source: Ipsos MORI survey data

Table 106 Extent to which parents agreed services worked closely together

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.001**
Strongly agree	46	37	9	
Tend to agree	28	25	2	
Neither	3	6	-2	
Tend to disagree	8	11	-3	
Strongly disagree	8	15	-7	
It varies	3	3	0	
Not applicable	1	1	0	
Don't know	3	2	1	
Base: All parents/carers in the C2DE social grade	407	578		

Source: Ipsos MORI survey data

Table 107 Satisfaction with the processes

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.020**
Very satisfied	35	29	6	
Fairly satisfied	37	39	-1	
Neither	9	5	3	
Fairly dissatisfied	6	10	-4	
Very dissatisfied	6	13	-6	
Don't know	2	1	1	
No services received	4	4	0	
Base: All parents/carers in the C2DE social grade	407	578		

Source: Ipsos MORI survey data

Table 108 Extent to which agree that support is suitable for young person's needs

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.002**
Strongly agree	40	29	11	
Tend to agree	35	41	-6	
Neither	7	7	0	
Tend to disagree	5	9	-4	
Strongly disagree	4	6	-2	
Don't know	4	3	0	
No services received	4	4	1	
Base: All parents/carers in the C2DE social grade	407	578		

Source: Ipsos MORI survey data

Table 109 Parental quality of life

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.141
Very good	29	24	4	
Fairly good	51	51	-1	
Neither	13	14	-2	
Fairly poor	6	7	-2	
Very poor	1	2	0	
Don’t know	0	0	0	
Refused	1	0	1	
Base: All parents/carers in the C2DE social grade	407	578		

Source: Ipsos MORI survey data

Qualifications

Level 4 or above

Table 110 Extent to which parents agreed that families' views were taken into consideration

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.163
Strongly agree	47	40	7	
Tend to agree	32	34	-1	
Neither	11	7	3	
Tend to disagree	5	9	-4	
Strongly disagree	4	7	-3	
Don't know	0	0	0	
Not applicable	0	2	-2	
Base: All parents/carers whose highest qualification is Level 4 or above	207	284		

Source: Ipsos MORI survey data

Table 111 Extent to which parents agreed services worked closely together

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.022**
Strongly agree	32	24	8	
Tend to agree	30	31	0	
Neither	5	5	0	
Tend to disagree	12	14	-2	
Strongly disagree	12	19	-7	
It varies	4	1	3	
Not applicable	1	2	-1	
Don't know	3	3	0	
Base: All parents/carers whose highest qualification is Level 4 or above	207	284		

Source: Ipsos MORI survey data

Table 112 Satisfaction with the processes

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.102
Very satisfied	23	20	3	
Fairly satisfied	46	38	8	
Neither	6	8	-2	
Fairly dissatisfied	11	17	-7	
Very dissatisfied	9	11	-2	
Don't know	4	1	2	
No services received	1	4	-2	
Base: All parents/carers whose highest qualification is Level 4 or above	207	284		

Source: Ipsos MORI survey data

Table 113 Extent to which agree that support is suitable for young person's needs

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.289
Strongly agree	31	30	1	
Tend to agree	43	39	3	
Neither	11	9	2	
Tend to disagree	5	13	-8	
Strongly disagree	4	4	0	
Don't know	5	1	4	
No services received	1	4	-2	
Base: All parents/carers whose highest qualification is Level 4 or above	207	284		

Source: Ipsos MORI survey data

Table 114 Parental quality of life

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.656
Very good	33	36	-3	
Fairly good	49	46	3	
Neither	14	9	4	
Fairly poor	3	8	-4	
Very poor	0	0	0	
Don’t know	0	1	0	
Refused	0	0	0	
Base: All parents/carers whose highest qualification is Level 4 or above	207	284		

Source: Ipsos MORI survey data

Level 3 or below

Table 115 Extent to which parents agreed that families' views were taken into consideration

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.002**
Strongly agree	50	37	12	
Tend to agree	35	37	-2	
Neither	5	7	-1	
Tend to disagree	6	9	-3	
Strongly disagree	3	8	-5	
Don't know	1	1	0	
Not applicable	0	0	0	
Base: All parents/carers whose highest qualification is Level 3 or below	274	393		

Source: Ipsos MORI survey data

Table 116 Extent to which parents agreed services worked closely together

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.007**
Strongly agree	41	36	5	
Tend to agree	29	24	5	
Neither	4	7	-4	
Tend to disagree	10	12	-2	
Strongly disagree	9	15	-6	
It varies	4	3	1	
Not applicable	0	1	0	
Don't know	3	2	1	
Base: All parents/carers whose highest qualification is Level 3 or below	274	393		

Source: Ipsos MORI survey data

Table 117 Satisfaction with the processes

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.008**
Very satisfied	34	28	6	
Fairly satisfied	38	40	-2	
Neither	9	8	1	
Fairly dissatisfied	5	9	-4	
Very dissatisfied	7	12	-5	
Don't know	3	1	2	
No services received	3	2	1	
Base: All parents/carers whose highest qualification is Level 3 or below	274	393		

Source: Ipsos MORI survey data

Table 118 Extent to which agree that support is suitable for young person's needs

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.006**
Strongly agree	39	30	9	
Tend to agree	39	41	-2	
Neither	8	9	-1	
Tend to disagree	5	11	-6	
Strongly disagree	4	5	-2	
Don't know	2	2	0	
No services received	3	2	1	
Base: All parents/carers whose highest qualification is Level 3 or below	274	393		

Source: Ipsos MORI survey data

Table 119 Parental quality of life

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.047**
Very good	37	27	9	
Fairly good	43	49	-6	
Neither	13	17	-4	
Fairly poor	5	5	1	
Very poor	1	1	0	
Don’t know	0	0	0	
Refused	0	0	0	
Base: All parents/carers whose highest qualification is Level 3 or below	274	393		

Source: Ipsos MORI survey data

No Qualifications

Table 120 Extent to which parents agreed that families' views were taken into consideration

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.220
Strongly agree	59	53	6	
Tend to agree	29	24	5	
Neither	1	5	-4	
Tend to disagree	4	7	-3	
Strongly disagree	5	8	-3	
Don't know	1	3	-2	
Not applicable	1	1	0	
Base: All parents/carers with no qualifications	114	188		

Source: Ipsos MORI survey data

Table 121 Extent to which parents agreed services worked closely together

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.046**
Strongly agree	57	42	15	
Tend to agree	24	34	-10	
Neither	1	3	-3	
Tend to disagree	4	5	-2	
Strongly disagree	8	11	-4	
It varies	1	3	-2	
Not applicable	2	1	1	
Don't know	4	0	4	
Base: All parents/carers with no qualifications	114	188		

Source: Ipsos MORI survey data

Table 122 Satisfaction with the processes

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.513
Very satisfied	44	40	4	
Fairly satisfied	34	35	-1	
Neither	6	3	3	
Fairly dissatisfied	4	7	-3	
Very dissatisfied	7	10	-3	
Don't know	1	2	3	
No services received	4	3	0	
Base: All parents/carers with no qualifications	114	188		

Source: Ipsos MORI survey data

Table 123 Extent to which agree that support is suitable for young person's needs

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.830
Strongly agree	48	48	0	
Tend to agree	30	28	1	
Neither	4	4	0	
Tend to disagree	4	6	-2	
Strongly disagree	5	5	0	
Don't know	4	4	0	
No services received	4	4	0	
Base: All parents/carers with no qualifications	114	188		

Source: Ipsos MORI survey data

Table 124 Parental quality of life

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.586
Very good	22	27	-5	
Fairly good	58	54	3	
Neither	11	11	0	
Fairly poor	6	6	0	
Very poor	2	1	1	
Don't know	0	0	0	
Refused	2	1	1	
Base: All parents/carers with no qualifications	114	188		

Source: Ipsos MORI survey data

Services received

Education services

Table 125 Extent to which parents agreed that families' views were taken into consideration

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				<0.001**
Strongly agree	51	39	12	
Tend to agree	34	34	0	
Neither	6	7	-1	
Tend to disagree	5	9	-5	
Strongly disagree	4	8	-4	
Don't know	1	2	-1	
Not applicable	0	1	-1	
Base: All parents/carers receiving education services	641	917		

Source: Ipsos MORI survey data

Table 126 Extent to which parents agreed services worked closely together

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				<0.001**
Strongly agree	43	33	10	
Tend to agree	27	30	-3	
Neither	4	6	-2	
Tend to disagree	11	11	0	
Strongly disagree	9	14	-6	
It varies	4	3	1	
Not applicable	0	1	0	
Don't know	3	3	0	
Base: All parents/carers receiving education services	641	917		

Source: Ipsos MORI survey data

Table 127 Satisfaction with the processes

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				<0.001**
Very satisfied	34	26	8	
Fairly satisfied	40	40	0	
Neither	8	9	0	
Fairly dissatisfied	8	12	-5	
Very dissatisfied	7	12	-5	
Don't know	3	1	2	
Base: All parents/carers receiving education services	641	917		

Source: Ipsos MORI survey data

Table 128 Extent to which agree that support is suitable for young person's needs

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.001**
Strongly agree	40	32	8	
Tend to agree	39	40	-1	
Neither	9	9	-1	
Tend to disagree	5	10	-6	
Strongly disagree	4	5	-2	
Don't know	4	3	1	
Base: All parents/carers receiving education services	641	917		

Source: Ipsos MORI survey data

Table 129 Parental quality of life

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.039**
Very good	34	29	4	
Fairly good	49	49	0	
Neither	12	13	-1	
Fairly poor	4	6	-2	
Very poor	1	1	0	
Don't know	0	1	0	
Refused	1	0	0	
Base: All parents/carers receiving education services	641	917		

Source: Ipsos MORI survey data

Specialist health

Table 130 Extent to which parents agreed that families' views were taken into consideration

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.006**
Strongly agree	52	42	10	
Tend to agree	33	32	2	
Neither	6	6	-1	
Tend to disagree	3	9	-5	
Strongly disagree	4	9	-5	
Don't know	1	1	0	
Not applicable	0	1	-1	
Base: All parents/carers receiving specialist health services	294	283		

Source: Ipsos MORI survey data

Table 131 Extent to which parents agreed services worked closely together

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.021**
Strongly agree	38	32	6	
Tend to agree	30	25	5	
Neither	4	8	-4	
Tend to disagree	13	14	-1	
Strongly disagree	10	16	-6	
It varies	4	2	1	
Not applicable	0	1	-1	
Don't know	2	2	0	
Base: All parents/carers receiving specialist health services	294	283		

Source: Ipsos MORI survey data

Table 132 Satisfaction with the processes

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.010**
Very satisfied	33	23	10	
Fairly satisfied	42	43	-1	
Neither	7	9	-2	
Fairly dissatisfied	7	13	-5	
Very dissatisfied	7	11	-4	
Don't know	2	1	1	
Base: All parents/carers receiving specialist health services	294	283		

Source: Ipsos MORI survey data

Table 133 Extent to which agree that support is suitable for young person's needs

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.042**
Strongly agree	36	30	6	
Tend to agree	44	43	0	
Neither	10	11	-1	
Tend to disagree	4	10	-6	
Strongly disagree	4	4	0	
Don't know	3	2	1	
Base: All parents/carers receiving specialist health services	294	283		

Source: Ipsos MORI survey data

Table 134 Parental quality of life

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.687
Very good	32	31	1	
Fairly good	51	49	2	
Neither	12	12	0	
Fairly poor	3	5	-1	
Very poor	1	1	0	
Don't know	0	1	-1	
Refused	0	0	0	
Base: All parents/carers receiving specialist health services	294	283		

Source: Ipsos MORI survey data

Social care

Table 135 Extent to which parents agreed that families' views were taken into consideration

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.004**
Strongly agree	50	39	11	
Tend to agree	31	36	-5	
Neither	8	6	3	
Tend to disagree	5	10	-5	
Strongly disagree	4	7	-4	
Don't know	1	2	-1	
Not applicable	0	0	0	
Base: All parents/carers receiving social care services	309	332		

Source: Ipsos MORI survey data

Table 136 Extent to which parents agreed services worked closely together

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.010**
Strongly agree	41	29	12	
Tend to agree	27	30	-3	
Neither	4	6	-2	
Tend to disagree	13	12	1	
Strongly disagree	11	18	-7	
It varies	3	3	0	
Not applicable	0	1	-1	
Don't know	1	2	-1	
Base: All parents/carers receiving social care services	309	332		

Source: Ipsos MORI survey data

Table 137 Satisfaction with the processes

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				<0.001**
Very satisfied	34	18	16	
Fairly satisfied	40	43	-3	
Neither	8	10	-1	
Fairly dissatisfied	7	14	-6	
Very dissatisfied	6	14	-7	
Don't know	3	1	2	
Base: All parents/carers receiving social care services	309	332		

Source: Ipsos MORI survey data

Table 138 Extent to which agree that support is suitable for young person’s needs

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				<0.001**
Strongly agree	38	25	13	
Tend to agree	39	44	-5	
Neither	12	10	2	
Tend to disagree	4	13	-10	
Strongly disagree	3	5	-2	
Don't know	4	3	1	
Base: All parents/carers receiving social care services	309	332		

Source: Ipsos MORI survey data

Table 139 Parental quality of life

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.118
Very good	30	24	6	
Fairly good	50	53	-4	
Neither	14	14	0	
Fairly poor	5	6	-1	
Very poor	1	1	0	
Don’t know	0	1	-1	
Base: All parents/carers receiving social care services	309	332		

Source: Ipsos MORI survey data

Main SEN need

Cognition and learning

Table 140 Extent to which parents agreed that families' views were taken into consideration

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.010**
Strongly agree	49	40	9	
Tend to agree	36	32	4	
Neither	8	6	2	
Tend to disagree	4	11	-7	
Strongly disagree	3	9	-6	
Don't know	0	2	-2	
Not applicable	0	1	0	
Base: All parents/carers with a child with cognition and learning needs	233	356		

Source: Ipsos MORI survey data

Table 141 Extent to which parents agreed services worked closely together

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.004**
Strongly agree	39	33	6	
Tend to agree	31	28	3	
Neither	3	6	-4	
Tend to disagree	12	10	2	
Strongly disagree	8	16	-8	
It varies	3	3	0	
Not applicable	0	1	-1	
Don't know	4	3	1	
Base: All parents/carers with a child with cognition and learning needs	233	356		

Source: Ipsos MORI survey data

Table 142 Satisfaction with the processes

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.018**
Very satisfied	30	25	5	
Fairly satisfied	44	43	1	
Neither	6	5	1	
Fairly dissatisfied	6	10	-4	
Very dissatisfied	7	12	-5	
Don't know	4	1	3	
No services received	3	4	-1	
Base: All parents/carers with a child with cognition and learning needs	233	356		

Source: Ipsos MORI survey data

Table 143 Extent to which agree that support is suitable for young person's needs

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.011**
Strongly agree	38	27	11	
Tend to agree	39	44	-5	
Neither	7	11	-4	
Tend to disagree	5	7	-3	
Strongly disagree	3	5	-2	
Don't know	5	2	3	
No services received	3	4	-1	
Base: All parents/carers with a child with cognition and learning needs	233	356		

Source: Ipsos MORI survey data

Table 144 Parental quality of life

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.734
Very good	34	31	4	
Fairly good	45	53	-8	
Neither	13	11	2	
Fairly poor	6	5	0	
Very poor	0	0	0	
Don’t know	0	0	0	
Refused	1	0	1	
Base: All parents/carers with a child with cognition and learning needs	233	356		

Source: Ipsos MORI survey data

Behaviour, emotional and social

Table 145 Extent to which parents agreed that families' views were taken into consideration

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				<0.001**
Strongly agree	45	34	11	
Tend to agree	37	35	2	
Neither	7	6	2	
Tend to disagree	6	13	-7	
Strongly disagree	3	10	-7	
Don't know	0	1	-1	
Not applicable	1	0	0	
Base: All parents/carers with a child with behaviour, emotional and social needs	247	394		

Source: Ipsos MORI survey data

Table 146 Extent to which parents agreed services worked closely together

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.060**
Strongly agree	35	33	1	
Tend to agree	29	29	0	
Neither	4	3	1	
Tend to disagree	11	12	-1	
Strongly disagree	11	19	-8	
It varies	4	2	2	
Not applicable	1	0	1	
Don't know	5	2	3	
Base: All parents/carers with a child with behaviour, emotional and social needs	247	394		

Source: Ipsos MORI survey data

Table 147 Satisfaction with the processes

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.001**
Very satisfied	31	23	8	
Fairly satisfied	36	35	1	
Neither	9	7	2	
Fairly dissatisfied	10	13	-4	
Very dissatisfied	8	16	-8	
Don't know	4	2	2	
No services received	2	4	-2	
Base: All parents/carers with a child with behaviour, emotional and social needs	247	394		

Source: Ipsos MORI survey data

Table 148 Extent to which agree that support is suitable for young person's needs

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				<0.001**
Strongly agree	37	23	14	
Tend to agree	37	42	-4	
Neither	9	9	0	
Tend to disagree	5	12	-7	
Strongly disagree	5	7	-2	
Don't know	4	3	2	
No services received	2	4	-2	
Base: All parents/carers with a child with behaviour, emotional and social needs	247	394		

Source: Ipsos MORI survey data

Table 149 Parental quality of life

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.181
Very good	29	24	4	
Fairly good	49	50	-1	
Neither	13	17	-4	
Fairly poor	7	8	0	
Very poor	1	0	1	
Don't know	0	0	0	
Refused	0	0	0	
Base: All parents/carers with a child with behaviour, emotional and social needs	247	394		

Source: Ipsos MORI survey data

Communication and interaction

Table 150 Extent to which parents agreed that families' views were taken into consideration

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.032**
Strongly agree	49	42	7	
Tend to agree	37	35	2	
Neither	7	6	1	
Tend to disagree	4	9	-5	
Strongly disagree	2	6	-3	
Don't know	1	2	-1	
Not applicable	1	1	-1	
Base: All parents/carers with a child with communication and interaction needs	310	475		

Source: Ipsos MORI survey data

Table 151 Extent to which parents agreed services worked closely together

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.005**
Strongly agree	45	35	10	
Tend to agree	24	30	-6	
Neither	3	5	-2	
Tend to disagree	12	11	1	
Strongly disagree	8	13	-5	
It varies	4	2	2	
Not applicable	0	1	-1	
Don't know	3	3	0	
Base: All parents/carers with a child with communication and interaction needs	310	475		

Source: Ipsos MORI survey data

Table 152 Satisfaction with the processes

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.017**
Very satisfied	32	27	5	
Fairly satisfied	38	38	0	
Neither	9	8	1	
Fairly dissatisfied	6	13	-7	
Very dissatisfied	7	10	-3	
Don't know	4	1	3	
No services received	5	3	2	
Base: All parents/carers with a child with communication and interaction needs	310	475		

Source: Ipsos MORI survey data

Table 153 Extent to which agree that support is suitable for young person’s needs

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.013**
Strongly agree	37	29	8	
Tend to agree	40	44	-4	
Neither	7	9	-2	
Tend to disagree	4	9	-5	
Strongly disagree	4	3	1	
Don't know	4	3	1	
No services received	5	3	2	
Base: All parents/carers with a child with communication and interaction needs	310	475		

Source: Ipsos MORI survey data

Table 154 Parental quality of life

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.115
Very good	35	28	7	
Fairly good	45	52	-7	
Neither	11	12	-1	
Fairly poor	5	6	-1	
Very poor	2	1	1	
Don’t know	0	1	0	
Refused	1	0	1	
Base: All parents/carers with a child with communication and interaction needs	310	475		

Source: Ipsos MORI survey data

Physical and/or sensory

Table 155 Extent to which parents agreed that families' views were taken into consideration

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.008**
Strongly agree	49	36	13	
Tend to agree	35	38	-2	
Neither	8	5	3	
Tend to disagree	4	10	-6	
Strongly disagree	4	11	-7	
Don't know	0	1	-1	
Not applicable	1	0	1	
Base: All parents/carers with a child with physical and/or sensory needs	170	190		

Source: Ipsos MORI survey data

Table 156 Extent to which parents agreed services worked closely together

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.296
Strongly agree	39	34	5	
Tend to agree	26	28	-2	
Neither	3	5	-2	
Tend to disagree	16	10	7	
Strongly disagree	9	17	-8	
It varies	4	4	0	
Not applicable	1	0	1	
Don't know	2	3	-1	
Base: All parents/carers with a child with physical and/or sensory needs	170	190		

Source: Ipsos MORI survey data

Table 157 Satisfaction with the processes

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.182
Very satisfied	30	25	5	
Fairly satisfied	39	41	-1	
Neither	6	7	-1	
Fairly dissatisfied	6	9	-3	
Very dissatisfied	10	13	-3	
Don't know	5	2	4	
No services received	4	4	0	
Base: All parents/carers with a child with physical and/or sensory needs	170	190		

Source: Ipsos MORI survey data

Table 158 Extent to which agree that support is suitable for young person's needs

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.379
Strongly agree	36	31	5	
Tend to agree	38	44	-6	
Neither	10	8	2	
Tend to disagree	5	6	-1	
Strongly disagree	4	6	-3	
Don't know	4	1	4	
No services received	4	4	0	
Base: All parents/carers with a child with physical and/or sensory needs	170	190		

Source: Ipsos MORI survey data

Table 159 Parental quality of life

	Pathfinder families	Matched comparison families	Impact	
	%	%	Difference	p-value
				0.176
Very good	34	29	5	
Fairly good	50	47	3	
Neither	9	14	-5	
Fairly poor	6	7	-1	
Very poor	1	2	-1	
Don't know	0	1	-1	
Refused	0	1	-1	
Base: All parents/carers with a child with physical and/or sensory needs	170	190		

Source: Ipsos MORI survey data

Within Pathfinder group

Eligibility for services compared with prior to single plan

Table 160 Extent to which parents agreed that families' views were taken into consideration

	Eligible for more services	Eligible for same services or fewer	Impact	
	%	%	Difference	p-value
				0.003**
Strongly agree	61	47	13	
Tend to agree	34	35	-2	
Neither	2	9	-7	
Tend to disagree	3	4	-1	
Strongly disagree	1	3	-3	
Don't know	0	1	-1	
Not applicable	0	1	-1	
Base: All parents/carers in Pathfinder areas	152	351		

Source: Ipsos MORI survey data

Table 161 Extent to which parents agreed services worked closely together

	Eligible for more services	Eligible for same services or fewer	Impact	
	%	%	Difference	p-value
				0.097*
Strongly agree	47	41	6	
Tend to agree	33	28	5	
Neither	2	3	-1	
Tend to disagree	9	11	-2	
Strongly disagree	7	9	-3	
It varies	2	4	-2	
Not applicable	0	1	-1	
Don't know	1	3	-2	
Base: All parents/carers in Pathfinder areas	152	351		

Source: Ipsos MORI survey data

Table 162 Satisfaction with the processes

	Eligible for more services	Eligible for same services or fewer	Impact	
	%	%	Difference	p-value
				0.004**
Very satisfied	46	32	14	
Fairly satisfied	35	44	-9	
Neither	5	7	-2	
Fairly dissatisfied	7	9	-1	
Very dissatisfied	7	7	0	
Don't know	1	3	-2	
Base: All parents/carers in Pathfinder areas	152	351		

Source: Ipsos MORI survey data

Table 163 Extent to which agree that support is suitable for young person's needs

	Eligible for more services	Eligible for same services or fewer	Impact	
	%	%	Difference	p-value
				<0.001**
Strongly agree	49	35	14	
Tend to agree	41	46	-5	
Neither	4	9	-5	
Tend to disagree	3	3	-1	
Strongly disagree	2	4	-2	
Don't know	1	3	-2	
Base: All parents/carers in Pathfinder areas	152	351		

Source: Ipsos MORI survey data

Table 164 Parental quality of life

	Eligible for more services	Eligible for same services or fewer	Impact	
	%	%	Difference	p-value
				0.404
Very good	30	34	-5	
Fairly good	53	51	3	
Neither	13	11	1	
Fairly poor	2	4	-2	
Very poor	2	0	2	
Don't know	0	0	0	
Refused	1	0	1	
Base: All parents/carers in Pathfinder areas	152	351		

Source: Ipsos MORI survey data

Key worker

Table 165 Extent to which parents agreed that families' views were taken into consideration

	Has support from a key worker	Has no support from a key worker	Impact	
	%	%	Difference	p-value
				0.021**
Strongly agree	55	45	10	
Tend to agree	31	38	-6	
Neither	6	5	-1	
Tend to disagree	4	6	-2	
Strongly disagree	4	5	-1	
Don't know	1	1	0	
Not applicable	0	0	0	
Base: All parents/carers in Pathfinder areas	329	340		

Source: Ipsos MORI survey data

Table 166 Extent to which parents agreed services worked closely together

	Has support from a key worker	Has no support from a key worker	Impact	
	%	%	Difference	p-value
				0.003**
Strongly agree	48	36	13	
Tend to agree	26	29	-3	
Neither	2	5	-2	
Tend to disagree	9	13	-4	
Strongly disagree	8	11	-3	
It varies	3	3	-1	
Not applicable	0	1	0	
Don't know	3	3	0	
Base: All parents/carers in Pathfinder areas	329	340		

Source: Ipsos MORI survey data

Table 167 Satisfaction with the processes

	Has support from a key worker	Has no support from a key worker	Impact	
	%	%	Difference	p-value
				<0.001**
Very satisfied	39	29	9	
Fairly satisfied	42	39	4	
Neither	5	10	-4	
Fairly dissatisfied	7	7	0	
Very dissatisfied	4	10	-6	
Don't know	1	4	-2	
No services received	1	1	0	
Base: All parents/carers in Pathfinder areas	329	340		

Source: Ipsos MORI survey data

Table 168 Extent to which agree that support is suitable for young person’s needs

	Has support from a key worker	Has no support from a key worker	Impact	
	%	%	Difference	p-value
				0.004**
Strongly agree	46	32	13	
Tend to agree	38	42	-4	
Neither	8	11	-3	
Tend to disagree	3	6	-3	
Strongly disagree	3	4	-2	
Don't know	3	4	-1	
No services received	1	1	0	
Base: All parents/carers in Pathfinder areas	329	340		

Source: Ipsos MORI survey data

Table 169 Parental quality of life

	Has support from a key worker	Has no support from a key worker	Impact	
	%	%	Difference	p-value
				0.443
Very good	35	31	-4	
Fairly good	47	50	3	
Neither	13	12	0	
Fairly poor	4	3	1	
Very poor	0	2	1	
Don’t know	0	0	0	
Refused	0	1	0	
Base: All parents/carers in Pathfinder areas	329	340		

Source: Ipsos MORI survey data

Receipt of personal budget or direct payments

Table 170 Extent to which parents agreed that families' views were taken into consideration

	Has an individual or personal budget	Does not have an individual or personal budget	Impact	
	%	%	Difference	p-value
				0.342
Strongly agree	53	49	4	
Tend to agree	29	37	-8	
Neither	8	4	4	
Tend to disagree	4	6	-1	
Strongly disagree	4	4	0	
Don't know	1	0	0	
Not applicable	0	0	0	
Base: All parents/carers in Pathfinder areas	236	462		

Source: Ipsos MORI survey data

Table 171 Extent to which parents agreed services worked closely together

	Has an individual or personal budget	Does not have an individual or personal budget	Impact	
	%	%	Difference	p-value
				0.814
Strongly agree	40	43	-3	
Tend to agree	26	29	-3	
Neither	3	3	1	
Tend to disagree	12	11	1	
Strongly disagree	14	8	6	
It varies	3	3	-1	
Not applicable	0	1	-1	
Don't know	3	2	1	
Base: All parents/carers in Pathfinder areas	236	462		

Source: Ipsos MORI survey data

Table 172 Satisfaction with the processes

	Has an individual or personal budget	Does not have an individual or personal budget	Impact	
	%	%	Difference	p-value
				0.414
Very satisfied	28	38	-9	
Fairly satisfied	44	36	8	
Neither	9	6	3	
Fairly dissatisfied	7	10	-3	
Very dissatisfied	8	6	2	
Don't know	2	4	-2	
No services received	0	0	0	
Base: All parents/carers in Pathfinder areas	236	462		

Source: Ipsos MORI survey data

Table 173 Extent to which agree that support is suitable for young person's needs

	Has an individual or personal budget	Does not have an individual or personal budget	Impact	
	%	%	Difference	p-value
				0.342
Strongly agree	34	42	-8	
Tend to agree	44	36	8	
Neither	10	8	2	
Tend to disagree	2	7	-5	
Strongly disagree	5	3	2	
Don't know	4	3	0	
No services received	0	0	0	
Base: All parents/carers in Pathfinder areas	236	462		

Source: Ipsos MORI survey data

Table 174 Parental quality of life

	Has an individual or personal budget	Does not have an individual or personal budget	Impact	
	%	%	Difference	p-value
				0.836
Very good	30	36	-6	
Fairly good	51	47	4	
Neither	14	11	3	
Fairly poor	5	4	1	
Very poor	0	1	0	
Don’t know	0	0	0	
Refused	0	1	-1	
Base: All parents/carers in Pathfinder areas	236	462		

Source: Ipsos MORI survey data

Receipt of direct payment

Table 175 Extent to which parents agreed that families' views were taken into consideration

	Receives direct payment	Does not receive direct payment	Impact	
	%	%	Difference	p-value
				0.541
Strongly agree	55	50	5	
Tend to agree	29	33	-3	
Neither	5	9	-3	
Tend to disagree	7	3	3	
Strongly disagree	2	5	-3	
Don't know	2	0	2	
Not applicable	-	-	-	
Base: All parents/carers in Pathfinder areas	58	640		

Source: Ipsos MORI survey data

Table 176 Extent to which parents agreed services worked closely together

	Receives direct payment	Does not receive direct payment	Impact	
	%	%	Difference	p-value
				0.171
Strongly agree	43	38	5	
Tend to agree	24	28	-3	
Neither	0	3	-3	
Tend to disagree	14	12	2	
Strongly disagree	14	10	3	
It varies	3	3	0	
Not applicable	0	2	-2	
Don't know	2	3	-2	
Base: All parents/carers in Pathfinder areas	58	640		

Source: Ipsos MORI survey data

Table 177 Satisfaction with the processes

	Receives direct payment	Does not receive direct payment	Impact	
	%	%	Difference	p-value
				0.172
Very satisfied	38	32	6	
Fairly satisfied	38	37	1	
Neither	0	8	-8	
Fairly dissatisfied	5	10	-5	
Very dissatisfied	14	7	7	
Don't know	3	3	0	
No services received	2	2	0	
Base: All parents/carers in Pathfinder areas	58	640		

Source: Ipsos MORI survey data

Table 178 Extent to which parents agree that support is suitable for young person's needs

	Receives direct payment	Does not receive direct payment	Impact	
	%	%	Difference	p-value
				0.165
Strongly agree	43	34	9	
Tend to agree	34	41	-7	
Neither	9	12	-3	
Tend to disagree	3	3	0	
Strongly disagree	5	3	2	
Don't know	3	3	0	
No services received	2	2	0	
Base: All parents/carers in Pathfinder areas	58	640		

Source: Ipsos MORI survey data

Table 179 Parental quality of life

	Receives direct payment	Does not receive direct payment	Impact	
	%	%	Difference	p-value
				0.106
Very good	34	29	5	
Fairly good	41	52	-10	
Neither	16	12	3	
Fairly poor	7	5	2	
Very poor	0	2	-2	
Don't know	0	0	0	
Refused	2	0	2	
Base: All parents/carers in Pathfinder areas	58	640		

Source: Ipsos MORI survey data

Annex B: Family based case studies

The following 10 case studies are taken from the follow-up qualitative research, and provide an illustration of the range of experiences captured. They are not intended to be 'representative' or showcase 'typical' experiences. All names of families, professionals and organisations have also been changed.

Case study 1

Noah is eight and lives with his parents Sarah and Michael. Noah has autism, and attends a mainstream school with specialist provision. Creating the initial EHC plan involved three meetings at school, attended by Noah's parents, the school SENCO, a council representative, the speech and language therapist and a key worker, who was instrumental in pulling the plan together. Noah was also present. Noah's parents felt they were placed at the centre of the plan throughout the process of creating it. Sarah reflected that: "they always asked us if there was anything we wanted to add to it", and felt genuinely listened to by the professionals involved. The finalised plan contained information about Noah at school and out of school, drawing on the input of the range of individuals.

Through the initial process of making the plan, Noah's parents realised they were eligible for additional support which they were not currently receiving, such as a free supply of nappies. This is because the Pathfinder brought 'the right people in the room' who could guide them. Through the plan, they also found out about the children's club he currently attends, which he enjoys. They discovered they were eligible for subsidised fees to access the club in school holidays, giving Noah an opportunity to get out of the house and his parents some free time.

In the year since his plan was finalised, Noah has continued in the same school and is progressing well in his subjects, as well as in areas such as behaviour, speech and toileting. He also continues to access and enjoy the children's club, although he no longer receives subsidised fees. Noah has stopped receiving free nappies because he no longer needs them.

Noah's parents feel it has become clear that the Pathfinder has "fizzled out" for them. No one has mentioned the Pathfinder or contacted them about it since the plan was written. Although there were a number of professionals involved in the plan, no one person took responsibility for carrying it forward. The member of staff at Noah's school who was central in driving the Pathfinder has since left her post. As a result, the plan has not been updated since it was written, and it is not used by professionals involved in supporting Noah, who continues to use the Statement to plan his support.

Noah's Statement was recently reviewed, and although his parents received a copy of the document, they were not involved in the process. This was disappointing for them because there are areas of his support where they would like more feedback and proactive action planning from professionals. For example, they think the school could have higher expectations for Noah, and push him by setting more advanced homework, and providing further opportunities to attend mainstream classes. The school have explained that staff shortages and funding constraints prevent them from pursuing these actions. This is frustrating for Noah’s parents because it suggests that Noah’s support is not being fully centred on his needs.

Noah’s parents joined the Pathfinder with the expectation that it might lead to more support for him. However, as the Pathfinder has not continued for them, and they have reverted to the statement, Michael concluded that it hasn’t met their expectations: “we wanted to do it to try to be helpful, and to see if Noah could get any additional support and I think the new system kind of concluded that probably not.” Furthermore, his parents remain unclear of the status of EHC plan, and what the future holds for Noah’s support planning.

Case study 2

Tom is nine and lives with his parents. He has ADHD, and attends a local mainstream primary school. They got involved in the Pathfinder because they had previously been frustrated by lack of communication and joined-up working between health and education. They also hoped to access some out-of-school activities - Tom wanted to take part in a sports club, for which he would need extra support.

The initial assessment and support planning process began with a series of workshops in which families worked in small groups to reflect on aspects of the children’s lives and what they wanted them to achieve. It worked well, as parents shared their experiences and stimulated each other’s thinking; it felt like an empowering process. While some professionals were present, the sessions could have benefited from having representatives from the hospital (e.g. a paediatrician) and educational psychology to highlight the available options. Then they had one to one meetings with the key worker where they filled in the plan together; it was time consuming but Tom’s mum, Katherine, was not surprised by this, since it was a new process. At times she felt like the key worker had an undue influence on the content of the plan and that they could have tried harder to seek her views. Katherine felt involved and at the centre of the process, but in part because she had to commit a lot of time and energy to the process.

In the year after the plan was finalised, the family’s initial key worker changed jobs and they were offered a new one. They declined because a replacement would be new to the role and so wouldn’t know the family; added to this, Tom’s needs hadn’t significantly changed and they were happy with how the school was working with him.

Katherine was not aware that the plan was revisited in the months after it was initially made. After a year, someone from the council’s SEN team prompted her to review it. Tom’s needs hadn’t changed a lot, so only small tweaks needed to be made – the process of first making the plan was so thorough, it didn’t take much time to update it a year on. Two changes in the updated plan were: increasing Tom’s personal budget so that he can extend his after school sporting activities (which help him to develop skills such as team working), and reviewing the action planning section to extend some of the actions, such as one around attending social functions with the family. Katherine felt that it was useful to update the action plan section, as this is what tends to drive the support and care that is delivered (in theory). After making the changes, she shared the plan with the SENCo at Tom's school.

Katherine felt that the review process was useful chance to reflect on Tom's needs and support after a year had passed since making the plan, and she felt able to lead the updating of it herself. However, she thought that had a skilled and experienced key worker been involved, they could have got more from the process. She also suggested that the review process could be improved if families were provided with more information about what they are eligible to receive, to avoid unrealistic expectations.

A further key shortfall of the process was that Katherine and the school SENCo had to work to ensure that actions were updated across different service areas. The plan is not automatically shared between professionals; instead the onus is on Katherine to share it and ensure that key people are kept up to date. Katherine worries that there may be additional resources or professionals that she doesn't know about, but who could potentially help Tom to develop and thrive – she doesn't feel that the plan process has enabled her to find out about options other than those she already knew about.

The Statement continues to be the key document that ensures their access to services. The clarity of its remit and purpose contrasts with the plan, the role of which has been less clear and more dependent on Katherine.

Katherine finds the actions and goals section of the plan helpful for her to monitor Tom's progress. By attending the Pathfinder planning sessions she found out about personal budgets, which has been a key positive outcome of the process in the longer term (although she thinks that strictly speaking it was not a direct and intended consequence of the Pathfinder).

Katherine has decided to be part of the second tranche of families moving over to the new plans as part of the SEN reforms that came in at the beginning of September. She didn't want to be in the first group in case they were treated like a 'guinea pig': having to negotiate a process that was new and uncertain for all involved. Tom's next annual review will involve the transition to the new plan, but Katherine doesn't know what to expect in terms how this will work. Overall she feels that there has been slightly less impact from the plan than she had hoped, mainly because the plan has not been actively used by professionals to shape Tom's care and support.

Case study 3

Megan is 20 and lives with her parents. She has an autistic spectrum disorder and severe learning difficulties, and attends an FE college on a supported education programme. When her mum Sylvia first learned about the Pathfinder, she thought that with Megan approaching transition, the process could be beneficial for them. She hoped it would enable more holistic and joined-up care for Megan, a longer term focus on her educational needs and open up a wider range of potential care and support options including a personal budget.

Sylvia worked closely with Megan's social worker – their key worker - to create the plan. They drew on existing assessment data and incorporated the transition plan that was being done at the same time. An appropriate range of professionals were involved and the key worker helped to lead Sylvia through the process and drew on her knowledge and skills. It was a positive process.

However, since producing the plan, Sylvia hasn't heard from anyone working on the Pathfinder. The plan hasn't been reviewed or updated, or looked at by anyone except Sylvia. Sylvia feels that there has been no-one encouraging all the different professionals to use the plan, and that therefore it has been ignored. She is unclear about whose responsibility it is to ensure that different professionals have a shared understanding of Megan's needs – she herself has taken on this role, whereas she had expected to have a lead person doing this.

Sylvia feels that she has had to continue to articulate Megan's needs and fight for support, even with the plan in place. For example, she brought a copy of the plan to Megan's new respite carers but they showed little interest in it and said that they have their own documents and processes to follow. The college do not use the plan either, and have not referred to it during their regular reviews of Megan's progress. The plan is no longer up to date because it doesn't reflect changes since it was made, including Megan's new education placement, respite placement and some of her revised goals and aims.

A year after completing the plan the social worker visited Sylvia to tell her that the content of existing plans would be migrated into a new version. Sylvia feels that the new version is more standardised and formal in its approach than the one they made as part of the Pathfinder, and is closer in format to the Statement, i.e. there is less potential for it to be customised to the individual.

Sylvia does feel that there have been benefits to being involved in the Pathfinder , in that it helped her to be more aware of changes in the law and, since it helped her think about Megan's needs in a more systematic and holistic way, she feels better placed to organise the right services and support. That said, she's been disappointed with the overall experience, because once the plan was completed, it was not shared or used by professionals and didn't seem to make a difference to the service and support that Megan received.

Case study 4

Andrew is 17 and lives with his Mum, Caroline and Dad, David. He has an older sister who has recently moved out to start a job in a different part of the country. Andrew has epilepsy, learning difficulties and some short term memory problems which are the result of an illness when he was younger.

For David, the initial experience of getting a plan was a positive and straightforward process. He and Andrew were involved and the plan was designed to help shape the support that Andrew would receive at his new college.

The plan was first reviewed at the point when the original Statement review was due to take place. Indeed, the meeting was very much like a Statement review meeting – it used the same forms and followed the same process of asking David, and Andrew's teachers, to feed in their views in advance of the meeting. It was held at the college and was also attended by someone from the council's SEN team. The council offered for someone to come and support David at the meeting but he didn't feel he needed this.

As with the initial plan meeting, the review did not directly involve any health professionals but David did not think this was an issue as he was able to share relevant information about Andrew's health with the school:

"When it came to the review, there were no medical people there. And I gave the input in terms of what was happening about that."

This included reports from the neuropsychologist and neuropsychiatrist which are sent directly to Andrew's family, so it is up to them to feed these into the plan, should they wish to. However, David did feel that whilst it was easy for him to feed in medical progress, it might be more difficult for parents whose children had more complex conditions or who were at a mainstream school with less knowledge around specific medical procedures.

"In a school like this, they're an epilepsy-friendly school. They've got an award… So they're presumably up to speed with most of those things whereas a standard school may not be."

David feels that the plan is current working well for Andrew. He is doing well at college: as a specialist school, the building and staff are well equipped to respond to his needs. Andrew has gained confidence over the last year and enjoys his classes and other activities there. David feels it has been helpful to review Andrew's general progress within college via the plan.

David can also see progress against specific plan goals. For example, one of them is around increasing Andrew's access to social activities, and the college's pastoral support person has been very helpful in signposting him to various leisure and social events. Another objective is around identifying options for Andrew's future, and at a recent parent's evening it was agreed that Andrew will continue at the college until he is 19. David anticipates that the next plan review will offer a further opportunity to discuss further progress against these outcomes. The next review is scheduled for a year after the last one.

For David, the plan has met his expectations in the sense that it is helping the college to meet Andrew's needs, which it is currently doing very well.

Case study 5

Lola is 23 and lives with her mum, Danielle. She is the youngest of six children, some of whom still live at home with them. Lola has learning difficulties but no specific medical needs. The family have lived in the area for 33 years and feel very part of the local community, having had all the children go through the same mainstream school.

In order to develop the initial plan, Danielle attended several informal meetings with other parents and representatives from the Pathfinder. Then the family had an external agent come to the house and formalise the plan. This person's role was focussed on writing the plan: following the completion of it Danielle had no further contact with them.

Danielle felt that the key worker listened to her and that the plan reflected what she and Lola wanted. However, Danielle was concerned that there was not enough focus on the longer term and that the plan was descriptive rather than offering practical forms of support. For example, there was no dedicated role to help implement or update it, or bring the plan to life. Indeed, since the plan was finalised, Danielle has not had any further contact with professionals regarding it or the Pathfinder. As such, the plan has not been updated for over a year and Danielle feels it remains a 'snap shot' from that time.

Since then, Lola has continued with her volunteering placement at the school. This has been working well; she increased her days to 5 a week and has been offered payment. However, Lola hasn't been able to accept payment because she needs to maintain the flexibility of a voluntary placement. She was also accepted onto a new volunteer work placement with support from Pure Innovations. This should consist of six months' work experience and 10 hours a week from a support worker, although delivery has been severely delayed and falls short of the support promised to them.

On a more negative note, Lola's personal budget was reassessed and she was made to contribute the vast majority of her personal budget allowance from her personal income. This made it unaffordable for the family to employ a carer to accompany her to activities and work placements, placing a heavy burden on Danielle, who works full time alongside caring for Lola. A further reassessment informed the family they were eligible for additional support, but after four months they have heard nothing further from the agencies involved.

Whilst the plan is not being currently used by Danielle or any other professional supporting Lola, the process has had one unintended outcome in that it has brought the family to the attention of the local Pathfinder lead. This person put Lola forward for the new work experience scheme at Pure Innovations. However, it is important to note that this did not happen because of the Pathfinder, but because the Pathfinder may have contributed to the professional's personal commitment to improving provision for young people like Lola.

Danielle's priority is to support Lola into long term employment and eventually into housing that is appropriate for her level of need. She had hoped that there would be someone identified through the plan who would take responsibility for providing them with information and guidance about housing options and to plan longer term support for Lola but this has not happened. Furthermore, the agencies they do have contact with are slow to respond, and the system does not support future planning: for example, they will not discuss funding options for accommodation until Lola is in that accommodation. This situation is very frustrating for Danielle who feels their support needs have been disregarded:

"They seem to take absolutely no account of the fact that if I am too far overloaded, and if everything breaks down, taking full responsibility for care and accommodation for Lola will cost them hundreds of pounds per week."

Case study 6

Thirteen year old Emily lives with her mum, Michelle, her uncle and her brothers. Emily goes to the local special school. She has some global development delay, which means she has some difficulties with fine motor skills, such as fastening buttons, as well as some gross motor skills issues which means she is a slower walker.

Michelle's initial experience of making the plan was fairly good as she thought it was helpful to bring different people together to look at the different types of support and services needed by Emily. However, Michelle was initially disappointed that they could no longer receive Direct Payments (as they had in a different local authority area) as those payments had funded a variety of activities that Emily had enjoyed and had helped her build up her independence.

Once the plan had been drawn up, Michelle attended a review meeting at Emily's school. She was surprised to find that only the education aspect of the plan had been reviewed, rather than the full plan to include the health and social care sections. When Michelle queried this, she discovered that the council had mistakenly told the school that Emily had a Statement and not a plan, which had led the school to assume they should just review the education section. This was later acknowledged by the council to have been an error and there was a subsequent review of the health and social care sections of the plan four or five months later.

Despite this, Michelle felt that the two review meetings were useful and that she had the opportunity to have her say on the plan. The first review, which focussed on education, was a chance to discuss Emily's options for the future. Michelle felt confident that the school was supporting her well in assessing this. At the second review about health and social care, Michelle raised the question of Direct Payments again, making the point that she felt that this was the best way to meet Emily's needs, something which was important not just for Emily but for the rest of the family. Since then, Michelle's request for Direct Payments was agreed and Emily is due to start one to one support for three hours per week.

Michelle is generally happy with the plan, and the support that Emily is accessing in and out of school, although she was frustrated with the mistake that led to the delay in putting the Direct Payments in place. Michelle would have liked the one to one support person working with Emily from an earlier point, especially during the school holidays.

"I might have got the direct Payments a bit sooner, might have had them in the summer holidays which is when I wanted them."

She feels that she had to work hard to get the Direct Payments to happen, but bringing it up at the plan review meeting seemed to help move it forward.

Additionally, Michelle feels that the right people are involved in Emily's plan, although she did feel it would have been useful to include Emily's consultant and paediatrician into the process. If they could access the plan it would give Michelle a means through which she could quickly pass on information about Emily and her progress.

Overall, Michelle thinks the plan is a great idea in principle because it is broader than the Statement as it includes information about health and social care. However, Michelle has the sense that the plan is not being fully taken on board by everyone – for example such professionals as the physio and OT – because different services (such as health and education) have different paperwork. Given that Emily's consultant and paediatrician are also not involved in the plan, Michelle questions whether it has yet led to a truly joined up system.

"I think as I said before I think it is a good thing. But everybody needs to be on the same bandwagon and everybody needs to be filling the same paperwork."

Case study 7

Nick is fourteen years old and lives with his mum, dad and older sister and brother. He goes to a local mainstream secondary school where he attends a small 'nurture class' where he can get the intensive support that best meets his needs. Nick has speech, language and communication difficulties and global developmental delay. At times he can be disruptive and had can be quick to lose his temper.

Mum first heard about the Pathfinder from a lady from the local council who visited her home to explain what it was all about. It took some time to really understand the process and the purpose of it – but mum felt that taking part couldn't be a bad thing providing it did not lead to Nick having to move to a different school. Mum felt that one of good things about the plan was that it would be in place until Nick is twenty-five and that it would help them to make plans about what he does when he leaves school.

The process of making the initial plan involved the lady from the council visiting mum's home to ask lots of questions. She then produced a first draft, which was signed off not long after. The plan did not result in any changes to the levels and type of support Nick receives, however mum already felt happy with what was in place and with the quality of his school. In the first few months of having the plan mum did not feel that the plan made much of a difference on the care and support he received.

About six months after making the plan, mum and Nick were invited to attend a review meeting where the plan was updated. At the review meeting a good effort was made to involve Nick and mum in the process. As well as asking Nick questions he was asked to select some pictures to share with the group of professionals and to explain why he had selected them. This helped the team of professionals to capture what was important to him and giving a presentation helped to build his confidence.

Since the review, neither mum or Nick have had much contact with the lady from the council who has led on the process. But as they feel consider that they could still contact her if they had a question or issue about the plan. For day to day support mum says that she would go to the school SENCO.

The plan has existed alongside the Statement and mum feels that overall it is working well. While the Statement is a more technical and jargon heavy document about Nick's school placement and money allocations, the EHC plan has been used to guide the support that he receives. For example, the plan has been useful when mum attended meetings as it will be placed on the table and taken notice of. Having the plan has also helped to reassure mum that staff were working towards the agreed goals and that things are clearly spelt out in terms of what he should be receiving. Mum also thinks that the plan could help a new professional or teacher who begins working with Nick and wants to find out about what his needs and goals are.

Looking ahead, mum feels that Nick's plan needs to be updated soon because he has recently been diagnosed with a rare condition that has implications for the care he receives. He is due to meet with a psychologist following the diagnosis and if issues and needs are discovered here, these need to go into the plan. Mum would also really like the plan to focus on his needs and goals when he moved on from school in terms of pursuing training, apprenticeships and becoming more independent.

Case study 8

Ben is 10 years old and lives with his mum, stepfather and brother. He stays with his father every other weekend and half of the school holidays. Ben is autistic and attends a specialist unit within a mainstream primary school. He needs lots of support from his teachers to help him concentrate during lesson time and care has to be taken when communicating with him as he can take what people say very literally. He also has very specific preferences around his diet.

Mum first heard about the Pathfinder through the local council when she had been trying to get a SEN statement in place. The council suggested that rather than getting a statement for Billy, that they could take part in the Pathfinder and develop a Single plan for him. Mum agreed to be part of the Pathfinder as she hoped that through the Single plan she might get more support for Billy, and for the rest of the family.

The process of creating the plan involved the professionals who work with Ben writing a number of individual reports, followed by a meeting at the school where mum, the school SEN coordinator, and a man from the SEND panel at the local council reviewed the information in the reports, explored Ben's needs further and then drafted the plan. Reflecting on the process, Mum did not feel the key worker from the council adequately drew on the individual reports. It was also disappointing that when approaching the preferred school for Ben, the individual reports that were produced were not sent alongside the plan to help to guide teachers and other staff about meeting his needs.

Once the initial plan was signed off mum had very limited contact with original key worker based at the council and day to day contact was with staff at Ben's school. Mum regarded the person at the council as playing a 'back-up' role in case there were any problems with school.

The plan was reviewed five or six months after the original version was signed off. The review process involved a meeting at Ben’s school which was attended by the Deputy Head and Ben’s main teacher. Once a revised plan was drafted, it was sent to mum to sign off. No major changes were made and the editing of the plan was mainly about stating that Ben’s support needs to be continued. While mum felt that the meeting worked well to review Ben’s education needs and to seek her views, she would have liked there to have been representation from other professionals, in order to focus on his health and on the wider needs of the family.

The production of the plan helped to get Ben into his school of choice which was the most important outcome for the family. Mum also feels that he has made excellent progress in his learning and development (particularly reading, writing and maths) and he has become more confident and better behaved. Mum attributes these positive changes to the quality of the staff and the learning environment at Ben’s specialist unit.

Mum feels that the plan has had value but only in combination with school staff and herself working together and sharing information. On its own the plan does not provide enough information to guide professionals working with Billy. The plan also could have made more of a difference by having a wider focus on supporting family life and attending to Ben’s health needs. At the moment the plan feels very education focussed. To help with this ‘wider focus’ mum would have liked to have had more information and examples of what was available.

Reflecting on being a part of the Pathfinder, because the family had not been through a process like this before, they did not have a clear set of expectations about what they wanted, apart from getting Billy into the most appropriate school place – which they have achieved. Looking ahead, mum expects the plan to be reviewed again and this will be very important when it comes to getting Ben into the right secondary school.

The review took place on 19th March 2015. Attending were Ben's Deputy Head, a representative from the council send, a representative from Choices Advocacy, Ben's mother and father. The review was explained as being person centred, but also an opportunity for the council to transfer the plan onto an updated version of the EHCP. This also provided more information on the EHCP itself, which explained that the health and care aspect only applied if needed. In Ben's case this is not required as the professionals have no concerns in this area.

Ben has been accepted at the preferred Secondary School and will start September 2015. In the meantime the council have 14 weeks to rewrite the updated plan when Mum will then be sent a copy to agree.

Case study 9

Rosie is 5 and lives with her mum, Diane. Rosie is visually impaired and has a brain condition which affects aspects of her general mobility. She attends a mainstream primary school with a full time specialist one-on-one worker, and prior to that attended a pre-school that supported children with disabilities.

The plan was written to support Rosie's transition from pre-school to primary school. It was recommended to Diane by Rosie's paediatrician and one-on-one support person from the pre-school. Diane's understanding was that the plan would bring Rosie's health and education needs together and she was happy to take the advice of the professions to go ahead with it.

To shape the plan, a number of relevant professionals came together in a meeting at the pre-school. It was attended by Diane, Rosie's paediatrician, one-on-one worker, pre-school operator, occupational therapist and physiotherapist amongst others. During this meeting everyone gave their opinions on what they felt to be Rosie's needs and in a second follow up meeting, the group discussed planning support. Diane felt this was a good approach; particularly in comparison with the Statement process which tended to only involve her and Rosie's teachers rather than any health professionals.

"The single plan is much better. Just more organised, you are more involved. [All the] professionals turned up which does not happen a lot apparently. You just felt more included in what was going to happen and you felt like people who also were involved wanting it to happen too, so you were all in the same boat."

Nonetheless – Diane was also surprised to learn that Rosie was also going to go through the Statement process as she moved into primary school which seemed to duplicate some of the work and only focus on educational aspects of her progress.

Since then, Rosie is currently accessing a range of support and services including physiotherapy, occupational therapy, paediatrician and hydrotherapy and is showing a great deal of progress. Diane thinks that these services are dictated by her current health needs rather than following an approach outlined by the plan. Similarly, Rosie has a new paediatrician now, but Diane doesn't think this person is aware of the plan. If anything she feels the plan was forgotten about once Rosie turned school age as it hadn't been reviewed for two years. Diana feels that the Statement is having more of an impact, but feels like the lack of focus on health is a missed opportunity:

"[The Statement is] definitely more focussed on the education… her health never really gets mentioned in the Statementing process."

Additionally Diane can feel that there are a lot of meetings and appointments relating to Rosie's progress and that sometimes it is difficult to keep track of everything – or that it can take time away from having fun or down time with her daughter. As such, Diane would prefer to have a single plan (rather than Statement and plan) to combine education with health objectives as this would also cut down on the number of meetings she would have to attend.

"It was so confusing because I had the statement and… they were kind of both doing the same thing, so it would be a lot easier if it was one or the other or a merge between the two."

Case study 10

Michael is 4 years old and lives with his mum and dad and three older brothers. Michael is autistic and has limited communication skills. He goes to a special needs school within which he attends a special autistic unit. Over the last year Michael's support needs have increased and he needs more attention in terms of managing his behaviour.

The initial experience of creating the plan was felt to be positive. The process began by the key worker observing Michael in his different environments and talking to professionals. This was followed by a Team Around the Child (TAC) meeting which was attended by all of the different professionals who work with Michael. Mum and dad felt that this session allowed professionals to build up a shared picture of Michael's needs. They also felt listened to and that the professionals valued their ideas and insights. Compared to other assessments they felt more informed and in control. They were also pleased that once the plan created it was circulated to professionals.

The plan was updated 18 months later at the last of four Team Around the Child meetings which were organised for Michael. Mum and dad felt that the gap between creating and then updating the plan was too long and that it should have happened about a year after creating the plan, as Michael's needs had changed. At the plan review attendance by professionals wasn't as good as they had hoped for. For example, Michael's new school made little effort to engage with the review process and they did not visit him in his nursery to help him make the transition to his new school as smooth as it could be.

Mum and dad have felt that the updated plan has been well circulated between professionals and they feel that it has been positive that everyone has access to the same basic information and can understand what his needs are. A positive example of the impact of the plan was that the information in it was used by Michael's Speech and Language Therapist to make a sort of 'passport', full of need to know information about communicating with him. Another positive has been the fact that mum and dad can use the fact that Michael is part of the Pathfinder and that he has a plan to apply pressure to professionals and to remind them what is supposed to be happening and that they are accountable to delivering what is in it.

Reflecting on the role of the plan mum and dad felt that it has sometimes been up to them as the parents to make sure that things happen as they should. While Michael's needs and support are set out clearly in the plan at times they have had to check up and apply pressure to ensure that Michael gets what he is supposed to. Mum and dad have also had to make sure that professionals attend important meetings. In working with professionals and making sure that things happen, the support mum and dad received from their key worker been valuable.

When it comes to the services Michael receives mum and dad feel that most of what he needs has been delivered. However, in the past year some of the provision in their local area has been taken away, so they have had to travel further afield to get it. Some of this is down to personnel changes and some of this is down to a lack of council funding and redundancies.

On the positive side mum and dad feel that the specialist support and one-to-one attention which he receives at school has helped him to improve in terms of his confidence and concentration. He has also made great progress in his speech and language. Mum and dad also feel more peace of mind that with the plan in place professionals can deliver consistent care and support.

Reflecting on the overall experience of taking part in the Pathfinder, mum and dad feel that their expectations have been partially met. While the thinking and the principles underpinning the plan are very positive as a family have had to continue to challenge professionals to make sure that they do what they are supposed to do. As it stands mum and dad feel that it is the more ‘pushy’ families that will get the best levels of support, while those who are less confident have more chance of losing out.

Annex C: Previous reports

This report has been produced at the end of over four years of research. In that time a large volume of evidence has been gathered and reports produced. The reports are listed in Table 180.

Table 180 Previous reports

Overview reports

Evaluation of the SEND pathfinder programme: process and implementation, 13 June 2013

Evaluation of the green paper support contracts, 4 October 2013

Impact evaluation of the SEND pathfinder programme, 4 October 2013

The SEN and Disability Pathfinder programme Evaluation Progress and indicative costs of the reforms, 31 March 2014

Thematic reports

SEND pathfinder programme: key working and workforce development (pt 1), December 2013

SEND pathfinder programme evaluation: education health and care planning pathway, 27 January 2014

SEND pathfinder programme: understanding the comparative costs of delivering the EHC planning and SEN Statementing processes for newcomers to the SEN system, April 2014

SEND pathfinder programme: transition and the engagement of post-16 providers, April 2014

SEND pathfinder programme: collaborative working with health, May 2014

SEND pathfinder programme: collaborative working with social care, May 2014

SEND pathfinder programme: engagement of schools, June 2014

SEND pathfinder programme: personal budgets and integrated resourcing, 31 October 2014

SEND pathfinder programme evaluation: key working and workforce development (part 2), 28 November 2014

SEND pathfinder programme: 19 to 25 provision, 28 November 2014

SEND pathfinder programme: local offer, 28 November 2014

Source: SQW

Annex D: Technical note for impact survey with parents

Introduction

This annex contains the technical details of the impact survey that was conducted with parents of children and young people with SEN&D in 29 Pathfinder sites.

The survey was conducted via Computer-Assisted Telephone Interviews (CATI) by Ipsos MORI's in-house telephone centre between 4th October 2013 and 23rd November 2014. Sample was issued in batches throughout the fieldwork period, based on sites' progress with the recruitment of families and families' journeys through the Pathfinder programme. The average interview length for the survey was 21 minutes.

Two types of families were interviewed: comparison families, who had not experienced the SEN&D Pathfinder programme, and Pathfinder families, who had.

Sampling

The sample batches were drawn and prepared by SQW, using a specification provided by Ipsos MORI.

The comparison sample was drawn from local authorities' registers of families with a child or young person with SEN or a Learning Disability Assessment (LDA), who had not yet started the Pathfinder programme. Local authorities sent opt-out letters to all eligible families on their registers prior to passing on their names and contact details to SQW.

Pathfinder sites also uploaded the demographics, names and contact details of families who signed up for the Pathfinder programme and agreed to be invited to take part in the evaluation to a secure monitoring tool set up by SQW. As well as names and contact details, the evaluation monitoring tool included a number of demographics that were used for sampling (e.g. EHCP sign off dates) or questionnaire routing (e.g. child's date of birth/age). The Pathfinder sample was drawn from the monitoring tool. A census approach was adopted, whereby all families eligible at the time of sampling were included into the sample batch.

Ipsos MORI sent out an advance letter to all parent-carers inviting them to take part in a telephone interview before calling them. Interviews were conducted with parent-carers.

Batches of samples

Findings are based on the fieldwork conducted using four batches of samples.

Table 181 Sample batch details

Batch Number	Sample Type	EHCP sign off date	Fieldwork	Batch Size	No. of Interviews
1	Comparison	Not applicable	4th October – 19th December 2013	3,252	1,000
2	Pathfinder	August, September or October 2013	24th March – 23rd May 2014	218	138
3	Pathfinder	November, December 2013, or January 2014	24th June – 14th September 2014	396	233
4	Pathfinder	February, March or April 2014	24th September – 23rd November 2014	585	317

Source: Ipsos MORI survey data

The fieldwork period for batch 3 was slightly longer than for the other batches of Pathfinder families, to give families the opportunity to take part once the summer holiday period was over.

Sample cleaning

SQW undertook a series of processes to clean the sample prior to sending it to Ipsos MORI. Sample entries that did not contain any of the following were removed from the sample: name of parent-carer; a full telephone number; a complete address and the name of child or young person enrolled on the programme. SQW followed up missing details with Pathfinder sites.

Multiple children

Families with more than one child with SEN&D signed up to the Pathfinder programme were included in the monitoring tool once for each child, meaning such families could appear in the survey sample more than once. Where this was the case, Ipsos MORI contacted families for whom an email address was provided to explain why they may be contacted more than once.

The questionnaire was designed to cover one child or young person only, hence these parents were invited to complete separate interviews for each child. If they only wished to carry out one interview, the child the interview would relate to was selected at random.

Questionnaire

The content of the questionnaire was based on the evaluation framework agreed with the Department for Education. The questionnaire covered the following issues:

1. **Parental/family relationship outcomes**
   Self-reported health
   Control over daily life
   Quality of life

2. **Child outcomes (as reported by parents)**
   Health
   Education setting
   Experience of education, and of transition to new education setting if applicable
   Post-16 aspirations
   Social contact and independence
   Confidence

3. **Experience of the assessment and support planning processes**
   Eligibility for services and time in receipt of services
   Understanding of the process/decisions
   Whether processes were child-centred/family-centred
   Whether the assessment and support planning process was joined up across services
   Perceived fairness of decisions about support
   Whether processes put burden on families
   View on the length of time taken by the process
   Whether support planning took into account all the child's needs
   Whether family had a say in decisions made about support
   Involvement of a key worker
   Confidence in lead professional
   Satisfaction with process

4. **Experience of the delivery of services**
   Whether child or young person has a health plan, support plan, or education plan (comparison families only)
   Choosing support services
   Whether child gets support listed in the plan
   Awareness and view of the Local Offer
   Whether child gets support needed
   Suitability of services received for child's needs
   Length of time to receive services once plan had been agreed

5. **Perceptions of changes**

This section was only asked to families who had been receiving support for their child or young person for more than a year.
Change in the quality and amount of support received

6. **Demographics**

Child or young person type of impairment, and perceived severity/impact on day-to day life
Receipt of personal budget, individual budget or direct payment
Whether child has a SEN statement
Household composition
Respondent's highest qualification and working status
Respondent's ethnicity

Fieldwork

The fieldwork was conducted using CATI (Computer Assisted Telephone Interviewing) by the Ipsos MORI telephone centre. For the comparison sample, the survey was run as a quota survey, and fieldwork stopped after 1,000 interviews had been achieved. This is why the response rate is significantly lower than for the Pathfinder sample. Soft quotas were set by local authorities: the number of leads provided by each of them varied greatly and it was important to ensure that the achieved sample is not overly dominated by a handful of local authorities. Quotas were also set by type of sample (new SEN, existing SEN, LDA), again to ensure the achieved sample includes enough of each type for the matching at the analysis stage.

For the Pathfinder sample, due to shortage in the number of leads provided, the intention was to achieve as many interviews as possible from the three batches.

For Pathfinder families, the average of time between the EHCP sign off date and the interview date was around seven months.

Sample outcomes and response rates for comparison families

Table 182 Sample outcomes for comparison families

Sample outcome	Frequency of outcome	
	N	%
Sample loaded	3,251	
Completed interviews	1,000	-
Over quota	1,188	37%
Disconnected/ Unusable/ Wrong number	891	27%
Not available during fieldwork	26	1%
Refused	104	3%
Recall	42	1%
Unadjusted response rate	-	31%
Adjusted response rate	-	42%

Source: Ipsos MORI survey data

Sample outcomes and response rates for Pathfinder families

A total of 698 interviews were completed from 1,199 sampled families, an unadjusted response rate of 58%. Table 3 shows that seven families were ineligible after the sample was loaded and 120 had an incorrect phone number. Therefore, the adjusted response rate is 65%.

Table 183 Sample outcomes for Pathfinder families

Sample outcome	Frequency of outcome	
	N	%
Sample loaded	1,199	-
Completed interviews	698	-
Disconnected/ Unusable/ Wrong number	120	10%
No answer	294	24%
Not available	14	1%
Ineligible	7	1%
Refused	66	5%
Unadjusted response rate	-	58%
Adjusted response rate	-	65%

Source: Ipsos MORI survey data

Profile of families

Table 184 Profile of comparison and Pathfinder families in the impact study

Sample profile	Comparison group %	Pathfinder group %
Age of child:		
Under 5	7	21
5 to 7	17	16
8 to 10	14	12
11 to 13	18	14
14 to 16	23	20
17 and over	21	16
Gender:		
Male	73	68
Female	28	32
Whether child has following conditions/problems:		
Cognition and learning needs (dyslexia, dyspraxia or learning difficulties)	85	80
Behaviour, emotional and social development needs (Attention Deficit Disorder/ Attention Deficit Hyperactivity Disorder)	74	72
Communication and interaction needs (speech and language difficulties, communication difficulties caused by Autism or Asperger's)	84	85
Sensory and/or physical needs (e.g. as a result of being deaf or visually impaired or having a mobility impairment)	48	58
Impact of condition/disability on day-to-day life:		
Mild	9	6
Moderate	31	31
Severe	34	37
Profound or complex	21	23
Don't know	5	3
Educational setting:		
Early Years	5	13
Special school	1	2
Mainstream schooling (including sixth form)	67	70
College or training	21	9
Other/none	6	6

Sample profile	Comparison group	Pathfinder group
Services in receipt of:		
Special education	92	92
Social care	33	44
Specialist health	28	42
Parent working status:		
Working full-time	26	21
Working part-time	26	24
Looking after home/children	34	41
Other	14	14
Parent social grade:		
A/B	15	14
C1	26	26
C2	18	18
D	15	12
E	25	29
Responding parent's highest qualification level:		
Level 4 or above	28	30
Level 3	15	14
Level 2	17	17
Below level 2	7	8
No qualifications	19	16
Unknown	7	9
Number of parents in household:		
One	32	35
Two or more	68	65
Number of children under 18 in household:		
0	8	7
1	30	33
2	37	37
3 or more	24	23
Base:	**1,000**	**698**

Source: Ipsos MORI survey data; Evaluation Monitoring Data

Table 185 Number of families interviewed in each site

Site	Comparison families	Pathfinder families
Bexley	48	0
Brighton and Hove	40	44
Bromley	60	39
Calderdale	25	21
Cornwall	34	20
Darlington	19	33
Devon	44	17
East Sussex	40	16
Gateshead	57	42
Greenwich	40	32
Hampshire	0*	4
Hartlepool	27	24
Hertfordshire	0*	21
Isles of Scilly	0*	3
Kent	47	45
Leicester City	36	26
Lewisham	40	18
Manchester	33	5
Medway	42	40
North Yorkshire	65	20
Northamptonshire	19	16
Nottinghamshire	54	44
Oldham	48	34
Rochdale	0*	29
Solihull	0*	22
Southampton	52	20
Surrey	0	6

Site	Comparison families	Pathfinder families
Trafford	41	8
West Sussex	40	9
Wigan	0*	30
Wiltshire	49	10
Total	**1,000**	**698**

Source: Ipsos MORI survey data, Monitoring tool

*These local authorities did not provide a comparison sample

Matching of the Pathfinder and comparison group families

The two groups of telephone survey respondents, Pathfinder and comparison groups, have been matched so as to minimise any observable differences between the two groups. The matching method used was ‘propensity score matching’, the main steps of which are:

- The probability (or propensity) of an individual being in the Pathfinder group (rather than the comparison group) was estimated from a logistic regression model of the data. The binary outcome variable in the model is the group (1=Pathfinder; 0=comparison), and the predictors were the set of ‘matching variables’ collected either through the management information system or the survey.
- Each Pathfinder respondent was then matched to the set of comparison group respondents with a similar propensity score. The ‘matched comparison group members’ per Pathfinder respondent were given weights that sum to one, those with propensity scores closest to the propensity score for the Pathfinder respondent being given the largest weight.
- Repeating this process for each Pathfinder respondent generated a weighted comparison sample, which should broadly match the Pathfinder sample across all the matching variables.

The technical details of the matching undertaken are as follows:

- The logistic regression model was fitted within SPSS with forward stepwise selection of variables; the p-value for inclusion was 0.05; the p-value for exclusion was 0.1.
- The matching used a kernel weighting algorithm, with a bandwidth of 0.6 (the default within the Stata psmatch macro).

The matching was repeated for all sub-groups reported on in Annex A of the evaluation report. That is, a new logistic regression was run, and the two groups matched on the propensity scores for the sub-group.

The matching variables included as potential predictors in the propensity score models were:

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

Of these the following were identified as significant predictors (and hence, influenced the propensity score):

- Receipt of services
- SEN status
- Age of child/young person
- Whether there was a second parent or guardian in the household
- Whether child/young person has cognition or learning needs
- The child/young person’s current formal educational setting
- Length of time in receipt of special educational services

The probability of being in the Pathfinder group was estimated to vary from 0.10 to 0.84 in the Pathfinder group (mean = 0.47); and from 0.05 to 0.78 (mean = 0.37) in the comparison group.

After matching the Pathfinder and comparison groups by their propensity score the distribution of propensity scores in the two groups was very similar (mean of 0.47, standard deviation of 0.14 in the Pathfinder group, and mean of 0.45, standard deviation of 0.14 in the matched comparison group).

Of most importance for bias reduction is whether the matching leads to the two samples, Pathfinder and comparison, looking very similar to each other. The tables below show the profiles of the samples before and after matching. The first column gives the Pathfinder respondent profile, the second column gives the comparison group profile before the matching and the final column gives the comparison group profile after matching. The matching is judged to have been successful if the first and final columns are close (which is the case here). After matching there are no statistically significant differences between the two groups on any of the matching variables[25].

Table 186 Samples before and after matching

	Pathfinder group %	Comparison group before matching %	Comparison group after matching %
Age of child:			
Up to 5	28	16	26
6 to 8	14	13	15
9-10	8	10	9
11 to 15	25	30	26
16-17	13	18	13
18 and over	13	14	12
Gender:			
Male	68	73	71
Female	32	28	29

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[25] The categories in Table 6 reflect those used in the matching and are not the same in all cases as those presented in Table 4.

	Pathfinder group %	Comparison group before matching %	Comparison group after matching %
Whether child has following conditions/problems:			
Cognition and learning needs (dyslexia, dyspraxia or learning difficulties)	80	85	81
Behaviour, emotional and social development needs (Attention Deficit Disorder/ Attention Deficit Hyperactivity Disorder)	72	74	72
Communication and interaction needs (speech and language difficulties, communications difficulties caused by Autism or Asperger's)	85	84	87
Sensory and/or physical needs (e.g. as a result of being deaf or visually impaired or having a mobility impairment)	58	48	56
Impact of condition/disability on day-to-day life:			
Mild	6	9	7
Moderate	31	31	28
Severe	37	34	36
Profound or complex	23	21	24
Educational setting:			
Early Years	14	5	11
School	70	67	72
College/training	9	21	10
Other/none	6	7	7
Services in receipt of:			
Special education	92	92	93
Social care	44	33	44
Specialist health	42	28	39
Length of time in receipt of support from education services:			
Less than 6 months	6	3	5
6 months to one year	13	10	15

	Pathfinder group %	Comparison group before matching %	Comparison group after matching %
Between one and five years	39	38	39
More than five years	41	48	41
Not receiving support/don't know	1	1	1
Responding parent's employment status:			
Working full-time	21	25	24
Working part-time	24	26	25
Looking after home/children	41	33	37
Other	14	15	14
Responding parent's social grade:			
A/B	14	15	15
C1	26	26	27
C2	18	18	17
D	12	15	13
E	29	25	26
Responding parent's highest qualification level:			
Level 4 or above	30	28	29
Level 3	14	15	15
Level 2	17	17	18
Below level 2	8	7	7
No qualifications	16	19	17
Unknown	15	14	14
Number of parents in household			
One	35	32	34
Two or more	65	68	66
Number of children under 18 in household:			
0	7	8	7
1	33	30	29
2	37	37	38
3 or more	23	24	27
Base:	**698**	**1,000**	**1,000**

Source: Ipsos MORI survey data; Evaluation Monitoring Data

Significance tests

The p-values presented with the tables in the report have been calculated using the SPSS complex samples module. Ordinal tests of significance have been used on scaled outcome variables. To run these tests, ‘don’t know’ or other invalid responses were excluded from the base. In instances where the ‘don’t know/invalid’ percentage was high (above 5% of the total) a separate chi-squared test was used to test whether this percentage differs by group. In practice there were no instances of significant differences on these percentages.

The tests take into account the propensity score weights for the comparison group. They also take into account between-area variance, with Pathfinder and comparison LAs being treated as the primary sampling unit.

Annex E: Methodology for qualitative research with families 2013-15

Recruitment of families

1st cohort, initial interviews

Recruitment of families for the first cohort *started in December 2012 and continued through until May 2013*. OPM were sent the contact details, basic demographics and timeline of Pathfinder participation of families in batches by SQW via a secure data transfer network, once they had completed their single plans and the telephone survey with Ipsos MORI. OPM researchers identified families to invite to participate based on comparing the target sample agreed with SQW with the sample achieved to date.

This was followed by conversations with pathfinder leads which aimed to find out more about these families, including their child or young person's special needs, whether the child or young person would be able to participate and what support may be needed, and their participation in the Pathfinder to date. These conversations helped ensure that we were able to tailor our research methods and approach to the needs of the families involved. For example, pathfinder leads often suggested that an easy read version of the questions be sent in advance so that parents/carers could work with their children to understand the context and purpose of the research before the interview. Families were then sent invitation letters and this was followed by recruitment calls and confirmation letters.

2nd cohort, initial interviews

Recruitment of families for the second cohort started in *December 2013 and continued through until the end of February 2014*. OPM were sent family contact details and other information as described above in a single list by SQW, once they had completed their education, health and care (EHC) plans. The process for identifying identified families to invite to participate was the same as for the 1st cohort, as was the process for making contact with families.

Follow up interviews (both cohorts)

Recruitment of families for participation in a follow up interview started in *June 2014 and continued through until January 2015*. OPM already held contact details and information on families from the first and second cohorts who had participated in an initial interview shortly after completing their plan. OPM researchers identified families to invite to participate in a follow up interview by creating a target sample from this list and aiming to achieve a range of ages and areas. Because of the small numbers involved, specific quotas were not set; instead the main criteria was willingness to participate.

This was followed by conversations with Pathfinder leads which aimed to seek advice on whether it was appropriate to re-contact each family. For example, whether the family was still living in the area, still involved in the Pathfinder, and whether there had been any changes in the family circumstances which might make it inappropriate to re-contact them (such as the health of child or parent).

These conversations ensured that we only re-contacted families who it was appropriate to do so. Families were telephoned to be invited to take part in a follow up interview, and then sent a confirmation email or letter according to their preference. Once the interview date and time was booked, a researcher called each family a day or two in advance of the interview to re-confirm.

Sample of participating families

1st cohort, initial interviews

Sample by age and area, 1st cohort, initial interviews

The target sample for the 1st cohort initial interviews, agreed with SQW in conjunction with DfE is presented in the table below. This was constructed based on Pathfinder projections of recruitment of families in different groups with the aim of getting a cross section across the different age groups. We have anonymised the Pathfinder areas using a letter code for each of the 10 areas.

Table 187 Target sample of families, 1st cohort, initial interviews

Area	0-5 years	5-16 years	16-25 years	Total
A	4	2	3	**9**
B	4	2		**6**
C		2	2	**4**
D			4	**4**
E	3	2		**5**
F		4	2	**6**
G	3	1	1	**5**
H		2	3	**5**
I	3	2		**5**
J	1	3	1	**5**
Total	**18**	**20**	**16**	**54**

Source: Pathfinder evaluation team

However, in practice a number of Pathfinder areas in the first cohort experienced delays in their recruitment of families, which either resulted in them completing the majority of their plans towards the end of the fieldwork period or them not achieving the intended number of completed plans within the required timeframes. This led to significant delays in OPM receiving the details of families to include in the sampling frame, with the majority of recruitment taking place in April – May 2013. This meant in practice that the target sample and associated number of interviews could not be achieved within the reporting timescales. Additionally, the significant dearth of families in the 0-5 age group meant that the evaluation team in conjunction with the DfE made a decision to include an eleventh Pathfinder area , that had targeted this group and achieved a number of completed plans, to bolster the number of participants.

The final sample achieved is presented in table 188 below:

Table 188 Actual sample of families, 1st cohort, initial interviews

Area	0-5 years	5-16 years	16-25 years	Total
				10
A	1	5	4	
B			1	**1**
C				**0**
D		2	7	**9**
E				**0**
F		7		**7**
G			1	**1**
H		1		**1**
I				**0**
J	2	4	4	**10**
K	7			**8**
Total	**10**	**19**	**17**	46

Source: Pathfinder evaluation team

The sample for the 1st cohort initial interviews fell short of the original target by eight interviews, reflecting the challenges in recruiting participants from the 0-5 age group within the reporting timescales. Participants from this group were offered the choice of a telephone interview instead of a face-to-face interview. This method brought an additional challenge to the recruitment process. Of the participants who chose to have a telephone interview a high proportion did not answer their telephone when called by the researcher at the arranged time.

To ensure that delays in recruitment did not adversely impact on analysis, data collection was cut off at a point so where all interviews could be transcribed and included within the analysis equally. Unfortunately, it was therefore not always possible to rearrange these interviews in time for their inclusion in the reporting.

Other characteristics of the sample, 1st cohort, initial interviews

Type of needs: The children and young people in the sample had a wide range of additional support needs varying in severity and complexity. Many had multiple conditions and some children remained undiagnosed at the point of interview. When asked to describe their child's additional needs, 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).

Gender: The vast majority (35) of children and young people in the final sample were male compared to 11 females.

Ethnicity: 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.

2nd cohort, initial interviews

The families in the 2nd cohort for initial interviews were drawn from seven Pathfinder areas, which began implementing the Pathfinder in September 2011.

Sample by age group and area

The target sample for the 2nd cohort, initial interviews, agreed with SQW in conjunction with DfE is presented in the table below. This was constructed based on the list of families eligible to participate, with the aim of getting a cross section across the different age groups. We have anonymised the Pathfinder areas using a letter code for each of the 7 areas.

Table 189 3 Target sample of families, 2nd cohort, initial interviews

Area	0-5 years	5-16 years	16-25 years	Total
L	3	1	0	**4**
M	5	2	0	**7**
N	0	2	0	**2**
O	2	0	3	**5**
P	1	3	1	**5**
Q	0	2	3	**5**
R	1	1	5	**7**
Total	**12**	**11**	**12**	**35**

Source: Pathfinder evaluation team

All families were offered the option of a face to face or telephone interview. Wherever practical, a face to face interview was held, but some of the Pathfinder areas were geographically distant from OPM's base. In these areas, and in cases where the child or young person was not able to or did not wish to participate in the interview, telephone interviews were scheduled instead of face to face, as long as parents were happy to participate on this basis. Target sample and associated number of children and young people therefore could not be achieved within the reporting timescales.

The final sample for the 2nd cohort, initial interviews, is presented in Table 188.

Table 190 Actual sample of families, 2nd cohort, initial interviews

Area	0-5 years	5-16 years	16-25 years	Total
L	3	1	0	**4**
M	4	1	0	**5**
N	0	3	0	**3**
O	2	1	4	**7**
P	2	5	1	**8**
Q	1	3	0	**4**
R	0	0	2	**2**
Total	**12**	**14**	**7**	**31**

Source: Pathfinder evaluation team

The second report was based on the findings from a final sample of the second cohort, initial interviews with 31 families, covering 33 children and young people (two families each had two children participating in the Pathfinder). The sample fell short of the original target by two children and young people, reflecting challenges in recruiting participants and completing interviews within the reporting timescales.

Other characteristics of the sample, 2nd cohort, initial interviews

Type of additional needs: The children and young people in the sample had a wide range of additional support needs varying in severity and complexity. Many had multiple conditions. When asked to describe their child's additional needs, participants described their child as having autism only (10), a learning disability only (9), learning and physical disabilities (6), a physical disability only (5), autism and learning and physical disabilities (2), or autism and a learning disability (1).

Gender: The gender split of children and young people in the final sample was almost even: 17 were male and 16 were female.

Ethnicity: About two thirds of children and young people in the sample identified as White (24), with the rest identified as belonging to Black and Minority Ethnic Groups including African (2), Caribbean (1), Mixed White and Asian (1), Mixed White and Black African (2), Mixed White and Black Caribbean (1), or other Black or Asian background (2).

Follow up interviews (both cohorts)

Target and final samples for follow up interviews

Participants for follow up interviews were recruited in two batches, each drawn from one of the two cohorts who participated in an evaluation interview shortly after completing their initial plan.

The **target** was to re-visit two thirds of the families who took part in an initial interview, which would have led to 51 follow-up interviews. The **achieved** sample fell slightly short of this, at 40 families, covering 41 children and young people (one family had two children participating in the Pathfinder). These fell into two batches as follows:

- Follow up with first cohort: 17 families (from a pool of 46)
- Follow up with second cohort: 23 families (from a pool of 31).

It was slightly easier to recruit families from the second cohort for a follow up interview, probably because they had more recently made their plans and taken part in the initial interview.

All families were offered the option of a face to face or telephone interview. Wherever practical, a face to face interview was held, but some of the Pathfinder areas were geographically distant from OPM's base. In these areas, and in cases where the child or young person was not able to or did not wish to participate in the interview, telephone interviews were scheduled instead of face to face, as long as parents were happy to participate on this basis.

Characteristics of the sample, follow up interviews (both cohorts)

Type of additional needs: cognition and learning (17), physical or sensory (11), communication and interaction (8), physical or sensory and cognition and learning (4), behaviour, emotional and social (1)

Gender: male (25), female (16)

Age: 0-4 years (7), 5-10 years (17), 11-16 years (8), 17+ (9)

Ethnicity: white (32), Asian (3), African (1), Mixed white and black African (3), Mixed white and Asian (1), Mixed other (1)

Existing (the child or young person had a Statement, Early Years or School Action Plus, or S139a prior to joining the Pathfinder) or newcomer (had none of these): existing (32); newcomer (6), not known (3)

Data collection

Fieldwork, initial interviews

The initial interviews with the first and second cohorts were conducted as follows:

1st cohort, initial interviews: between December 2012 and June 2013

2nd cohort, initial interviews: between January 2014 and early March 2014

OPM designed two interview guides. The first was designed for use with families with 5-16 and 16-25 year old children and young people, and the second was designed for use with the parents of 0-5 year olds. Both guides focused on the following topics:

- 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 topic guide for families with 5-16 and 16-25 year olds also included easy read, easy to understand questions for use with children and young people who were able to participate in the interview.

Participants were asked to allow 1-5 to 2 hours for the interview.

All interviews were recorded and transcribed, except in a small number of cases where the participant did not wish to be recorded; in these cases the interviewer took detailed notes during the interview.

Fieldwork, follow up interviews (both cohorts)

The follow up interviews with both cohort were conducted between July 2014 and early January 2015. OPM designed an interview guide which focused on the following topics:

- Catching up with the child and family – what’s new
- Reviewing the plan
- Content of the plan
- How the plan is working
- Overall reflections.

The topic guide included easy read, easy to understand questions for use with children and young people who were able to participate in the interview.

Participants were asked to allow 1 to 1.5 hours for the interview, although in practice interviews tended to last between 45 minutes and 1 hour. A handful of interviews were shorter, where the participant had very little to report in terms of changes to the child and family's circumstances.

All interviews were recorded and transcribed, except in a small number of cases where the participant did not wish to be recorded; in these cases the interviewer took detailed notes during the interview.

Participation of family members, 1st cohort, initial interviews

The overwhelming majority of the initial interviews in the first cohort were conducted with the mother of the child/young person only (38). One of these was a foster mother. Four interviews took place with the father only. Four interviews were conducted with a couple (mother and father), in these cases there was typically a lead participant and their partner 'added in' to their question responses.

Only four children/young people were present for the interview with the support of their parent. The children/young people that were present were able to participate to varying degrees. For example, being unable to provide detailed verbal answers but able to indicate yes or no in response to questions, or having good communication skills but limited ability to focus on topics.

Most of the children/young people had complex needs and were therefore not able to take part, with this decision being taken by the parent at the point of the interview booking. Some children/young people were asked to join their parent in the interview but chose not to participate. For children aged 5 and above, parents were sent a list of questions before the interview, which gave parents and their children the opportunity to work through these questions together and collect the child's experiences in that way.

Five interviews in the first cohort were conducted by telephone rather than face to face; all of these were with parents of 0-5 year olds.

Participation of family members, 2nd cohort, initial interviews

The majority of the initial interviews in the 2nd cohort were conducted with the mother of the child or young person only (23). One of these was a foster mother. Five interviews took place with the father only. Two interviews were conducted with a couple (mother and father) and in these cases there was typically a lead participant and their partner 'added in' to their question responses. One interview was conducted with a sibling who was the primary carer for the child.

Five children and young people were present for the interview with the support of their parent and were able to participate to varying degrees, as described in relation to the first cohort.

Fifteen interviews in the second cohort were conducted face to face at the family's home; the rest (16) were conducted by telephone.

Participation of family members, follow up interviews (both cohorts)

The majority of the follow up interviews were conducted with the mother of the child or young person only (36). Two interviews took place with the father only. Two interviews were conducted with a couple (mother and father) and in these cases there was typically a lead participant and their partner ‘added in’ to their question responses. One interview was conducted with a sibling who was the primary carer for the child.

Three young people participated meaningfully in the follow up interview with the support of their parent. Other children were present but were younger and did not contribute to the interview.

29 follow up interviews were conducted face to face at the family’s home; the rest (11) were conducted by telephone.

After the interview

Following all initial and follow up interviews, the interviewer sent a letter to the family to thank them for their participation and to include a summary of the key points discussed. This was to check with participants that they felt their input had been captured accurately and to invite them to get in touch if they did not feel that the summary reflected the key points of the interview.

Analysis and reporting

Our analysis of the interview data took place over two stages, organisation of the data, and interpretation:

1. Organisation of the data: each transcript was analysed and the content organised under thematic headings
2. Interpretation: we looked across the interviews to explore commonalities and differences in participants’ experiences.

The third stage was reporting.

1. Data organisation

Data analysis matrix

We built a data analysis **matrix template** into which the researchers inputted data from each interview transcript. Using the same template ensured consistency across the team. Transcriptions from many of the interviews ran to more than 40 pages of text, so it was essential to have an effective process in place to organise the data. The matrix was structured according to the topics included in the interview discussion guide, and with the overall report structure in mind. All of the team met together to ensure a common understanding of the matrix and how to organise data within it, i.e. what type of information should be organised under each theme.

The data analysis matrix can be understood as a thematic framework or code frame, which, visually, is a table showing the themes under which data will be sorted and then analysed. We constructed the matrix in an Excel spreadsheet, with the columns referring to the themes and the rows to participants.

- Each **row** contained data relating to one family and shows: information about the interview (who participated – i.e. which parent and whether or not the young person took part – and the name of the interviewer and data coder, usually the same researcher performed both of these tasks); information about which Pathfinder area and age group the family were in; and demographic and other information about the child or young person, for example, their ethnicity, their type of disability or additional need, and their type of education setting (mainstream or special, or not in education). Each participant's row also contained their responses, sorted under themes (examples of themes are given below).
- Each **column** contained data from all of the participants, relating to a specific theme. The main themes were the topic areas in the interview topic guide, as set out above under 'Fieldwork', and these were separated into sub-themes, each with their own separate column, for example:
  - Main theme: Getting involved in the Pathfinder
    - Sub themes: routes into the Pathfinder; their initial understanding of what it was about and what would be involved; their expectations and hopes; any concerns or worries about getting involved.

Researchers worked from the transcriptions of the interviews, reading these and then **entering data into the cells of the matrix**, in a summarised form. The purpose of this was to distil the interviewee's response to each question into clear and relevant points to feed into the analysis. We also included direct quotes and often retained the original language used by participants, to ensure that their meaning was preserved and clear. The data in each row was identified by its unique participant identifier (e.g. D006), to enable researchers to identify and revisit the original transcript if they felt that further detail or clarity was required during the analysis phase.

2. Data analysis

After sorting the data for each participant into the relevant themes, the research team proceeded to analyse the data. The researchers read the coded information in the matrix, firstly, to identify the **key points** under each theme (for example, under the theme of 'routes into the Pathfinder', the researcher identified a number of categories of responses including: via their child's school, from the Pathfinder team directly, through word of mouth from another parent).

Secondly, researchers looked for **connections** between themes and different sub groups of participants, and between themes and other themes. This involved testing hypotheses, based on the researchers' experience of conducting the interviews and reading and coding the transcripts, and looking for patterns. For example, general questions such as, were there any similarities in the experiences of participants in the same Pathfinder area, or within the same age group? Were there any factors more commonly associated with positive outcomes?; and specific hypotheses such as, was there a link between the role played by the key worker and whether families felt satisfied with the Pathfinder process? This part of the process provides an interpretive layer to the analysis. It does not necessarily enable us to make claims of causality (that X leads to Y), but simply to identify links (that X appears to be associated with Y).

When performing the analysis, researchers read across the whole of an individual row to ensure that they understand the **context** of that individual's responses. That is, the researcher would not simply read down all of the responses in one column (e.g. 'satisfaction with the process'), but would look across rows too, in order to note the context of individual responses under this theme. This helped to make sense of any apparent inconsistencies or responses that seemed surprising.

Researchers worked closely together during the analysis process, regularly sharing and discussing potential hypotheses to test with the data, and ensuring a **consistent approach** and comprehensive coverage of the issues and linkages within it.

3. Reporting

Approach

Our approach to reporting was to present the range of experiences that participants reported, and to highlight any differences by sub group (for example, age of the child or young person), and any links between themes. In writing up our findings we have been mindful to:

- Provide 'high-fidelity reportage', by including anonymised quotes from participants so that the reader has access to the authentic voices of participants
- Pay attention to 'surprise' in the findings, focusing on particularly revealing insights and evidence of contrary or negative views
- Be reflective and honest about the limitations of the research and the conclusions we can draw from it. More detail on these limitations is set out below.

Timing

Findings of the qualitative research with families were reported at three stages during the evaluation:

- Following initial interviews with the first cohort (July 2013)
- Following initial interviews with the second cohort (May 2014)
- Following the follow up interviews with both cohorts (March 2015)

Case studies

For each cohort at initial and follow up reporting points, we included a number of anonymised case studies were included in order to illustrate in more depth the experiences of a range of participants. The selection of case studies was not intended to be ‘representative’, but aims to illustrate a range of different experiences, both positive and negative.

There were 8 case studies for the 1st cohort initial interviews, 10 for the 2nd cohort initial interviews, and 10 for the follow-up interviews (both cohorts).

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