

SE7 Regional Pathfinder Evaluation

Final Report

August 2013

SQW

1. Introduction

Purpose of this report

- 1.1 SQW was commissioned by the South East 7 (SE7) to undertake a regional evaluation of the Special Educational Needs and Disability (SEND) pathfinder programme. This report presents the evaluation findings from the regional evaluation, set against the national context.
- 1.2 Findings from the national evaluation, which was also led by SQW, are available on the Department for Education's website¹. This includes the recent process and implementation evaluation report². The next national evaluation report, due for publication in autumn 2013, will provide an assessment of the experiences, outcomes and distance travelled by the initial cohort of families that participated in the pathfinder from across all areas.

The SEND pathfinder programme

- 1.3 The SEND pathfinder programme sought to explore how to reform the statutory SEN assessment and statement framework, as a means of:
 - Better supporting life outcomes for children and young people
 - Giving parents confidence by giving them more control
 - Transferring power to professionals on the front line and to local communities³.
- 1.4 The pathfinder programme involved the development and delivery of alternative approaches that could enhance or replace the existing system. Each pathfinder was tasked to develop and trial an assessment process; a single, joined up 'education, health and care plan' (hereafter referred to as the EHCP); 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.
- 1.5 Twenty pathfinders, comprising 31 local areas, were commissioned by the Department for Education (DfE) and Department of Health (DH) to run, initially from October 2011 until March 2013⁴. The SE7⁵ was the largest successful pathfinder consortium. Their application set out their intention to conceptualise the approach and develop frameworks at a consortium level, before these were operationalized and implemented at local level by each of the areas in order to meet local needs.
- 1.6 Figure 1-1 illustrates the overarching aims and objectives of the SEND pathfinders; demonstrating the alignment between the national and regional aims and the areas to be

¹ <http://www.education.gov.uk/childrenandyoungpeople/send/b0075291/green-paper/evaluation>

² Craston, M., Thom, G. and Spivack, R. 2013, *Evaluation of the SEND pathfinder programme: process and implementation*, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/206486/DFE-RR295.pdf

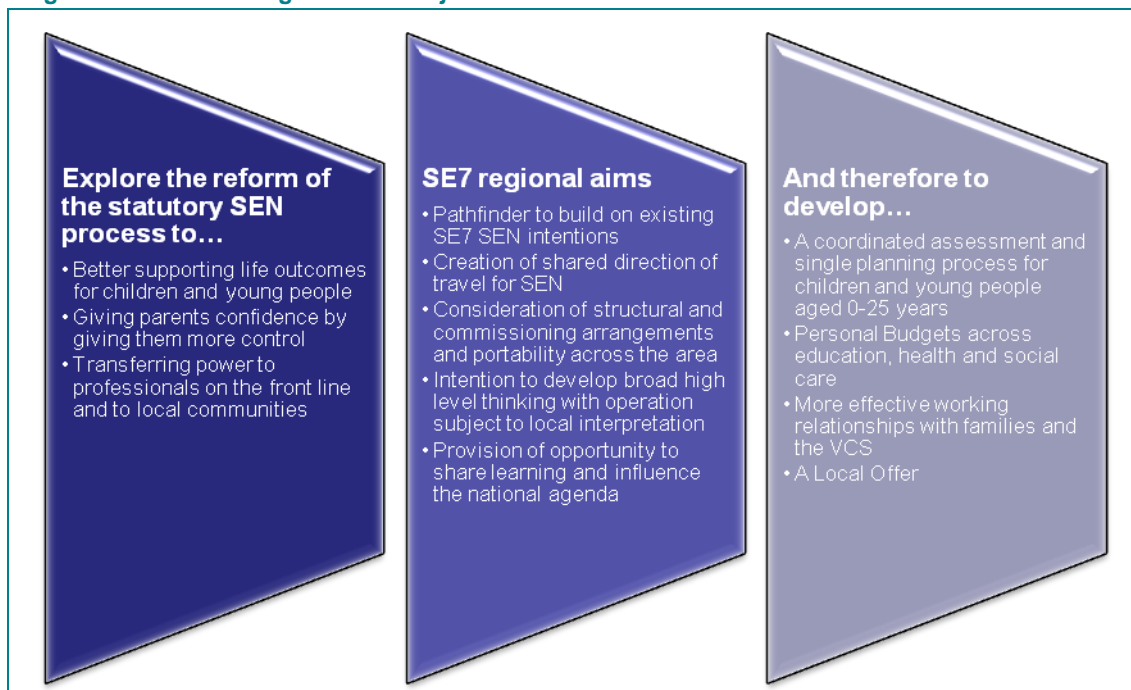
³ Department for Education (July 2011) Pathfinder Specification and Application Pack

⁴ An extension of all the pathfinders has since been commissioned to run until September 2014.

⁵ Including: Brighton and Hove, East Sussex, Hampshire, Kent, Medway, Surrey and West Sussex.

developed through the programme in order to achieve these. In addition to working as a region to inform local developments, the areas sought to collectively share their learning within a broad range of themes – including assessment and planning, personal budgets etc, - to inform future progress.

Figure 1-1: Overarching aims and objectives

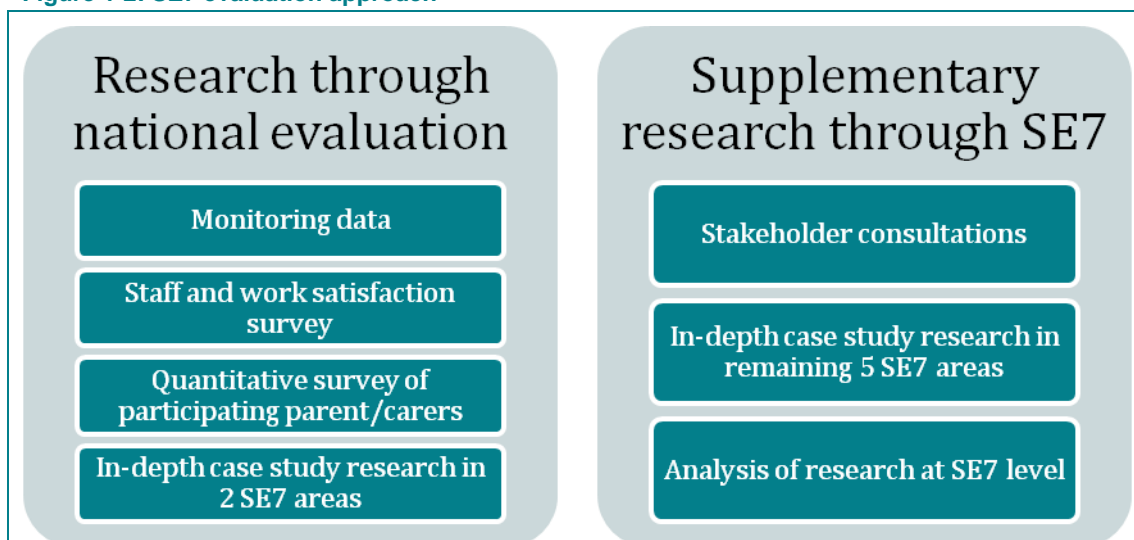


Source: SQW

An introduction to the evaluation

- 1.7 The regional evaluation sought to build on the objectives of the national evaluation to:
- **Compare and assess the effectiveness of the models developed** and used by the SE7 pathfinder to identify key similarities and differences in approach
 - Establish the **barriers to delivery** across the 7 areas and how these have been addressed
 - Identify and draw out the **implications and actions** that the SE7 will need to consider to enable the successful implementation of a new assessment and single plan
 - Establish the **impact** of the SE7 pathfinders
 - Undertake **comparative cost-effectiveness analysis** across the SE7.
- 1.8 It built upon research undertaken through the national study, with the approach and tools tailored as appropriate in order to meet the SE7-specific evaluation objectives. Figure 1-2 illustrates the approach taken.

Figure 1-2: SE7 evaluation approach

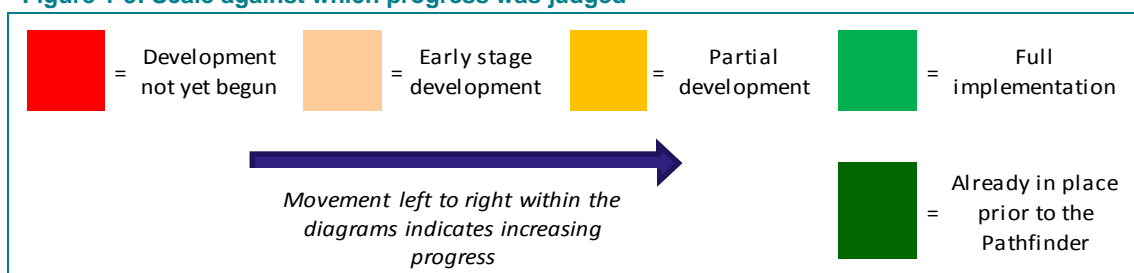


Source: SQW

Self-reported progress

- 1.9 The Common Delivery Framework (CDF) was developed as part of the national evaluation to enable structured data collection about the delivery and costs at different stages of the pathfinder process. It set out a series of themes and elements which it was anticipated each pathfinder would need to address as part of developing its local activity (see Annex A). Progress was tracked on a quarterly basis through the 29 area level monitoring submissions⁶. It was for each area to judge its own progress.
- 1.10 Analysis of the submissions made throughout the 18 months of the programme are detailed within this report under the four themes of the CDF: Organisational engagement and cultural change (chapter 3); Engaging and involving families (chapter 4); Setting up the infrastructure (chapters 5 and 6); and Safeguarding and risk management (chapter 6). Progress was judged on a scale from 'not yet begun' through to 'full implementation' and is illustrated throughout the report using the colour coding shown in Figure 1-3.

Figure 1-3: Scale against which progress was judged



Source: SQW

⁶ The data analysis was based on 29 area monitoring responses from the 31 pathfinder local authorities as: one consortium of two local authorities received a single grant; and another consortium of two authorities pooled their grant funding and thus completed a single monitoring submission. The other consortia supplied individual returns, which enabled a programme-wide analysis.

Structure of the report

1.11 The remainder of the report is structured as follows:

- **Chapter 2: An introduction to the case study areas and their existing systems** – provides an overview of the case study areas and the systems in place prior to the pathfinder
- **Chapter 3: Organisational engagement and cultural change** – discusses the extent to which pathfinder areas sought to secure organisational engagement and sustained cultural change through the engagement of relevant stakeholders, the development and delivery of a change management programme and changes to the provider market
- **Chapter 4: Engaging and involving families** – considers the methods used to raise awareness among families and to recruit them onto the pathfinder. This chapter also provides details on the characteristics of those recruited to date
- **Chapter 5: Setting up the infrastructure – part 1** – explores the EHCP pathways developed through the pathfinders and the key worker role in coordinating and delivering the approach
- **Chapter 6: Setting up the infrastructure – part 2** – examines progress to develop other pathfinder infrastructure including around personal budgets, ICT systems and safeguarding procedures
- **Chapter 7: Family experiences of the pathfinder** – describes family experiences of the pathfinder gathered through a survey of parent carers
- **Chapter 8: Staff experiences of the pathfinder** – details key worker experiences of the pathfinder gathered through a staff work and satisfaction survey
- **Chapter 9: Conclusions and implications** – provides conclusions from the evaluation and considers implications for the SE7 as the areas move towards rolling out their approaches.

1.12 Additional information is provided in three annexes:

- Annex A: SE7 regional assessment and planning framework
- Annex B: The common delivery framework (CDF)
- Annex C: Staff work and satisfaction composite indicators.

2. An introduction to the SE7 areas and their existing systems

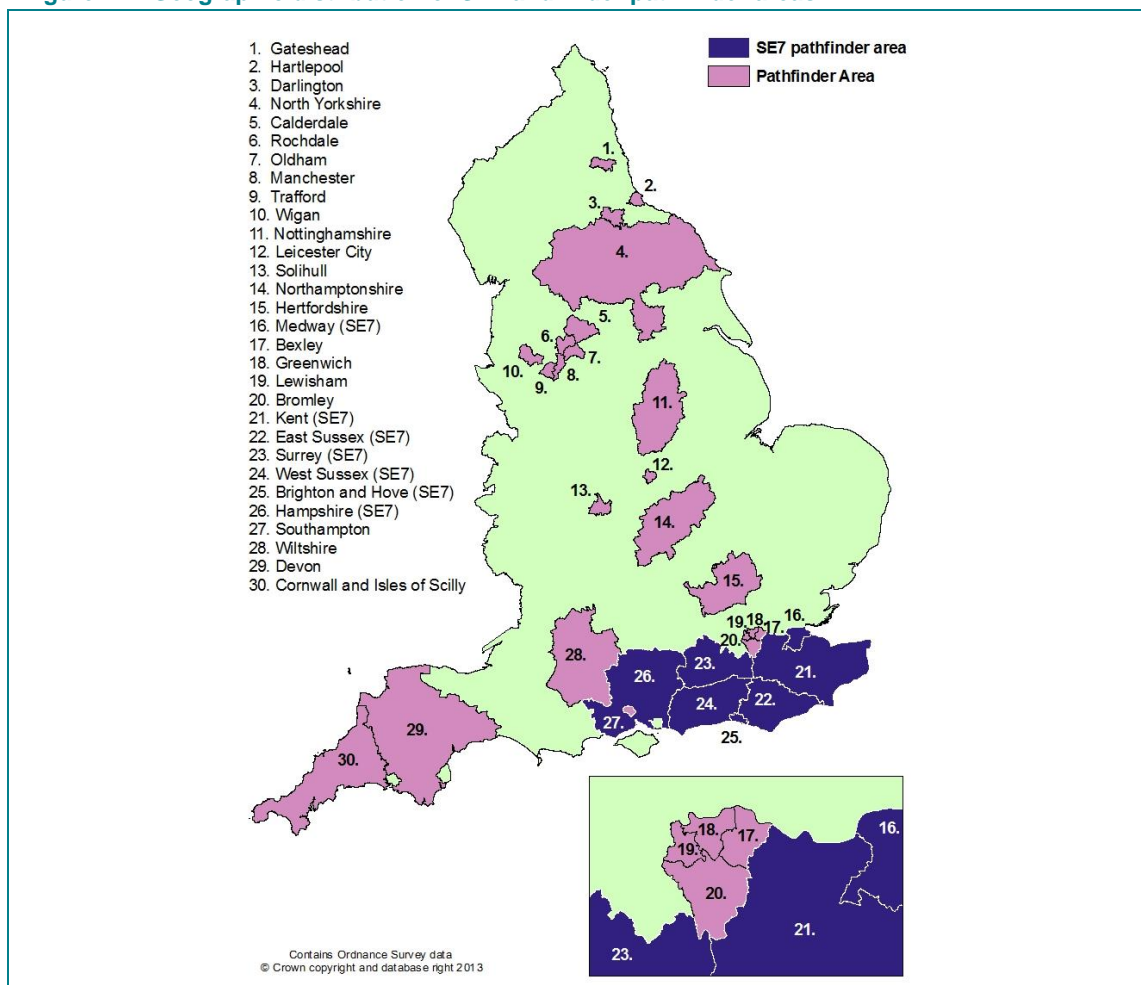
2.1 This chapter provides an introduction to the SE7 areas. It includes:

- An account of the strengths and weaknesses of the existing statutory system that was in place to support children and young people with SEND prior to the pathfinder programme
- An overview of the local aims and objectives of the pathfinder areas, which sought to build upon the strengths in the existing system while seeking to address the weaknesses.

Existing support for families with SEND

2.2 Figure 2-1 illustrates the location of the SE7 and wider pathfinder areas. The SE7 were based in the relatively affluent South East of England, although considerable disparities in income and service provision existed both within and across the areas.

Figure 2-1: Geographic distribution of SE7 and wider pathfinder areas



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

- 2.3 Indeed, despite their geographical proximity, the SE7 areas varied substantially in size and nature, and exhibited different levels of multi-agency working and experience of personalised approaches prior to the pathfinder.
- 2.4 While there was a general perception that the existing operating systems were sound, assessment and planning processes for education, health and social care tended to occur independently prior to the pathfinder. Exceptions to the traditional service offer included some examples of multiagency practice, which were often identified as strengths of the existing systems. For instance:
- Areas commonly convened **multi-agency panels** to support children and young people with the most complex needs. These often included representation from a combination of specialist health, social care and SEN professionals. Holistic assessment and planning was felt to be key to ensuring appropriate support was in place for this group, as they often required complex intervention from multiple services
 - **Personalised, multi-agency working** was practiced for certain groups across some areas. This included professionals from different services working together around the early years and transition groups
 - Some areas had **structures** in place to facilitate closer working between different professionals such as multi-agency specialist hubs and co-location of staff.
- 2.5 A number of areas had also begun to pilot personal budgets for children's social care. However, these pilots tended to be at an early stage (with a small number of families in receipt of the associated services/support) and there was further work to do as part of the pathfinder; both in terms of testing and scaling up approaches and integrating health and education funding streams.
- 2.6 Perceived weaknesses in the existing system were felt to relate to the:
- **Adversarial nature of existing system** – where a lack of familial engagement often left families feeling like the process was 'done to' them, rather than meaningfully engaging them. Some parents also reported that they felt they had to fight for resources
 - **Deficit driven** focus of existing processes – which could be seen as both negative and short-termist. The process focused on what the child or young person was assessed as needing, as defined by what they couldn't do because of their SEND, rather than on the outcomes that they could achieve if the right support was put in place
 - Lack of **holistic oversight** – leading to concerns about needs falling between services (for instance in terms of speech and language therapy) and thus not being met.

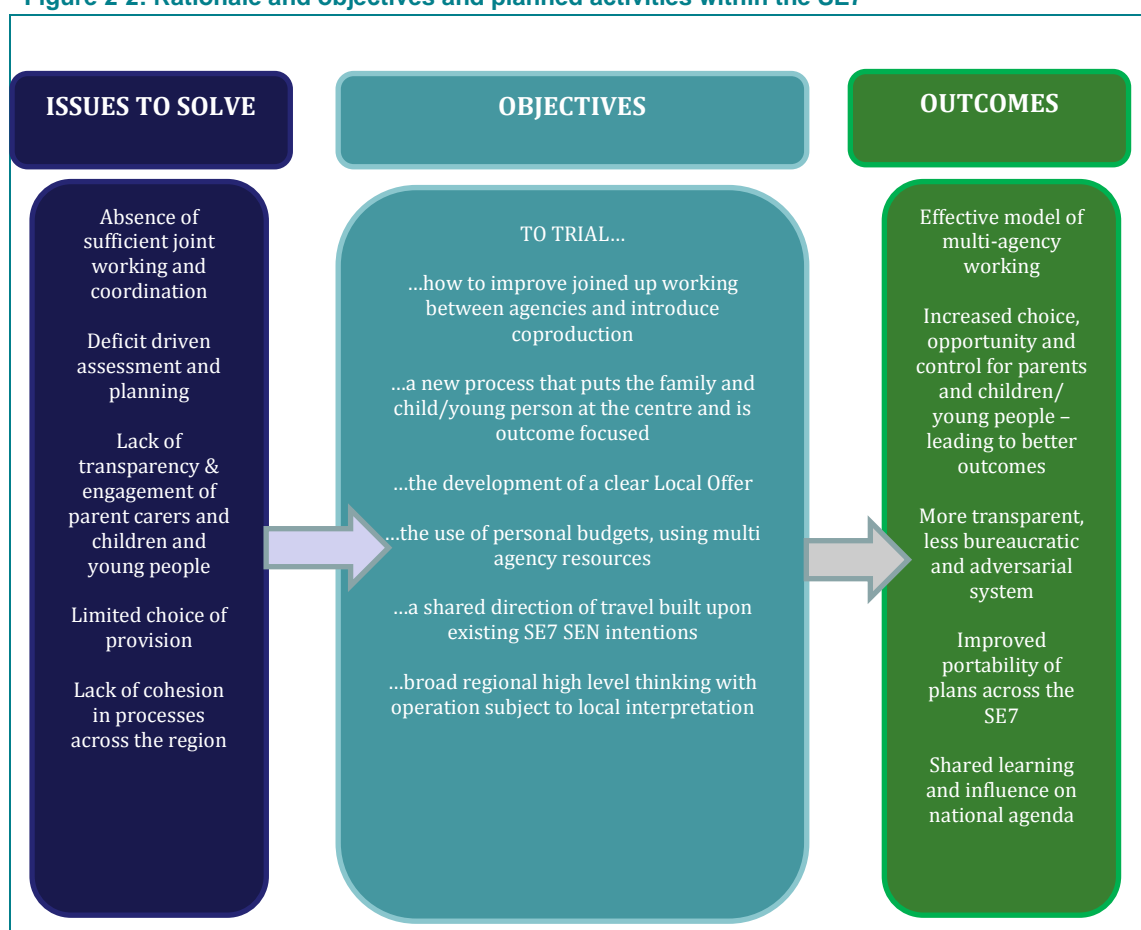
- 2.7 These challenges were consistent with other national case study areas and mirrored the issues raised in the SEND Green Paper⁷.

The SE7 pathfinder

Rationale and objectives

- 2.8 Through their pathfinder approach, the SE7 areas aimed to build upon their good practice and address the perceived weaknesses in their existing systems.
- 2.9 Figure 2-2 sets out the issues that the pathfinders intended to address, the approaches they planned to test to address them and the intended outcomes of the pathfinders. The objectives aligned clearly with the overarching aims of the pathfinder programme; with the core desire to put the child or young person and their family at the centre of the process, to be supported by improved collaborative, holistic working between professionals and increased transparency and flexibility linked to the development of a Local Offer and personal budgets. The objectives also reflected the SE7's desire to develop a shared direction of travel, which could be operationalized at a local level.

Figure 2-2: Rationale and objectives and planned activities within the SE7



Source: SQW

⁷ DfE, 2011, *Support and aspiration: A new approach to special educational needs and disability*, <http://www.education.gov.uk/childrenandyoungpeople/send/b0075291/green-paper>

- 2.10 The objectives were consistent across the SE7 areas, although as discussed later, different areas took slightly different approaches to achieving them. Areas tended to feel that, by working as part of a consortia, they would be able to learn from one another and have greater influence on the national agenda. In addition, they aimed to improve the portability of the plans across areas, to make it easier for families moving from one area to another.

Target families and intended recruitment

- 2.11 The SE7 targeted a broad range of pathfinder families, with different areas focusing on different target groups (Table 2-1). They targeted families across the age range, although only two focused on young people aged 19 and over. This was consistent with the national picture where young people aged 19+ were targeted by a relatively small number of areas.
- 2.12 Areas commonly focused on recruiting existing service users, who were already known to the system, which mirrored the targeting undertaken by the majority of national case study areas. This enabled the relevant areas to target families who were expected to benefit from more multi-agency and holistic planning. It also provided the families with an opportunity to reflect on how the previous system had worked and therefore make comparisons. For instance, one area explicitly focused on examining what was and wasn't working for the families within the existing system, to enable the development of a more personalised system that could better suit the needs of children and young people.
- 2.13 The focus on existing service users also provided areas with an opportunity to explore how they would transfer existing assessments and provision into an EHCP. In some cases, areas also felt that, by testing the pathway with children and young people with a Statement of SEN, it ensured they had a 'safety net' to fall back upon if the EHCP process did not work as intended.
- 2.14 Nonetheless, four SE7 areas intended to recruit newcomers to the system, with one area focused specifically on the recruitment of this group. This enabled them to explore referral mechanisms and how the process could work when starting with no existing assessments.

Table 2-1: Intended target age groups for EHCP

	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7
0-5 years		✓	✓	✓	✓	✓	✓
5-15 years	✓	✓	✓	✓			
14-16 years	✓	✓	✓	✓	✓	✓	
17-18 years	✓	✓	✓	✓	✓	✓	
19+ years		✓				✓	
Newcomers to system			✓		✓	✓	✓
Existing service users	✓	✓	✓	✓	✓	✓	✓
Looked after children	✓	✓	✓	✓	✓	✓	✓

Note: SE7 pathfinder areas labelled 1-7
Source: SQW

Summary

- Despite geographical proximity, the SE7 areas varied substantially in size and nature, and exhibited different levels of multi-agency working and experience of personalised approaches prior to the pathfinder
- The previous models of provision tended to be segregated along service lines and drew heavily on traditional assessment and planning processes
- The pathfinders recognised the limitations of their existing systems and wanted to use the pathfinder programme to address some of these issues.
- There were some examples of existing good practice, including multi-agency panels for complex cases, personalised multi-agency working around certain groups and practices such as the co-location of staff. Many of the areas aimed to build upon these exceptions, which were felt to align with the direction of travel set out in the SEND Green Paper.
- In recognition of the challenges involved, the areas intended to develop relatively small scale trials to inform their understanding of what needed to be taken forward over the longer term
- The SE7 targeted a broad range of pathfinder families, with different areas focusing on different target groups. There was a greater focus on newcomers to the system than amongst the other national case study areas.

3. Organisational engagement and cultural change

- 3.1 This chapter examines the extent to which the pathfinder areas sought to secure organisational engagement and sustained cultural change through:
- The **engagement of relevant stakeholders** including strategic and operational staff, parent carers, young people, and the VCS
 - The development and delivery of a **change management** programme to ensure that those involved in the pathfinder had the requisite skills to deliver the approach and to build the skills and capacity of stakeholders moving forwards
 - Changes to the **provider market** through market development and the creation of a transparent local offer.

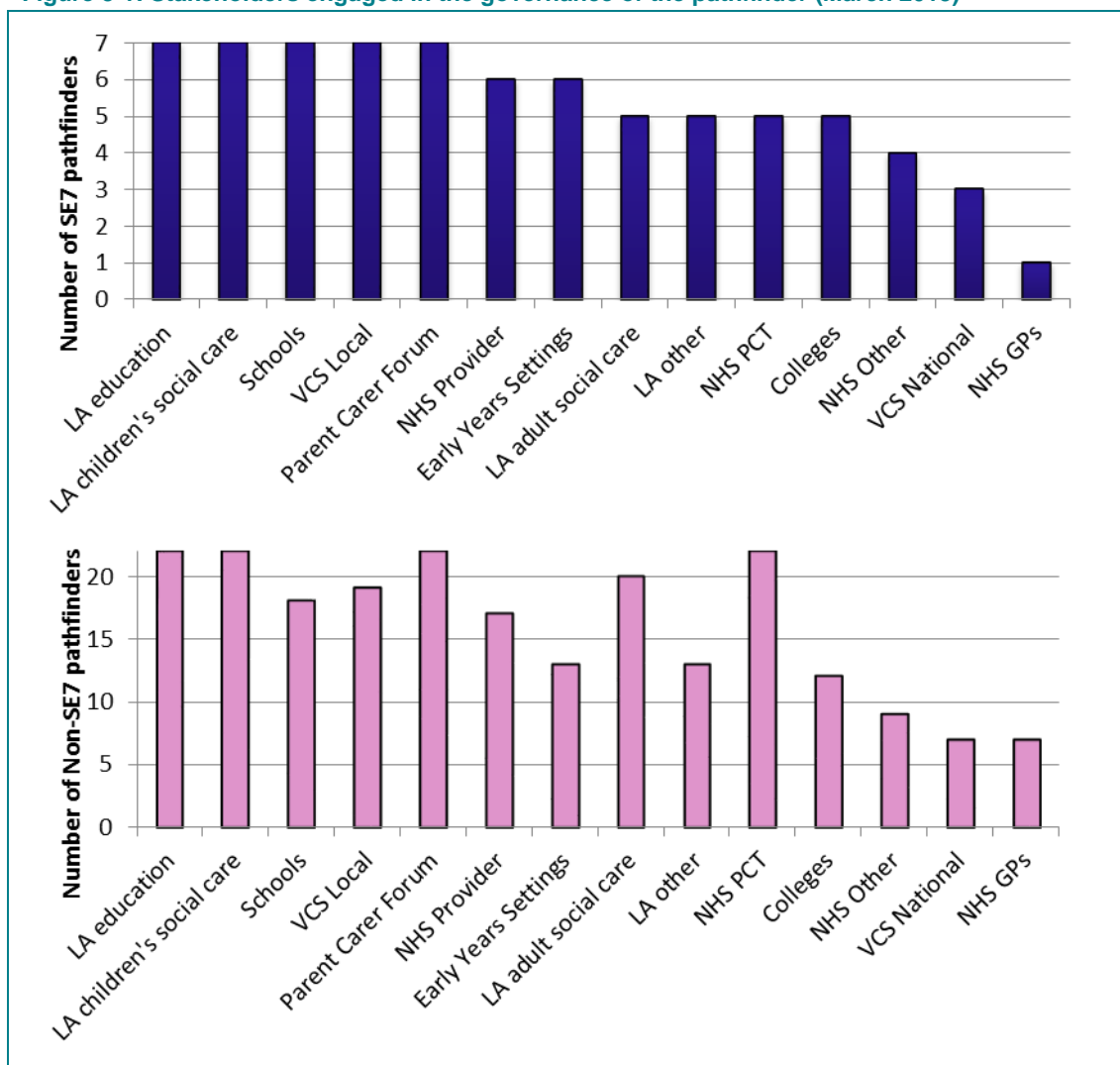
Engagement of relevant stakeholders

Setting up Pathfinder governance structures

- 3.2 Development of the required governance structures, including the Change Board, project plan and a clear set of objectives, began at the outset of the pathfinder programme, and tended to be fully set up within around six months of the start of the programme. Furthermore, all SE7 areas had their local Change Board fully in place by the end of March 2012, whilst seven of the 22 other national pathfinder areas were still in the process of setting up their Boards. The relative speed with which the SE7 areas set up their change boards was in part likely to be a benefit of them working as a region; with the regionalised working providing initial direction and impetus for these early pathfinder tasks and each area reporting to the SE7 regional steering group on their progress.
- 3.3 There was good stakeholder engagement in the governance of the pathfinders, which improved over time across most areas. Figure 3-1 illustrates the stakeholders that were engaged in the governance of the SE7 (blue) and other national pathfinders (pink). This shows that within the SE7, six core stakeholders (local authority education, schools, children's social care, health⁸ the VCS and parent carer forums) were engaged in the governance of each pathfinder, which by comparison indicated greater engagement from schools and the VCS in comparison to non-SE7 areas. The section below on **engagement of wider stakeholders** discusses the extent to which professionals from different services have been involved in the development of the pathfinder.

⁸ Health were involved in the governance of each of the SE7 pathfinders, although this varied between engagement from commissioners or providers across areas.

Figure 3-1: Stakeholders engaged in the governance of the pathfinder (March 2013)

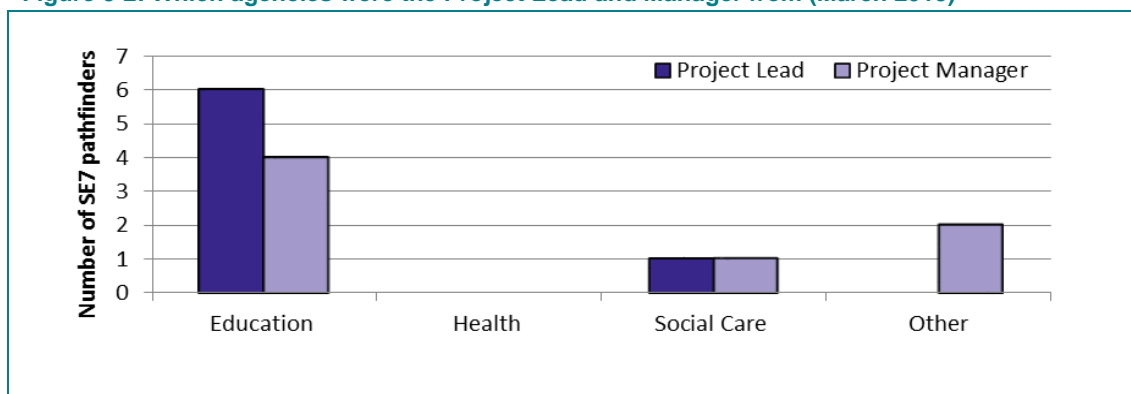


N= 7 responses for SE7 responses. N=22 for non-SE7 responses.
Source: Pathfinder monitoring returns

Recruitment of staff

- 3.4 While all areas started with a strategic lead in post, the recruitment of project managers was generally undertaken following the inception of the pathfinder and therefore took more time. By quarter 1 of 2012/13 all SE7 areas had a designated project manager in post. A number of areas also recruited administrative support and/or an external consultant to add capacity to the team and lead on specific elements, such as the development of the local offer.
- 3.5 The exact roles of the project lead and manager varied by area, particularly at the outset of the pathfinder, where a number of project leads took on both roles. However, in essence the project leads tended to take on a strategic leadership role in terms of championing the pathfinder, while the project managers tended to oversee the day-to-day running of the pathfinder and act as a conduit between strategic and operational staff.
- 3.6 Most of the SE7 project leads and managers were drawn from SEN (see Figure 3-2), which was similar to other national case study areas. This is likely to be important moving forwards, given that EHCPs will be driven from SEN.

Figure 3-2: Which agencies were the Project Lead and Manager from (March 2013)



N= 7 responses for SE7 responses.

Source: Pathfinder monitoring returns

3.7 Staffing structure and turnover during the pathfinder appeared to affect the operation of the pathfinder in a number of ways, particularly in terms of:

- **Full vs. part-time project manager** – Project managers working full-time on the pathfinder appeared to have been able to provide the pathfinder with more impetus, while some of those working on the pathfinder in addition to their substantive role struggled to balance the two roles and were more reliant on the contributions of others. The level of administrative burden involved in the pathfinder (including the multiple levels of reporting⁹) was felt to have exacerbated this issue, particularly where no administrative support was in place
- **The level of staff turnover** - There was considerable turnover in the management staff of some of the SE7 pathfinder areas over the first eighteen months of the programme, which led to some discontinuity and loss of momentum in the relevant areas. For example, changes in management in two of the SE7 areas in the first six months of the pathfinder was felt to have substantially limited development, leaving both areas behind the remaining SE7 areas and trying to ‘catch up’ in what were relatively short pathfinder timescales. However, in both cases, these staff changes were felt to have led to improved leadership and impetus going forwards.

3.8 Each SE7 area used workstreams to develop pathfinder infrastructure. This approach was also commonly used across many other national pathfinder areas, as it enabled the workload associated with developing the infrastructure to be split into more manageable tasks and meant that stakeholders could feed into appropriate elements.

3.9 Workstreams often related to the development of specific elements of the pathfinder (such as the EHCP process, personal budgets, the local offer) or to development of an approach for different target groups (for instance early years and post 14s). They commonly involved professionals from across education, social care and health as well as the VCS and parent carers, although attendance was more mixed, particularly amongst health professionals, due to capacity constraints.

3.10 Pathfinder workstreams either reported to an operational delivery board/core pathfinder group or to the Change Board directly. However, despite this accountability to wider

⁹ Areas reported internally, to the SE7, the pathfinder support team and to the evaluation team.

pathfinder structures, some areas reported that it was challenging to monitor and drive forward the pace of workstream development outside of board meetings (particularly in workstreams not led by the project manager or lead). In addition a number of the areas continued to grapple with the challenge of integrating the discretely created elements into a coherent pathfinder approach. For instance, and as discussed in **chapter 6**, most areas had not integrated personal budgets (generally developed as separate workstreams) into their EHCP process by March 2013.

Wider stakeholder engagement

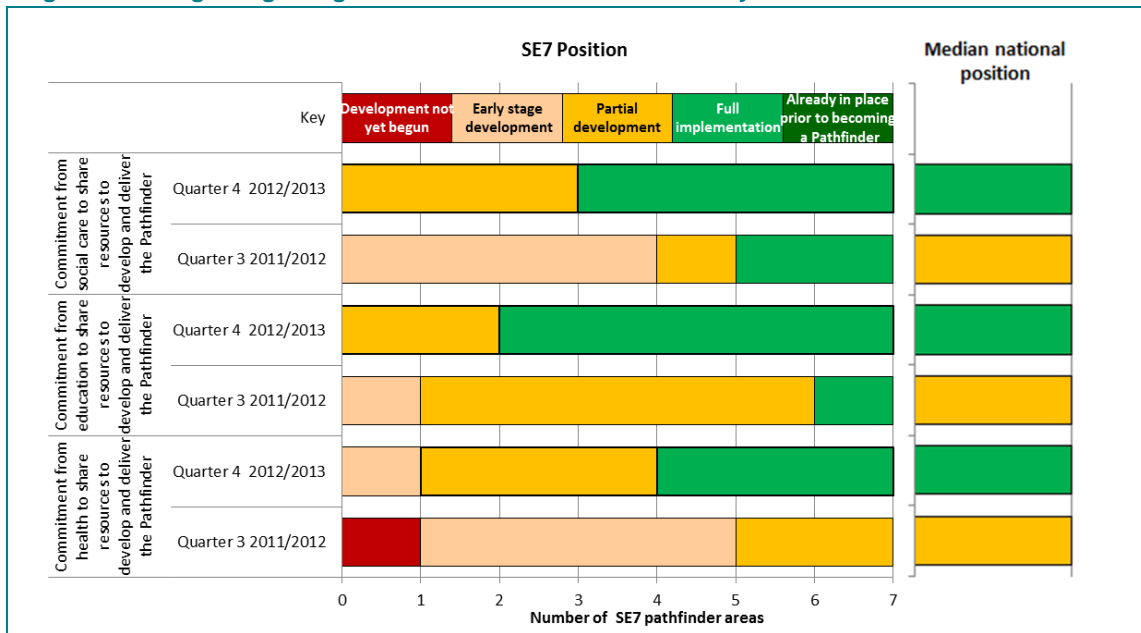
- 3.11 There were generally high levels of engagement from **SEN** across the areas, which was likely to be linked in part to the education focus of the SEN reforms. SEN staff commonly led the pathfinder and tended to be involved at both strategic and operational levels; from chairing Change Boards to sitting on workstreams and undertaking the key working role to support families going through the process.
- 3.12 **School** and **college** representatives also commonly sat on the pathfinder change boards, although their involvement beyond this strategic level was variable. While a relatively small number of willing schools were involved in testing the pathfinder approaches in some areas, many others played little to no role in the pathfinder, as they were reported to have been preoccupied by the changes linked to the school funding reforms. However, schools will increasingly be required to feed into the local offer and the engagement of those less willing to take part will become crucial as the pathfinders move towards roll out.
- 3.13 There was good strategic engagement from **social care**, although the picture was more mixed at an operational level in some areas. One pathfinder was led by children's social care, which in turn had led to high levels of engagement from the associated operational workforce.
- 3.14 **Health** engagement improved over the course of the pathfinder and was generally felt to be quite good, although it tended to reflect the involvement of one or two engaged individuals on the Change Boards and workstreams rather than wider organisational engagement. A number of areas reported that health involvement was limited by capacity constraints, which were associated with difficulties prioritising the pathfinder. However most felt that the Duty to Cooperate would help to ensure that Clinical Commissioning Groups prioritised the pathfinder going forwards, as it created a legal responsibility for health involvement, including financial accountability for delivering the content of the plans.

Commitment to share resources

- 3.15 The SE7 made substantial progress gaining commitment from agencies to share both financial and in-kind resources to support the development and delivery of the pathfinder by the end of March 2013. However, on average, the SE7 had received less commitment from health to share resources than other pathfinder areas, perhaps as a result of challenges engaging health stakeholders in some areas (see Figure 3-3). Leveraging of resources from education appeared to have been relatively successful within the SE7, with around half of the areas leveraging funding for development of the pathfinder and/or for resourcing packages in addition to all providing in kind staff time. However, although each area secured in-kind staff time contributions from health and social care, none secured funding for

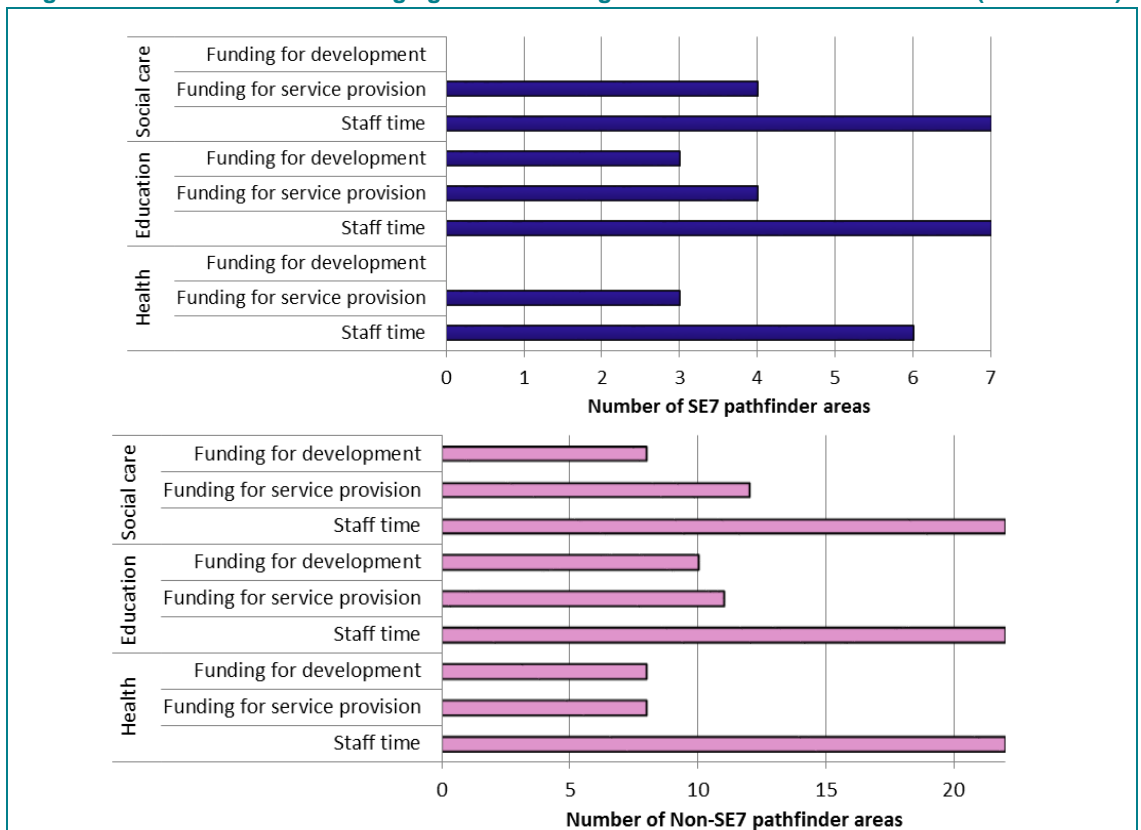
development, whereas around a third of non-SE7 areas secured health and social care funding for development of the pathfinder (see Figure 3-4).

Figure 3-3: Progress gaining commitment to share resources by the end of March 2013



N=7 responses
 Note: Median national position based upon responses from the 22 non-SE7 Pathfinder areas.
 Source: Pathfinder monitoring returns

Figure 3-4: Which of the following agencies have agreed to share resources to date (March 2013)

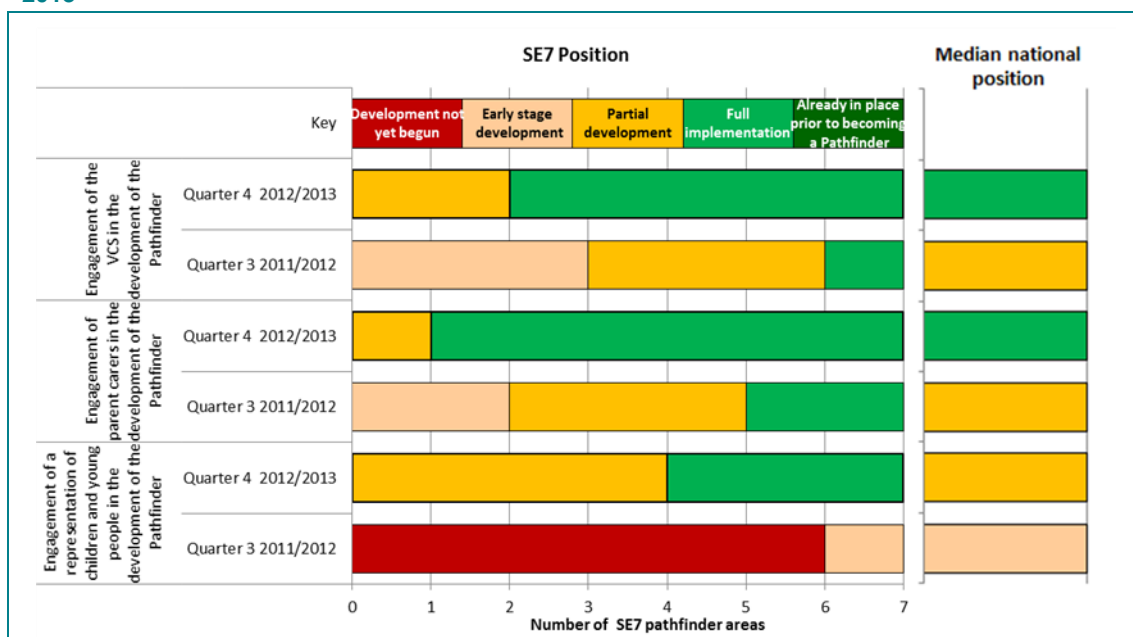


Source: SE7: N=7 responses, Non-SE7: N=22
 Pathfinder monitoring returns

Engagement of parent carers, children and young people and the VCS

- 3.16 Most SE7 areas assessed themselves to have fully engaged parent carers and the VCS in the development of the pathfinder by March 2013 (Figure 3-5).
- 3.17 Parent carers were involved in the development of the pathfinder approach at a regional level and across all of the SE7 areas, most commonly through representation from parent carer forums. This marked a substantial and well received change from previous practice, which commonly involved limited (and often no) parental involvement in decision making. Parent carers were involved both in shaping the process and often in determining how the pathfinder was communicated to families, for instance through the development of introductory guidance materials. In one area a parent carer worked as a project officer, enabling the individual to provide a 'bridge' between pathfinder management and families. However, despite this step forwards, there was some concern amongst parent carers about the amount of decision making taking place outside of the Board and workstream meetings they attended. While it was acknowledged that this was to some degree inevitable and necessary given the tight timeframes within which the pathfinders were operating, this needed to be treated carefully and communicated appropriately to parent carers.
- 3.18 VCS involvement in the pathfinder tended to be less wide ranging than parent carers and other stakeholders. Although they sat on each SE7 Change Board, there were mixed views on the extent to which they had had strategic influence on the development of the EHCP processes across the areas. Having said this, there were a number of examples of good practice that had arisen from their involvement at an operational level; in terms of engaging families onto the pathfinders, developing the local offer and providing resilience training to families (discussed later).
- 3.19 In addition, limited progress appeared to have been made in terms of directly engaging **children and young people with SEND** in pathfinder decision making, although some progress had been made at the regional level through work with KIDS, the VCS organisation. However, despite this, involvement in strategic decision making at the local level generally appeared parent carer, rather than child young person focused.

Figure 3-5: Progress engaging parent carers, children and young people and the VCS by March 2013

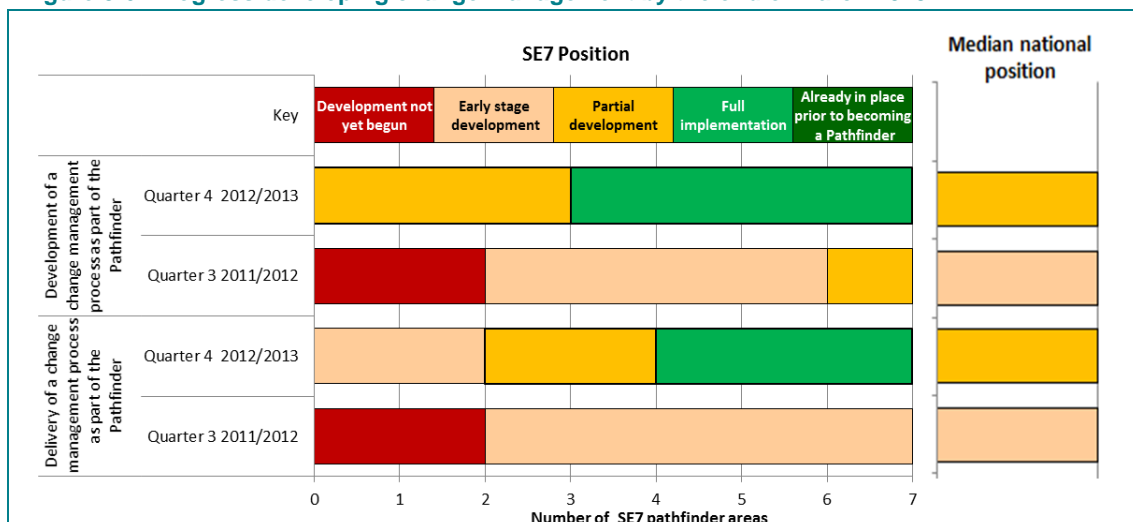


N=7 responses
 Note: Median national position based upon responses from the 22 non-SE7 Pathfinder areas.
 Source: Pathfinder monitoring returns

Change management

3.20 By March 2013, the majority of SE7 areas had fully developed their pathfinder change management processes and most had reached at least partial development in terms of delivering their process (see Figure 3-6). The development (and subsequent delivery) of the change management process progressed slower than other elements of the pathfinder, perhaps partly as a result of dependency upon these. For instance, areas could not develop key worker training until they had an understanding of what the role was intended to involve and who would need to deliver the role (and thus who would benefit from change management). As such, the variation in progress with change management by area is not surprising given the corresponding variations in the speed of the setup of the pathways (discussed later).

Figure 3-6: Progress developing change management by the end of March 2013



3.21 Change management commonly consisted of:

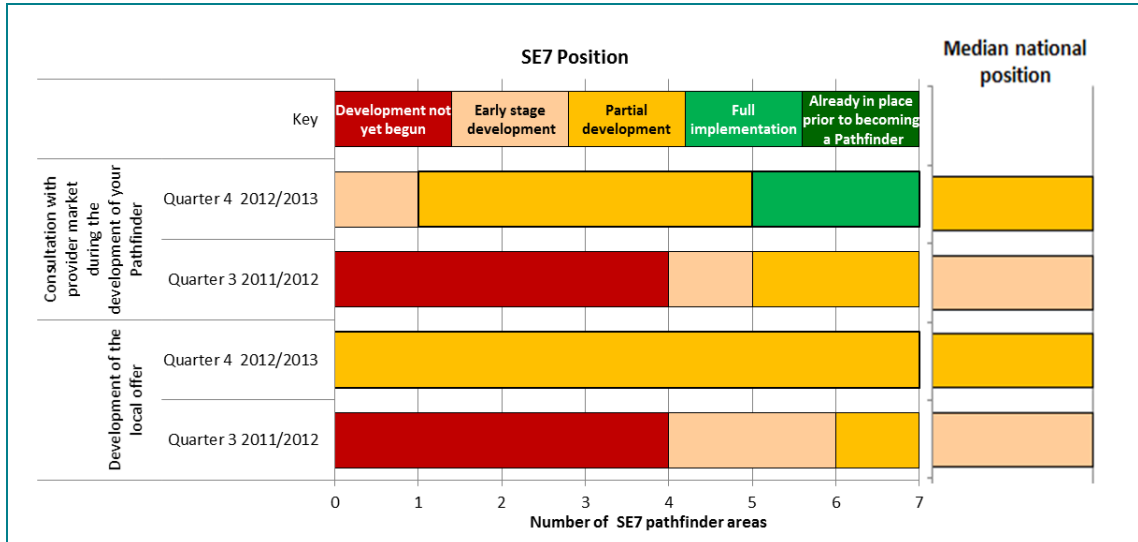
- **Introductory pathfinder events** – to introduce and raise awareness of the pathfinder amongst professionals and/or families and enable the development of a common understanding of what the pathfinder intended to do
- **Training for key workers** – which varied somewhat in content across areas but tended to focus on developing a shared understanding of the pathfinder and providing advice on requisite skills such as how to write outcomes-focused single plans and coordinate planning meetings. The success of these sessions was variable as they tended to “*raise more questions than they answered*” in the first instance. The coordination role and key worker training are discussed in more detail in **chapter 5**
- **Ongoing support for key workers** – provided by a small number of areas, to acknowledge that issues arose as key workers supported families through the process. This tended to involve bringing professionals together on a regular basis to review progress and share experiences, and in one area involved the formation of a key worker support panel to provide advice. While valuable, such sessions were time consuming, which proved difficult in some cases where key workers were undertaking the role in addition to their existing workload
- **Research to understand good practice and issues around current parental engagement in schools** – to help build the dialogue between parent carers and schools.

3.22 SE7 areas planned to refine and scale up key worker training and formalise wider information sharing as they moved towards scaling up and rolling out EHCP plans between September 2013-14. One approach taken was to create a workforce development group to manage this wider change management process.

The local offer and market development

3.23 Progress was made in terms of consultation with the provider market and development of the local offer by the end of March 2013, but none of the SE7 areas (and very few of the other national pathfinder areas) had published their local offer by this point (see Figure 3-7).

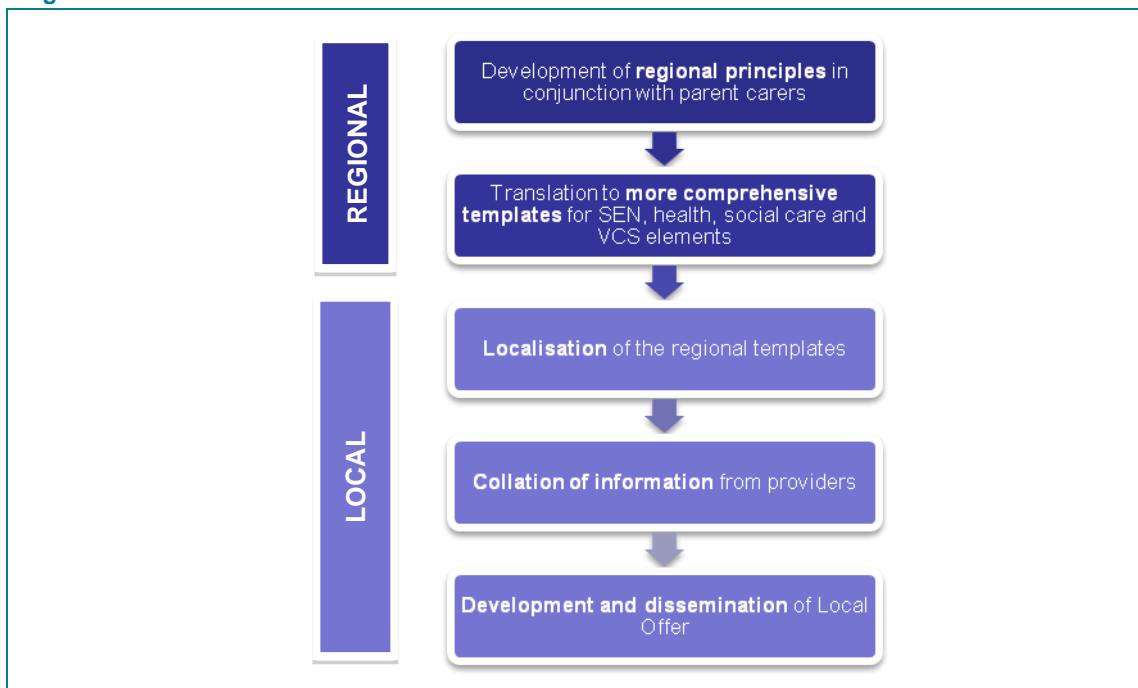
Figure 3-7: Progress developing the Local Offer and provider market by the end of March 2013



N=7 responses
 Note: Median national position based upon responses from the 22 non-SE7 Pathfinder areas.
 Source: Pathfinder monitoring returns

- 3.24 Development of the local offer was initiated at the regional level, and included high level development of principles and a framework, following which the materials were to be localised and implemented separately across each of the areas (Figure 3-8). This should ensure greater consistency across the local offers, while still allowing them to be tailored to meet the needs of the local areas. The development process took longer than anticipated, following delays in the development of the regional framework.
- 3.25 Nonetheless, parent carers were integral throughout the process; from the involvement of parent carer forum representatives in developing the regional principles to areas working with parent carers on the ground to understand how they wanted the local offer to look and its associated required functionality.

Figure 3-8: The local offer



Source: SQW

3.26 However, despite the progress made, there were still a number of questions that needed to be addressed locally before the local offers could be finalised. These related to the:

- **Format of local offer** – each area intended to create a web-based version of the local offer, in some cases supplemented by paper documentation and in one case with trained local offer ‘tour guides’ in designated schools and libraries to support its use. However, areas were still at varying stages of developing the format by March 2013 with no areas having finalised their tool
- **Content of local offer** – regional work provided a starting point for the local offer; establishing a set of regional principles and framework for the collation of information for the SEN, health, social care and preparation for adulthood elements. However, these remained open to interpretation and localisation, requiring areas to think through how to collate the information and the level of detail they required. Areas commonly intended to give providers a set of minimum requirements against which they were asked to formulate the relevant information. However, there was some concern about burden that collation of this information would place on providers, particularly given the comprehensiveness of the minimum requirements (based upon lists of both parent carer and children’s requirements). There was a need to achieve a balance between obtaining sufficient, comparable information for parent carers and children and young people without placing undue burden upon providers
- **Timing** – Timescales for publication of the SE7 local offers varied substantially, and in some cases had not been formally determined due to the scale of the task. However, most had, as a minimum, created a temporary webpage (providing an overview of what the local offer would contain) and planned to adopt a phased launch to their local offer starting with basic information and adding more over time
- **Maintenance and sustainability** – While areas recognised that keeping the local offer up to date would be resource intensive and present a challenge, limited progress had been made in ascertaining a solution. Some areas decided that the local offer would link to information on providers’ own webpages, to put the impetus on providers for keeping their information up-to-date. However, they had not yet thought through who would manage this process and quality assure the information available.

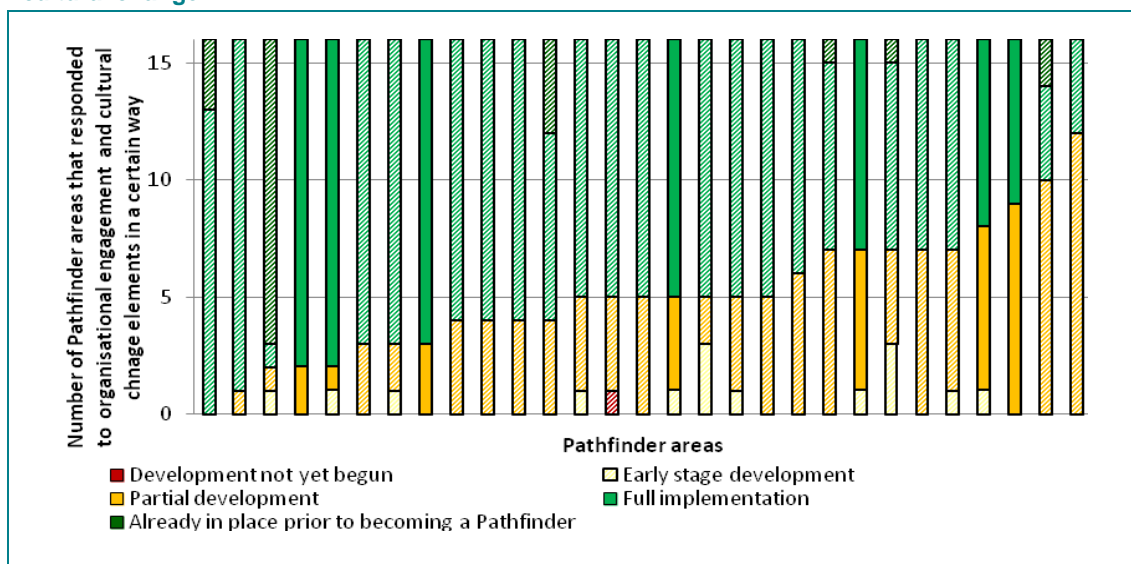
3.27 Collation of local offer information to date had been education focused, with most areas beginning to pilot information collation with a selection of schools that had agreed to be involved. Going forwards pathfinder areas should seek to refine their approach in relation to the points above, and work to collect information from others including health, social care, VCS providers and the schools that were not included in the initial collation stage.

Variations in self assessed progress across Pathfinder areas

3.28 Figure 3-9 provides an illustration of the perceived progress made by each of the national pathfinder areas (each column represents a single area’s responses) against the 16 progress measures contained in the organisational engagement and cultural change theme. The SE7

pathfinder areas are represented by the solid coloured bars, while the other national pathfinder areas are shown by the striped bars. The responses demonstrate the range of self-reported progress across the SE7 areas; spanning across the spectrum of other national responses. According to their ratings, two of the SE7 areas were ranked amongst the five most developed pathfinder areas in terms of organisational and cultural change (fully delivering against 14 of the 16 measures), and two were ranked amongst the five least developed (fully delivering against 7 and 8 progress measures respectively).

Figure 3-9: Responses to the series of monitoring questions on organisational engagement and cultural change



N=29 responses.

Please note: the SE7 pathfinder areas are represented by the solid coloured bars, the striped bars represent 22 non-SE7 pathfinder areas.

Source: Pathfinder monitoring returns.

Summary

- There appeared to have been good levels of strategic involvement in Pathfinder governance structures from across most parties
- Change Boards included broad strategic involvement from across SEN, children's social care, schools, health, the VCS and parent carer representatives. Their development was in part driven by the regional steering group
- Engagement of SEN and parent carer representatives in the development of the pathfinder was felt to be good. However, other operational engagement was more mixed and often involved the participation of a few key individuals rather than wider organisational involvement. Engagement of children and young people at both operational and strategic levels was felt to have been limited to date
- Nearly all SEN, social care and specialist health services within the SE7 had committed in-kind staff time to the development of the pathfinder, although commitment of financial resources (both for pathfinder development and the delivery of packages) had been more limited

- All areas facilitated some initial change management processes. These tended to be small scale and focus upon individuals that had contributed to the development and delivery of the pathfinder in the first instance
- Progress on the local offer began slowly, but had gathered speed, with good progress made by the end of the first phase of the pathfinder. The majority of the constituent elements had been mapped out by March 2013, but the framework had not yet been comprehensively operationalized across any of the SE7 areas. Therefore no local offers had been published by the end of March 2013.

4. Engaging and involving families

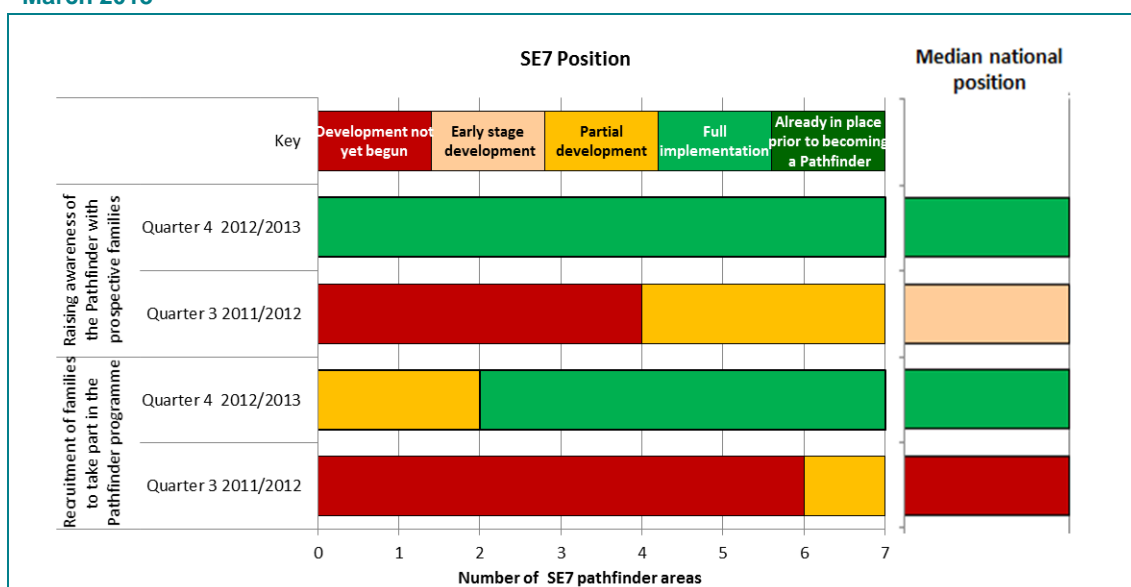
Introduction

- 4.1 This chapter provides an overview of the methods used to raise awareness among families introduces the characteristics of the families recruited by July 2013. **Chapter 7** then examines the experience of a selection of these families, who were surveyed after going through the EHCP process.

Awareness raising with families and young people

- 4.2 All SE7 areas had raised awareness of the pathfinder with prospective families and recruited their initial cohorts of families onto the pathfinder by Spring 2013 (Figure 4-1).

Figure 4-1: Progress relating to awareness raising and recruitment of families by the end of March 2013



N=7 responses

Note: Median national position based upon responses from the 22 non-SE7 pathfinder areas.

Source: Pathfinder monitoring returns

- 4.3 Areas used a variety of methods to raise awareness with families and young people, including:
- Promotional materials (including leaflets etc.)
 - Introductory events for families and young people
 - One-to-one meetings
 - Contact through the parent carer forum.
- 4.4 The use and success of these approaches varied by area. For instance, one-to-one meetings were felt to work well in one area when conducted by an experienced key working professional, while they worked less well in another, where they were undertaken by graduate project officers without the same level of knowledge and experience.

- 4.5 In addition, one area was reported to have held an event whose content was too advanced in part because it was felt by families to have been too professionally led, while others worked with parent carer forums to co-produce promotional materials. These materials had been generally well received as the materials were perceived to use language that was accessible to parent carers.
- 4.6 The VCS had also provided varied contributions to awareness raising activities across a number of the SE7 areas (see Box A).

Box A: Involvement of the VCS in awareness raising

The VCS had involvement across a number of areas, in terms of:

- Hosting a series of events to raise awareness of the pathfinder amongst families
- Gathering disabled young people’s views on short breaks to inform their development
- Shaping the way in which a pathfinder approached and engaged families from particular ethnic minorities by informing the pathfinder about how different cultures can perceive, and subsequently manage, disability in the community.

Family recruitment

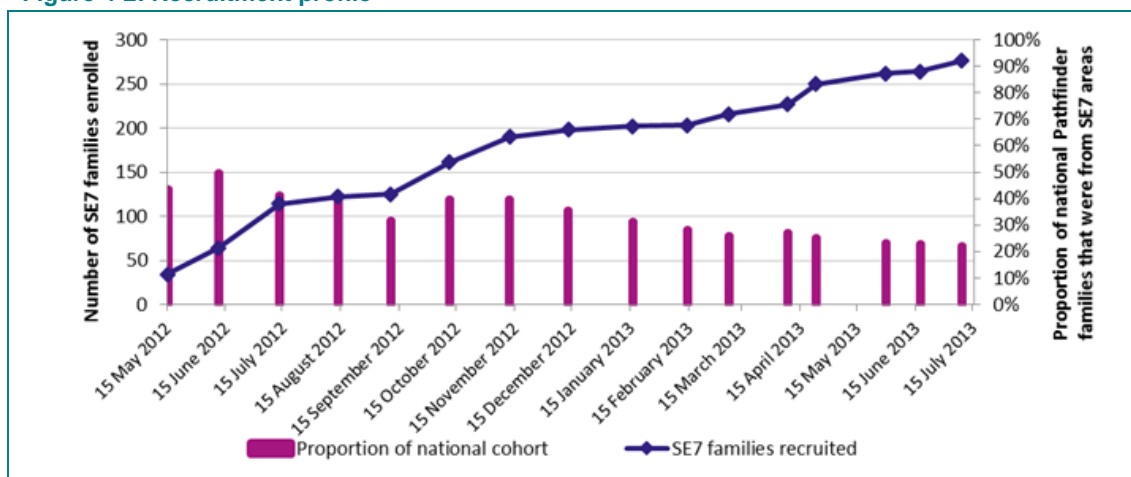
- 4.7 By July 2013, the SE7 areas had recruited 299 families, which was just under a quarter (24%) of the families recruited across all pathfinder areas (see Table 4-1). This included a relatively early start followed by fast paced recruitment compared to many of the other areas (with over half of all pathfinder families recruited nationally based within the SE7 in mid June 2012) (see Figure 4-2). However, this high level of recruitment was skewed by two areas in particular which recruited a large number of families in the early stages of the pathfinder.
- 4.8 Recruitment subsequently tailed off over the 2012 school holidays, before picking up between September and November 2012 and then again from March 2013.

Table 4-1: Families recruited onto the pathfinder

	SE7 Pathfinder areas			Other Pathfinder areas		
	Number of families	Number of areas these families come from	Range of families per area	Number of families	Number of areas these families come from	Range of families per area
Pathfinder families recruited	299	7	12 to 82	940	22	4 to 69
Completed single plans	135	6	3 to 58	460	22	2 to 44
Families that have left the pilot	8	3	1 to 6	75	15	1 to 14

*Using data correct as of 29th July 2013
Source: Pathfinder monitoring returns*

Figure 4-2: Recruitment profile



Note: Lines used to connect the data points illustrate the increase in recruitment within a given month
Source: Pathfinder monitoring returns

4.9 Pathfinder families were identified through one of two routes:

- **Pathfinder specific selection process** – which commonly involved selecting existing service users who were likely to benefit from the EHCP process. This included families with children and young people with complex needs which spanned multiple agencies and/or those where existing provision was not working.
- **Existing referral routes** – which was most commonly used across areas targeting newcomers to the system. Using this approach, families could be offered an EHCP rather than a Statement of SEN as appropriate.

4.10 The mechanisms for recruiting families through these routes are set out in Box B.

Box B: Mechanisms for recruiting families

Common recruitment routes included:

- Identification of families by professionals attending pathfinder Operational Delivery Groups or Change Boards
- Self-referral and attendance at pathfinder events
- Identification by parent carer forums or the VCS
- Existing referral mechanisms (such as through Decision Making Groups or Provision Planning Panels).

Nature of the Pathfinder families and young people

4.11 The SE7 areas recruited families from across different groups (Table 4-2):

- Families were recruited from across the age groups, including a small proportion of young people aged 19 and over (which reflected a similar spread to other national pathfinder areas). A higher proportion of SE7 as compared to non SE7 families that

went through the process were aged under 11 (reflecting a focus on early years within a number of SE7 areas).

- Over a third (35%) of completed EHCP plans in the SE7 were among children or young people who had either no SEN intervention or an Early/School Action or Action Plus prior to enrolment onto the pathfinder (compared to 28% across other national pathfinders).

4.12 The greater SE7 focus on younger children and those with lower level needs had implications for the pathways developed; with a larger proportion of SE7 areas (than non SE7 case study areas) developing coordinated assessments rather than streamlined review processes (see *chapter 5*).

Table 4-2: Characteristics of pathfinder families

	SE7 pathfinder families				Other pathfinder families			
	Registered families		Completed EHCP plans		Registered families		Completed EHCP plans	
	N	%	N	%	N	%	N	%
Age of child/ young person								
0-3 years	48	16%	30	22%	128	14%	69	15%
4-11 Years	108	36%	68	50%	325	35%	183	40%
12-15 Years	83	28%	21	16%	178	19%	95	21%
16-18 Years	29	10%	11	8%	126	13%	76	17%
19-25 Years	11	4%	5	4%	41	4%	25	5%
Unspecified	20	7%	0	0%	142	15%	12	3%
Formal education setting								
Early years	31	10%	17	13%	146	16%	79	17%
Mainstream schooling	83	28%	59	44%	237	25%	127	28%
Special school	65	22%	39	29%	301	32%	146	32%
Other setting ¹⁰	8	3%	2	1%	93	10%	50	11%
Employment ¹¹	0	0%	0	0%	6	1%	5	1%
Not in an education setting	6	2%	2	1%	38	4%	14	3%
Not in education, employment and training	4	1%	0	0%	8	1%	4	1%
Not known at present	102	34%	16	12%	111	12%	35	8%
SEN level of intervention								
None	11	4%	3	2%	74	8%	26	6%
Early Years/ School Action and Early Years/ School Action Plus	69	23%	45	33%	212	23%	102	22%

¹⁰ Other settings included: Academy schools, FE Colleges or Sixth Forms, Home education, hospital schools, pupil referral units or work based training.

¹¹ Includes supported employment

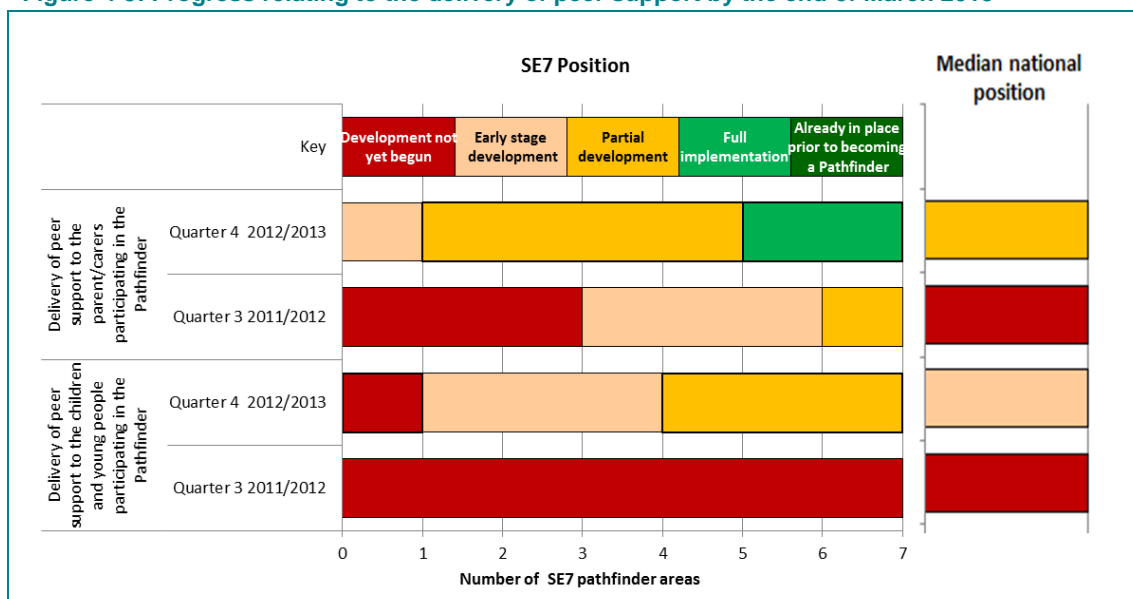
	SE7 pathfinder families				Other pathfinder families			
	Registered families		Completed EHCP plans		Registered families		Completed EHCP plans	
	N	%	N	%	N	%	N	%
Statement of SEN	109	36%	68	50%	500	53%	264	57%
S139a/Learning Difficulty Assessment	5	2%	1	1%	57	6%	40	9%
Not known at present	105	35%	18	13%	97	10%	28	6%
Total number of families								
Total	299	100%	135	100%	940	100%	460	100%

Source: Pathfinder monitoring data

Peer Support

- 4.13 Self-reported progress in terms of the development and delivery of peer support up to March 2013 is set out in Figure 4-3. As would be expected, progress developing and delivering peer support increased as families began to progress through the pathfinder pathway, and as their peer support needs became clearer.
- 4.14 Mechanisms for peer support offered to families across the SE7 included:
- **Ongoing support** – Offered to families through their parent carer forum and provided through the key worker role, which was designed to give families one-to-one support throughout the process. Parent carer forum advocacy tended to be listed in the introductory materials provided to families as they entered the process, but awareness and take up of this support was reported to vary between families. In one area, representatives from the parent carer forum introduced the pathfinder to families and in others key workers were able to signpost families to the parent carer forum as appropriate
 - **Training for families** – Introduced across a couple of areas to improve parent carer understanding of the process and build their resilience and confidence to attend and participate in meetings. In one area this training was delivered by the VCS as an extension of one of their existing programmes.

Figure 4-3: Progress relating to the delivery of peer support by the end of March 2013



N=7 responses

Note: Median national position based upon responses from the 22 non-SE7 pathfinder areas.

Source: Pathfinder monitoring returns

Summary

- Two hundred and ninety-nine SE7 families had joined the pathfinder by the end of July 2013, which was dominated by large numbers recruited from two of the seven areas
- Children and young people were recruited from across the 0-25 age range. This included a relatively large number of 0-11 year olds; reflecting the SE7 focus on younger children. By contrast, recruitment of young people aged 19+ remained lower than other groups (which was similar to other national pathfinder areas)
- Pathfinder families were either identified through pathfinder specific selection processes or existing referral routes
- Peer support developed organically as pathfinders began to go through the pathfinder process. It focused on offering ongoing support to families (through their key worker and the parent carer forum), with a couple of areas also offering families training to support their understanding and confidence to contribute to the process.

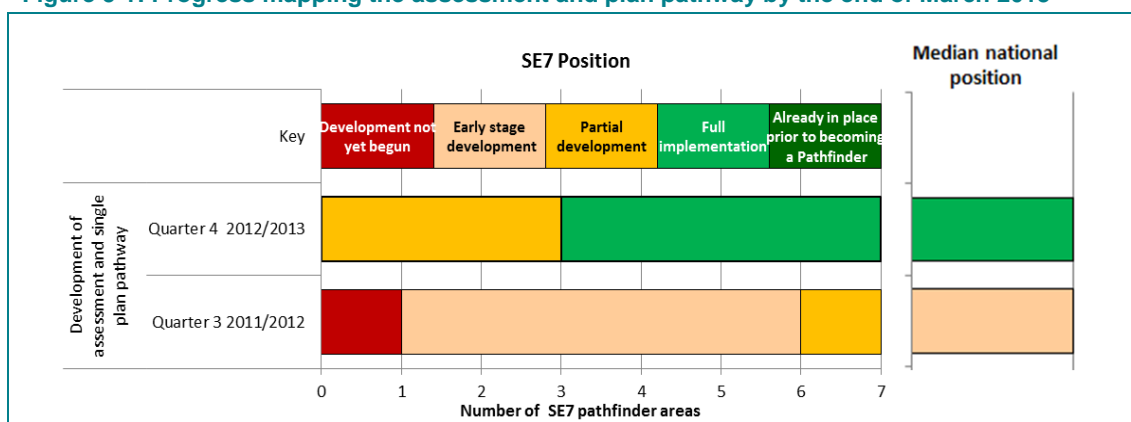
5. Setting up the infrastructure – part 1

- 5.1 Once families had been recruited, the intention was that they would be taken through a new coordinated assessment and plan pathway (the EHCP process). This chapter examines the pathways developed by the SE7 areas and discusses the role played by key workers in supporting their delivery. Parental and key worker views on the EHCP process are discussed separately in chapters 7 and 8 respectively.

Mapping of the coordinated assessment and plan pathway

- 5.2 Clear progress had been made in terms of mapping out the EHCP pathways by the end of March 2013, with all the SE7 areas reporting to have reached either partial development or full implementation (see Figure 5-1). This translated into some areas having extensively trialled their new process, whilst others were still in the process of doing so, which reflected a similar picture to the national case study areas. The differences in pace and progress largely reflected individual areas' development approach; some chose to map out their process in full prior to inviting families to participate, and others took a more iterative approach and therefore developed the process in tandem with family participation. Both approaches were felt to have been of value to the SE7 as a whole, as they provided both early and continuous learning to inform future practice.

Figure 5-1: Progress mapping the assessment and plan pathway by the end of March 2013



N=7 responses

Note: Median national position based upon responses from the 22 non-SE7 pathfinder areas.

Source: Pathfinder monitoring returns

The new process – stages and sequencing

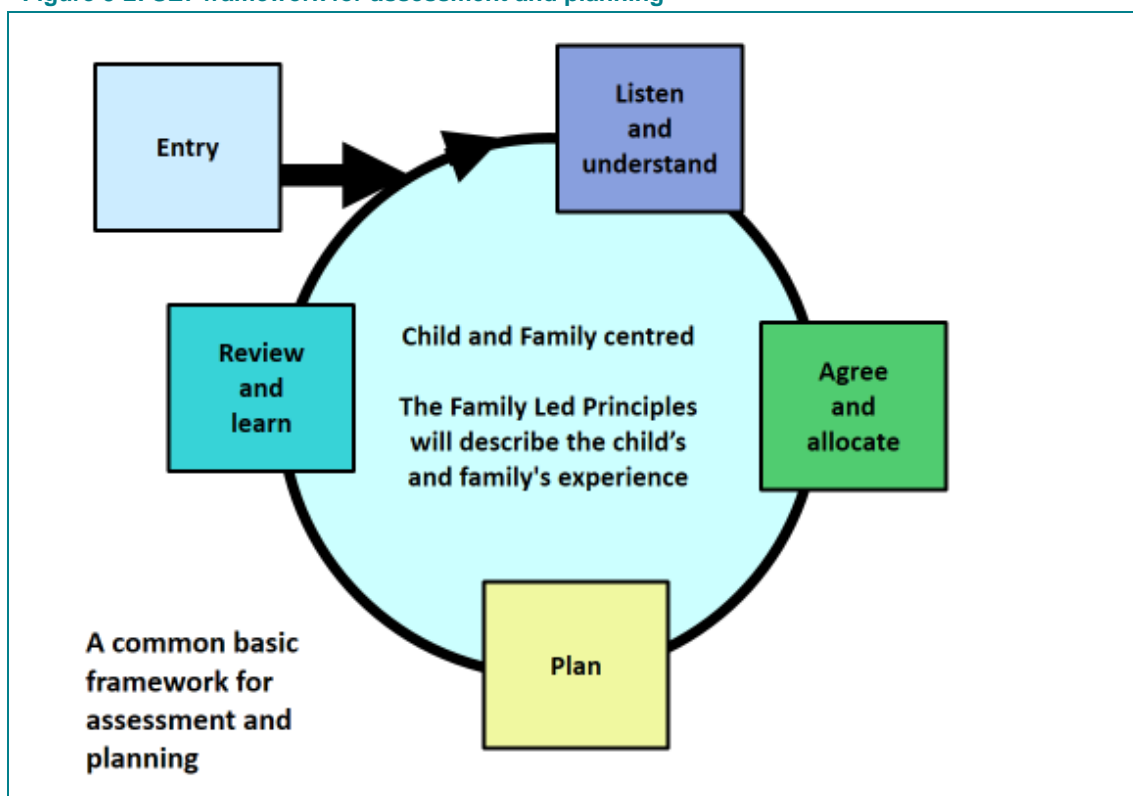
- 5.3 Figure 5-2 illustrates the SE7 framework for assessment and planning, which was co-produced and developed regionally, and used as the basis for the development of the individual area pathways. The framework (detailed in full in Annex A) was underpinned by the twelve SE7 core principles and involved five discrete stages:

- **First contact** – Including identification and recruitment of appropriate families and allocation of a key worker

- **Listen and understand** – Involving the key worker making contact with the family and helping them to collate all existing assessment information, including identifying gaps in the information held and commissioning new assessments where required
- **Agree and allocate** – Comprising discussions between the parent carers, key worker and other relevant practitioners to agree the strengths, weaknesses and needs of the child or young person and the desired individual outcomes that they would like them to achieve. This information was intended to form the basis for resource allocation for the EHCP (including a personal budget if appropriate)
- **Plan** – Requiring the parent carers, key worker and other relevant practitioners to develop a plan outlining the support required to enable the child or young person and their family to achieve the agreed outcomes. The plan was intended to set out accountabilities and time-scales and in addition, where a personal budget was included, this stage would set out the intended use of this to support the child or young person
- **Review and learn** – Involving the EHCP plan being reviewed and updated as appropriate. The timeframes for reviews would be agreed during the development of the initial plan, although it could be reviewed in advance of the agreed period if there were any significant changes to the child or young person or their family's situation.

5.4 It was anticipated that the EHCP process would be cyclical, with the review leading families and professionals to revisit the 'listen and understand', 'agree and allocate' and 'plan' stages.

Figure 5-2: SE7 framework for assessment and planning



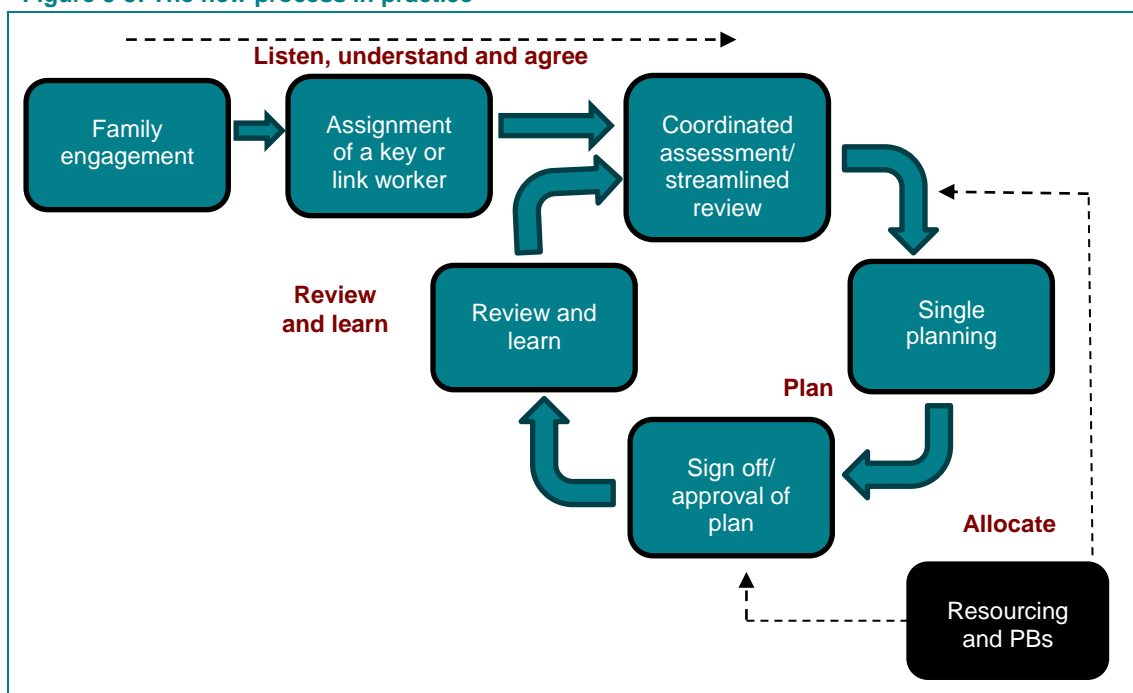
Source: SE7

5.5 In practice, each of the seven areas maintained differing levels of fidelity to the regional framework. This collectively resulted in the delivery of a modified process with the following stages (see Figure 5-3):

- **Listen, understand and agree** – Taking the family from the point of identification and first contact through to the end of the assessment process
- **Plan** – Consisting of development of the EHCP and subsequent sign off/approval of the plan
- **Resourcing and PBs** – Which at this initial stage, sat outside of the process and could either be fed in post assessment, to provide an indicative resource for planning, or after the planning phase, where the planned provision was subsequently costed
- **Review and learn** – Which had not been comprehensively considered across all of the 7 areas, but where relevant, was intended to work in the same way as the SE7 regional framework.

5.6 The sub-sections below discuss each of these stages in detail.

Figure 5-3: The new process in practice



Source: SQW

Listen, understand and agree

5.7 This stage involved three elements of activity – family engagement, assignment of a link or key worker and the coordinated assessment/streamlined review – which were either undertaken as separate linked activities or together as one activity. As already described in **Chapter 4** families had generally been engaged through either pathfinder specific or existing referral routes. Following their engagement, all families were assigned a key worker, who acted as their main point of contact and supported them through the process. This report

describes the models of key working used during the first phase, although these may be subject to change as the pathfinders are scaled up.

- 5.8 In this first phase, key workers were assigned to families in one of two ways:
- **Chosen by families** – the families were able to choose a key worker, and the relevant areas worked to accommodate these requests. In cases where there was excessive demand for one key worker, negotiations were generally held between the pathfinder manager and the family to agree on an alternative individual
 - **Allocated to the family** – areas allocated each family a key worker, which tended to be an individual that: had an existing relationship with the family; had referred the family to the pathfinder; or was from a service area consistent with the child or young person’s most significant needs or would be leading on the process.
- 5.9 While there was no immediate consensus whether either method of assigning key workers had been more effective, the offer of a choice was felt to work better for some families than others. That is, a number of families were reported to have found it challenging to select a key worker, as they were unsure which of the individuals working with them would be suitable to undertake the role. In such cases, families were offered advice and supported to make the decision, which in effect meant they were allocated a key worker. Moving forwards, areas reflected that it was unlikely that they would be able to offer a choice of key worker to families during the roll out, as this scale of allocation would need to take capacity, suitability and availability into account.
- 5.10 Once assigned, the key worker either initiated or recontacted the family to undertake either a coordinated assessment or streamlined review. Both forms of assessment were intended to be holistic in their nature and therefore to involve professionals from all the relevant agencies alongside the family. The choice of which activity was taken forward depended on whether the family was:
- **an existing service user** – where the intention was to undertake a holistic and streamlined review of existing assessments and consider whether there were unmet support needs, which may warrant additional assessments
 - **a newcomer to the SEN system** – where the intention was to undertake a coordinated assessment rather than review and consolidate existing assessments, as there was little to no existing information available on these families.
- 5.11 For both existing service users and newcomers to the system the process commonly began with a conversation between the family and their key worker, culminating in the development of a family profile or ‘all about me’ section.
- 5.12 After this point, the processes for existing service users and newcomers to the system tended to diverge. The process for **existing service users** involved the family and key worker reflecting upon their needs (often, but not in all cases, involving a structured review of existing assessments). The structure of this process varied across areas, although key workers tended to be provided with a template or a set of standard set of questions to work through. This was intended to facilitate a consistent approach to assessments within areas (although the consistency of the first set of assessments and plans remained variable, as is

discussed later). One area was reported to have co-produced a set of assessment prompts with professionals and their parent carer forum, to ensure that the areas covered met both the needs of professionals and parents.

- 5.13 The process for **newcomers to the system** varied depending on the complexity of the child or young person's needs. Children and young people with less complex needs went through a streamlined assessment with their key worker, while those with more complex needs tended to go through a Team Around the Child (TAC) or Family (TAF) meeting, to allow a holistic and multiagency assessment of their needs across different services. TAC/TAFs were organised and coordinated by the family's key worker.
- 5.14 One area used video assessments to record a young child's behaviour and interactions over a period of time which was then reviewed by multiple professionals in a TAC meeting and formed the basis of the assessment. This was felt to have been an unobtrusive mechanism for conducting multiple assessments and required much less duplication for the family and child. However, these meetings could be relatively difficult to coordinate, requiring a number of professionals to come together to discuss a single family. Therefore, they were likely to be used for relatively complex cases only.
- 5.15 Some of the main commonalities in the approaches used across the SE7, are summarised in Box C below.

Box C: Common assessment features

Some of the key features of the SE7 assessments were the development or use of:

- **Family profile** – Discussions about the child or young person and family leading to the creation of an 'all about me' section in the front end of the assessment document
- **Team around the child/family (TAC/TAF)** – Meetings held with the family and relevant professionals leading to a holistic assessment of the needs of the child or young person
- **Common Assessment Framework (CAF)** – The CAF approach¹² was used by some areas as the basis for their assessment process
- **Production of an assessment summary/first draft of EHCP** – This document was then built upon within the planning process.

- 5.16 In practice, although the SE7 areas had made more progress in developing the 'front-end' of the process in relation to the national case studies, it was clear that some of the intended assessment and engagement activities had been easier to achieve than others.
- 5.17 The **increased family centric nature of the assessment and use of family centred approaches** were felt to have worked well; with a focus on listening to and understanding the families from the outset of the EHCP process.

¹² Details on the CAF approach are available at:
<http://www.education.gov.uk/childrenandyoungpeople/strategy/integratedworking/caf>

- 5.18 As already mentioned, one common approach to achieving this had been the development of a family profile or an 'all about me' section as the first stage of the assessment process. This enabled the family to reflect with their key worker on the strengths of the child or young person and their family and the areas where they needed support. The outcome of this approach was therefore a detailed, coproduced and shared understanding of the child or young person in the context of their family.
- 5.19 These profiles provided a tangible means of demonstrating the move towards more family centred assessments, which in turn informed and set the tone for the rest of the process. However, there remained some issues to iron out; notably in terms of ensuring the profiles contained sufficient detail to comprehensively inform the subsequent stages and ensuring that they were produced in a timely manner. These challenges tended to be more common amongst profiles written by parent carers or professionals unfamiliar with conducting assessments. In addition, while the 'family centric' nature of the EHCP plans was valued, stakeholders from a small number of areas expressed concerns that early assessments had been overly focused on the family rather than on the child or young person themselves. As a result, one area changed the emphasis within their assessment documentation to redress this balance.
- 5.20 Whilst areas felt they had effectively involved their families in the EHCP process (a view held by both families and professionals¹³), engagement of the relevant children and young people had been less consistent to date. The main reason for this inconsistency appeared to be a primary focus on engaging parent carers as the lead spokesperson for the child or young person, which was also evident in the SE7 framework descriptors. However, moving forwards, it will be important to ensure that children or young people are engaged in as meaningful a way as possible to ensure their wishes and views are taken into account. This was achieved in a small number of cases including one area that tailored their approach to meet the needs of each child e.g. using a talking mat in order to enable a young person to feed into the development of their family profile, and a second area who worked through the education settings to gain the views of the child or young person independently of their family.
- 5.21 **Team Around the Child/Family meetings** were used in some areas to bring together professionals for frank and holistic discussions of the needs of the child or young person. These were felt to work well, ensuring that no needs fell between services. In some cases technology was used to make this process more efficient as previously described. However, the logistical and budgetary challenges associated with this approach, which required all professionals to come together (or at a minimum provide input into a meeting), meant that this would not be a feasible or proportionate approach to use for all assessments. Anecdotal evidence from the pathfinder and from previous practice through complex needs panels, suggested that the approach could work well for complex cases. Therefore, areas should consider how to embed a proportionate approach to delivering the EHCPs across cases of differing complexity.
- 5.22 There was also some concern over the capacity of less articulate families to participate in the assessment process. However some areas had tried to address this by:

¹³ As described further in chapters 7 and 8, which reflect upon family and key worker perceptions of the process to date.

- **Providing support through the parent carer forum** – both in terms of written advice and the offer of one-to-one advocacy
 - **Offering resilience training to families** – to build their confidence to ensure they were able to engage fully in the pathfinder process. This was discussed earlier in relation to peer support provided to families.
- 5.23 It is also likely that the key worker or key working function will play a significant role in ensuring that families from all backgrounds are able to effectively participate moving forwards.
- 5.24 The facility of the EHCP process to **collate information** from existing user assessments into one place was perceived positively. However some areas commented that the front end of their EHCPs were often too generic and lacked reference to existing assessments, implying a need to be tighten this up over time.
- 5.25 Figure 5-4 summarises the factors that were commonly felt to have worked well in terms of the ‘listen, understand and agree’ stage, and also details common areas for suggested development in the coming months.

Figure 5-4: Summary of what worked well and what challenges remain in relation to ‘listen, agree and understand’



Source: SQW

Allocate

- 5.26 Consideration of how to resource the EHCPs, including the integration of personal budgets, remained in its early stages in the majority of the SE7 areas at the end of March 2013. However, although tangible progress had been limited, it was evident that a considerable amount of regional work had been undertaken to progress the personal budgets agenda, which had resulted in the delivery of a number of small scale pilots across some of the areas (see **Chapter 6** for more details). Furthermore, most, if not all areas, had begun to consider how best to agree and allocate resources, and were still debating whether to undertake this either:
- **Post assessment** – providing an indicative resource, which could include a PB allocation, for planning
 - **OR post planning** – providing a costing of the planned provision.
- 5.27 The areas that were more advanced had targeted newcomers to the system and therefore had been required to work through the issue of resourcing to complete their first cohort of EHCPs. This included either: agreeing and signing off resourcing through a pathfinder panel; or designating responsibility for signing off plans to one individual. For instance, in one area EHCPs were submitted to the pathfinder panel, attended by a representative from health, SEN and social care, to consider and sign off resourcing of the plans. In another the Lead SEN Officer was able to sign off education-led plans (although sign off arrangements for social care and health were still in development). Conversely, those areas that had focused on working with existing service users had tended to work within the confines of existing service packages and therefore ensured that any changes were cost neutral.
- 5.28 Many of the areas also reported having experienced challenges engaging health colleagues in resourcing decisions. This blockage was felt to be the result of the history and culture of the NHS, where health services had traditionally been funded on a collective rather than an individual basis – to accommodate the fact that the healthcare system was required to provide for all those in need, rather than for a sub-set of this group. In addition, the widespread use of block contracts, which created economies of scale, further hindered the disaggregation of funding to the individual level.
- 5.29 The Duty to Cooperate placed on health, may go some way to reducing these barriers, as they create a legal responsibility for health to be involved at all stages of the process, and a financial accountability for delivering the health-related content of the plans.

Plan

- 5.30 The planning stage of the process was the most developed of the stages and involved the development of the EHCP plan and sign off/approval of plans.
- 5.31 Consistent with the national picture, plans tended to be developed in one of two ways:
- **Meeting between the key worker and family** to develop a plan to meet the child or young person's agreed outcomes. Inputs were sought from other professionals where possible outside of the meeting

- **Wider team around the child/family meetings** where as many as possible of the relevant professionals gathered with the key worker and family to discuss and develop a plan to meet the child or young person's needs.
- 5.32 These processes inevitably led to variations in the extent of dialogue and multi-agency working between professionals; in TACs all the professionals met to discuss the family and develop a holistic plan, while in the case of bilateral meetings between the key worker and family, the key worker acted as a conduit between any other professionals, essentially meaning that the professionals remained at arm's length. Comparing the two models, it appeared that more limited involvement of wider professionals had occurred in the bilateral model.
- 5.33 All SE7 areas trialled the use of a single document combining both the results of the coordinated assessment/review and the plan, where the plan was intended to be jointly owned by the parent and the relevant professionals. The comprehensiveness of ownership appeared to depend on which professionals had been involved. For instance, in one area plans had been developed by the key worker and family, without any wider professional involvement. This meant that only the key worker and family 'owned' the completed plans, and thus had implications for their delivery.
- 5.34 Most SE7 areas developed a formal template (or set of templates for different age groups or types of needs), which were similar across the areas and in comparison to those produced by other national case study areas. The remaining SE7 areas opted to provide key workers with a set of headers or no template at all, as they intended to draw together learning from the first set of plans to produce a template. This approach relied heavily on the confidence, skill-set and understanding of key workers, and was felt to have led to substantial variations in quality amongst their initial plans, although subsequent plans were felt to be of higher and more consistent quality.
- 5.35 Where formal EHCP templates were developed, these tended to cover the following information:
- **Key/basic information** - containing information about the child or young person and their family, such as their name, date of birth, parent names and contact details
 - **A headline assessment/pen picture** – including an evidence-based picture of the strengths and dislikes (including the identification of needs) of the child or young person and their priorities and the set of services they were currently being supported by
 - **The identification of outcomes** – a table to record outcomes (both short and longer term) and means of measuring these
 - **An action plan** – to show how each outcome would be achieved and which agency/service would be responsible for delivering each action. One area also produced a one page summary document to provide families and professionals with a quick reference to this
 - **Appendices** – to include supporting information such as assessment evidence.

- 5.36 The extent to which plans were able to replace (rather than add to) the Statement varied across areas. One area targeting newcomers to the system considered how the relevant sections of the EHCP would replace content previously included in the Statement of SEN, to ensure the resulting plans would cover statutory requirements in the interim.
- 5.37 It is too early to comment on the effectiveness of the templates developed, although some features appear to have worked particularly well.
- 5.38 Plans tended to reflect the movement away from a deficit focus and towards an outcome focused approach. Rather than detailing what was 'wrong' with the child or young person and thus what associated support should be put in place, they tried to set out outcomes the child or young person aspired to and the support that would be put in place to facilitate this achievement. While feedback from areas suggested that many key workers struggled to define measurable outcomes (see Box D), both families and professionals were felt to welcome the more positive nature of the EHCP process compared to the SEN Statement.
- 5.39 Feedback from the case studies suggest that the linkages between needs, outcomes, support and delivery were key to successful plans. Plans commonly used tables to provide clear visible links between the needs, outcomes, support and delivery responsibilities. Such tables were provided with a clear, transparent list which both families and professionals could refer to; setting out a record of what had been agreed and who was accountable for the delivery of each action.

Box D: The development of outcomes

The EHCP process intended to introduce an 'outcome focused' rather than deficit driven approach. However, one criticism of the first round of EHCPs related to the definition of outcomes in plans.

One area defined outcomes in their EHCP guidance as:

"The aspirations, goals and priorities identified by the family which will enable their child to live at home as part of their community and ensure a good quality of life. For example in communication it may be that the outcome is that the child understands and responds appropriately to a simple request. In learning and development the outcome may be that the child can concentrate on a task for a certain period of time. In keeping healthy the outcome may be taking part in a swimming lesson regularly. For many children with more severe impairments outcomes may focus on enjoyment, well-being and communication."

Feedback from areas included that good outcomes should be:

- **Linked to provision** – so that it was clear which support was intended to promote which outcome. However, outcomes should not relate to 'a need to access that particular service' (e.g. the need to access 3 hours of speech and language therapy a week)
- **Measurable** – so that during the review process it would be possible to track whether the provision set out in the EHCPs was leading to a resulting improvement in outcomes
- **Short and long-term** – to enable the family and professionals to support

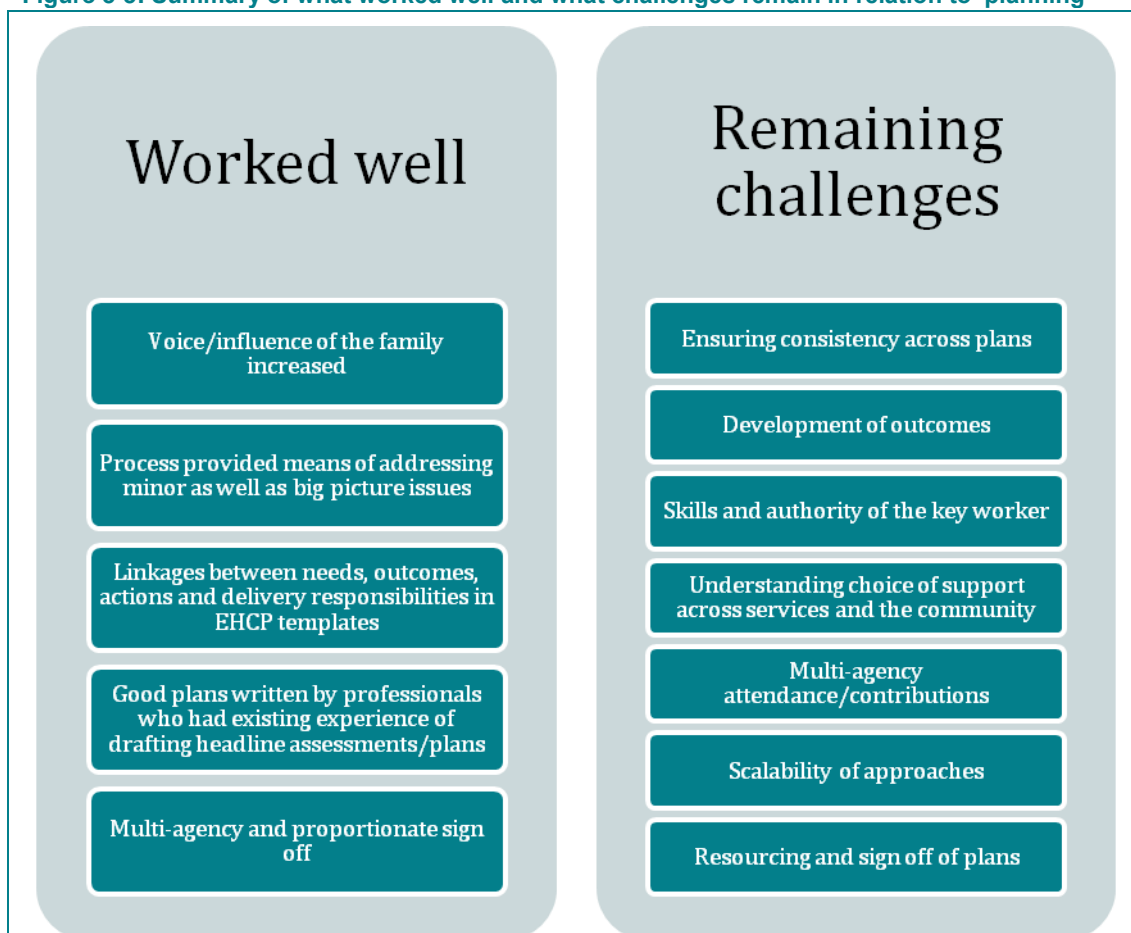
long-term development as well as meet short term needs.

The age and employment work stream in one area developed a set of five overarching outcomes to create some structure for the formulation of outcomes. These included: accommodation/safety, communication & decision making, age appropriate activities, work related skills, and health & wellbeing.

Some SE7 areas were considering the development of a wider outcome framework moving forwards.

- 5.40 As with the family centred assessment, families were felt to be much more involved in the EHCP planning process than they had been in the development of traditional plans such as Statements of SEN. This stage was felt to work well for proactive and well engaged families, as it provided them with an opportunity to voice their concerns and fine-tune their provision (such as changing to a different provider for out of school support), as well as make more fundamental changes to their support.
- 5.41 Formal resourcing and sign off were not comprehensively explored through the initial cohort of plans, in part because many existing user packages were cost neutral (as described earlier). This meant that the plans tended to be signed off by the key worker and pathfinder manager (and not wider professionals), which often meant that the plans were frequently not actioned. By contrast plans involving additional resource (for instance because the child or young person was a newcomer to the system) tended to use a multi-agency panel approach to sign off EHCP plans as was discussed above. This approach ensured that the plans were approved by each of the agencies involved, setting a precedent for delivery. However, some areas were unsure whether such a panel approach would be scalable (given the amount of senior staff time involved and the organisational challenges associated with setting up the meetings). One area was therefore planning to train lower level staff to be able to attend these meetings and sign off the plans. The process tended to work best where senior staff were sufficiently engaged and were therefore supportive and able to provide an impetus for the services to sufficiently engage and develop plans which could be delivered.
- 5.42 Figure 5-5 summarises the factors that have commonly worked well in terms of the 'plan' stage, and also details some remaining challenges.

Figure 5-5: Summary of what worked well and what challenges remain in relation to 'planning'



Source: SQW

Coordination and delivery of the Pathfinder approach

- 5.43 The concept of a key worker role to coordinate and oversee the EHCP process for families was universally supported by the SE7 areas.
- 5.44 For the first phase of the pathfinder, SE7 areas used a single key worker to support each family through their EHCP approach. These were sourced from a range of backgrounds including professionals from across SEN, health and social care¹⁴, the VCS and parent carers. Key workers tended to work on a relatively small number of cases each (**Chapter 8** includes further details on key workers that participated in the Staff Work and Satisfaction Survey).
- 5.45 The single key worker position involved multiple functions, which are detailed in Table 5-1. Although the exact make-up of the position varied across each area to include a different balance of responsibilities, the various roles involved differing responsibilities and required different skill sets (which weren't always complementary). For instance, a practitioner with the interpersonal skills and knowledge of the different service areas required to undertake the family facing role would not necessarily be best placed to write plans that would meet statutory requirements. Equally there could be a conflict of interest between advocating for the family and conducting assessments.

¹⁴ Staff came from backgrounds including children's and adult social care.

5.46 As a result, a number of the SE7 areas were considering splitting the key working role for the next phase of the pathfinder. Evidence from the national case study areas illustrated that many had either used this split-role approach for their first cohorts of families and intended to continue in this manner or that they were also considering a move from a single to dual/multi role model. The box below provides learning from their experiences, which SE7 areas may wish to build upon.

Table 5-1: The key working role

Key worker roles	Responsibilities include	Skills required
Family facing role/ Assessment	<ul style="list-style-type: none"> Introducing family to the pathfinder Acting as the primary point of contact for the family Holding assessment and planning meetings Attendance at panel (supporting family to attend if they want to) 	<ul style="list-style-type: none"> Interpersonal skills and good relationships with the families Supportive nature Authority and skills to negotiate (both with families and professionals) and not raise expectations unduly Understanding of the relevant legal framework Facilitation skills Ability to define outcomes Familiarity with and ability to use a Resource Allocation System (RAS) Knowledge of a range of services and assessments Knowledge and ability to contact staff from a range of services Time keeping
Coordinator role/ Planning	<ul style="list-style-type: none"> Coordinating meetings Compiling assessments Writing the plan 	<ul style="list-style-type: none"> Reading and summarising assessment information Ability to write measurable plans which could withstand statutory scrutiny i.e. knowledge of the legislation Authority and skills to negotiate (both with families and professionals) and not raise expectations unduly Understanding of how to resource a plan Facilitation skills Knowledge of a range of services and assessments Knowledge and ability to contact staff from a range of services Time keeping
Independent support/Advocacy role	<ul style="list-style-type: none"> Advocating for the family through the EHCP process 	<ul style="list-style-type: none"> Interpersonal skills Supportive nature Understanding of the assessment and planning processes
Plan delivery role	<ul style="list-style-type: none"> Ensuring the actions listed in the plan were delivered Coordinating the review process 	<ul style="list-style-type: none"> Negotiation skills (for use with professionals) to ensure they deliver Knowledge and ability to contact staff from a range of services Ability to coordinate review process Understanding of how to resource a

Key worker roles	Responsibilities include	Skills required
		<ul style="list-style-type: none"> plan Time keeping

Source: SQW

Box E: Multiple key worker approach

Six of the ten case national study areas had chosen to split the key working function into distinct roles covering:

- Assessment and planning
- Assessment/planning and delivery of the plan
- Facilitator and independent support/advocate.

The number of national case study areas that had split the role grew over time and many areas were considering splitting the role going forward, in recognition of the wide range of skills required: ability to understand how to resource a plan; understanding of the relevant legal framework(s); capacity to work in an open and family centred manner; ability to work across multi agencies and distil assessment information; facilitation skills; project management; timekeeping; sourcing information; and advocacy.

As areas move towards introducing a dual/multi key working model, it will be important to ensure that:

- The model taken forward is clearly communicated to families to ensure they are aware of the multiple roles and are given an opportunity to familiarise themselves with the relevant individuals
- Handovers of information between professionals that are undertaking different stages of the process are undertaken in a comprehensive and timely manner to avoid misinterpretation of information and delays to the process
- Areas avoid the creation of a 'plan writing team' that are kept at arm's length from the process and the family, as this would largely resemble one of the elements of the SEN Statementing process which the SEN reforms are seeking to change.

5.47 Learning from across the areas suggested that staff from the SEN casework or assessment teams tended to produce the most robust plans, which were likely to meet statutory requirements. Findings on who would be best placed to undertake the family facing role were less conclusive, although a number of areas felt that practitioners in schools may be well placed to do this given the SEN focus of the EHCP process.

5.48 In addition to gaining an improved understanding of the skillset and diversity of roles associated with the EHCP key working function, SE7 areas also took other learning from their early experiences of the role. These should be used to inform future development:

- **Training requirements** – The level of training and ongoing support required to enable key workers to deliver the role effectively and consistently was underestimated by the majority of SE7 areas. The level of detail was reported to be insufficient in much of the early training, often because it was being developed in parallel to the pathways and resources. This gave some key workers the impression that it was *“like the blind leading the blind.”* While most key workers had existing experience working with families, a lack of confidence about what to ask (in some cases exacerbated by a lack of EHCP templates) and a lack of understanding on how to define outcomes meant that the quality of the first EHCPs was often poor.
 - Despite this, there were examples of good practice within the areas. One set up a workforce development group to determine the training required for those delivering the pathfinder approach, and a couple of areas used ongoing key worker network meetings (in one case including a key worker panel) to offer ongoing advice and to reflect on key worker experiences.
- **Definition of measurable outcomes** – Key workers commonly lacked an understanding of how to define an outcome, and instead tended to focus on activity related inputs to the plan as per their previous practice (see Box D). The issue around outcomes appeared widespread. It is a major challenge given the common acceptance that planning should be outcome focussed.
- **Resource intensiveness of role** – In most cases, key workers undertook the pathfinder role in addition to their existing day job. This created some issues around timeframes, and a small number of areas found services (including health and social care) were unable to provide key workers due to limited resources. Moving towards roll out, areas need to consider how to resource the key worker role (which some are already doing by considering splitting the role to avoid undue strain on one service).
- **Scalability of role** – Research from the national evaluation staff work and satisfaction survey estimates that the EHCP process had involved more time input from key workers than the Statement process to date.¹⁵ In time some SEN assessment or casework team resource could be directly transferred from developing Statements of SEN to EHCPs. Nonetheless, there may still be considerable resource implications associated with the new process which need to be appropriately considered.
- **Authority associated with role** – In order for the role to work effectively, key workers need to have the confidence to work outside the remit of their own agency and the authority to request sufficient inputs from other agencies where required to make decisions. While this is partly down to the skills of the key workers (as set out in Table 5-1), strategic sign up is necessary to require services to participate. Going forward it will be important to ensure that roles are clearly defined; that staff with suitable skillsets are undertaking these roles; and that they are appropriately supported.

¹⁵ These indicative estimates were based upon the first phase of the pathfinder and will be followed up through additional cost related work in the extended national evaluation.

Summary

- Clear progress had been made in terms of mapping out processes by March 2013. Some areas had extensively trialled their new process by this point, whilst others were still in the process of doing so
- The SE7 framework for assessment and planning was co-produced and developed regionally. The framework formed the basis for the development of the individual area pathways, although fidelity to the framework varied across areas.
- All areas begun the new process with an initial family engagement stage, to formally introduce the pathfinder and begin the development of some form of family profile. These profiles provided a tangible means of demonstrating the move towards more family centred approaches, although there remained some issues to iron out
- The assessment process varied depending on whether the family was an existing service user or a newcomer to the system. For existing service users, the intention was generally to undertake a holistic and streamlined review of existing assessments and consider unmet needs; while for newcomers to the system areas intended to undertake a coordinated assessment
- Plans were developed through one of two methods: bilateral meetings between the key worker and family (with inputs from other professionals sought as required); or wider team around the family meetings, where as many relevant professionals as possible gathered with the key worker and family to discuss and develop a plan
- The increasingly family centric nature of the process was felt to have worked well, although parent carers acted as the main spokesperson for the children and young person. Moving forwards it will be important to ensure that children and young people are engaged in as meaningful a way as possible to enable their views and wishes to be taken into account
- Multi-agency attendance and contributions to assessment and planning meetings had been variable. Team Around the Child/Family meetings were felt to work well, as they tended to ensure that no needs fell between services. However, the logistical and budgetary challenges associated with this approach suggests that areas will need to consider how to embed a proportionate approach to delivering EHCPs across cases of differing complexity
- All SE7 areas trialled the use of a single document combining both the results of the coordinated assessment/review and the plan
- Consideration of how to resource the EHCPs remained in its early stages across the majority of the SE7 areas. The areas that were more advanced had targeted newcomers to the system and had tended to agree and sign off resources through a pathfinder panel or by designating responsibility to one individual. Meanwhile, areas that had focused on working with existing service users tended to work within the confines of existing service packages, ensuring that any changes were cost neutral

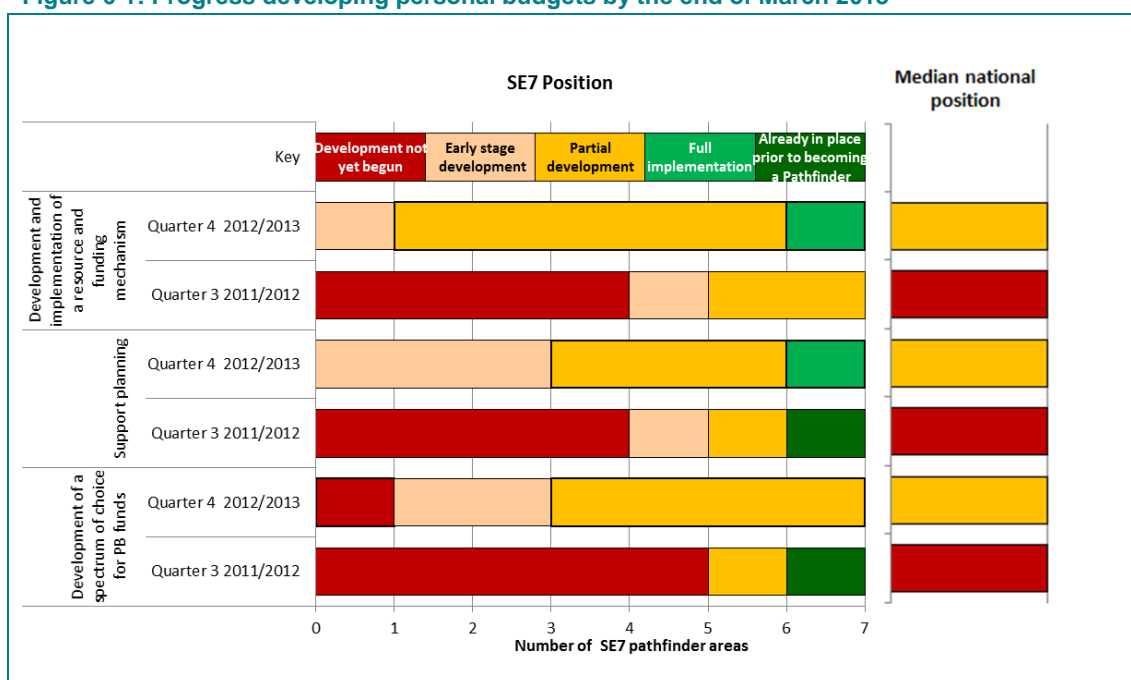
- Key working was viewed as a core part of the approach, with learning about what this role should entail due to be consolidated following the first phase of the pathfinder. While all SE7 areas trialled a single key worker role, the key working models were likely to change as areas move to scale up and a number of areas were considering splitting the role.

6. Setting up the infrastructure – part 2

Development of personal budgets

- 6.1 As described in **chapter 3**, and illustrated by Figure 6-1, a number of the SE7 areas had already begun to pilot personal budgets for children’s social care prior to the pathfinder, although these pilots tended to be at an early stage. Beyond this existing experience, it was clear that the majority of the SE7 areas remained at either partial or early development in terms of the progress measures associated with personal budgets, implying that most remained at a formative stage of development. This mirrored the national evaluation findings, which found that the majority of areas had begun to develop small-scale personal budget pilots, but had not yet comprehensively worked through the complexities of how resources could be calculated and allocated.

Figure 6-1: Progress developing personal budgets by the end of March 2013



Source: N=7 responses
Note: Median national position based upon responses from the 22 non-SE7 pathfinder areas.
Source: Pathfinder monitoring returns

- 6.2 The main personal budget related activities undertaken across the SE7 areas by March 2013 included:

- The **development of small scale personal budget pilots** across SEN, health and social care services¹⁶. These pilots tended to operate discretely, rather than examining the integration of processes and pooling of resources. However a number of areas aspired to join them up in the future through the development of a single Resource Allocation System (RAS).

¹⁶ Looking both at children’s social care and self-directed support for those going through the transition to adult social care.

- One area **trialled the integration of social care personal budgets into their EHCP process**. They introduced a personal budgets 'trigger' into the EHCP assessment stage, which led to a referral to the Disabled Children's Team and the undertaking of a separate RAS before the personal budget element was fed back into the EHCP planning stage.
- Three areas had **started to cost plans or services** in preparation for including a more comprehensive resourcing stage in their process. They conducted desk-based exercises using EHCP plans to cost out whole packages and refine their resource allocation systems.
- The **regional personal budgets work-stream and later involvement in the DfE accelerated learning set for education direct payments**, which facilitated sharing of learning and development across the SE7 and wider pathfinder areas respectively.

6.3 The SE7 areas were therefore beginning to make tangible progress in this area, with most viewing this form of development as a priority for the initial part of the second phase of the pathfinders. As areas continue to work through the complexities associated with personal budgets, it will be important to consider a number of potential challenges:

- **Understanding which funding can and should be included in a personal budget and how to present the combination of flexible and non-flexible funding to families** – areas remained unclear about which budgets could be disaggregated into a personal budget (especially health and SEN budgets) and which needed to remain as non-flexible funding that could be 'personalised' through the new process
- **Considering whether to develop individual resource allocation models for the separate agencies or whether to develop a single universal model** – areas differed in their views on this matter, which in many cases had been exacerbated by an absence of sufficient join up between the relevant agencies
- **A dichotomy between the means by which social care/health and SEN services were costed** – a number of areas discussed differences between the model by which social care/some health services originated, which tended to allocate personal budget resources prior to planning; and SEN services, which tended to allocate resources at the end of the planning stage (i.e. based on provision). Areas therefore needed to reconcile this difference in approach and work through whether they wished to provide an up-front indicative budget prior to the planning stage, cost the plan once it had been developed or use a combination of these approaches
- **Integration of the use of personal budgets with the resourcing model associated with EHCPs** – most areas had chosen to develop small scale agency specific pilots in the first instance to trial how best to deliver personal budgets and were subsequently going to consider how to integrate these into the wider EHCP resourcing model and at what stages this should be undertaken
- **Capacity of key workers to consistently cost EHCPs / use resource allocation tools** – areas raised concerns about the capacity of their key workers to consistently cost the EHCPs and therefore recognised that this would need to form part of the skillset required to undertake the role

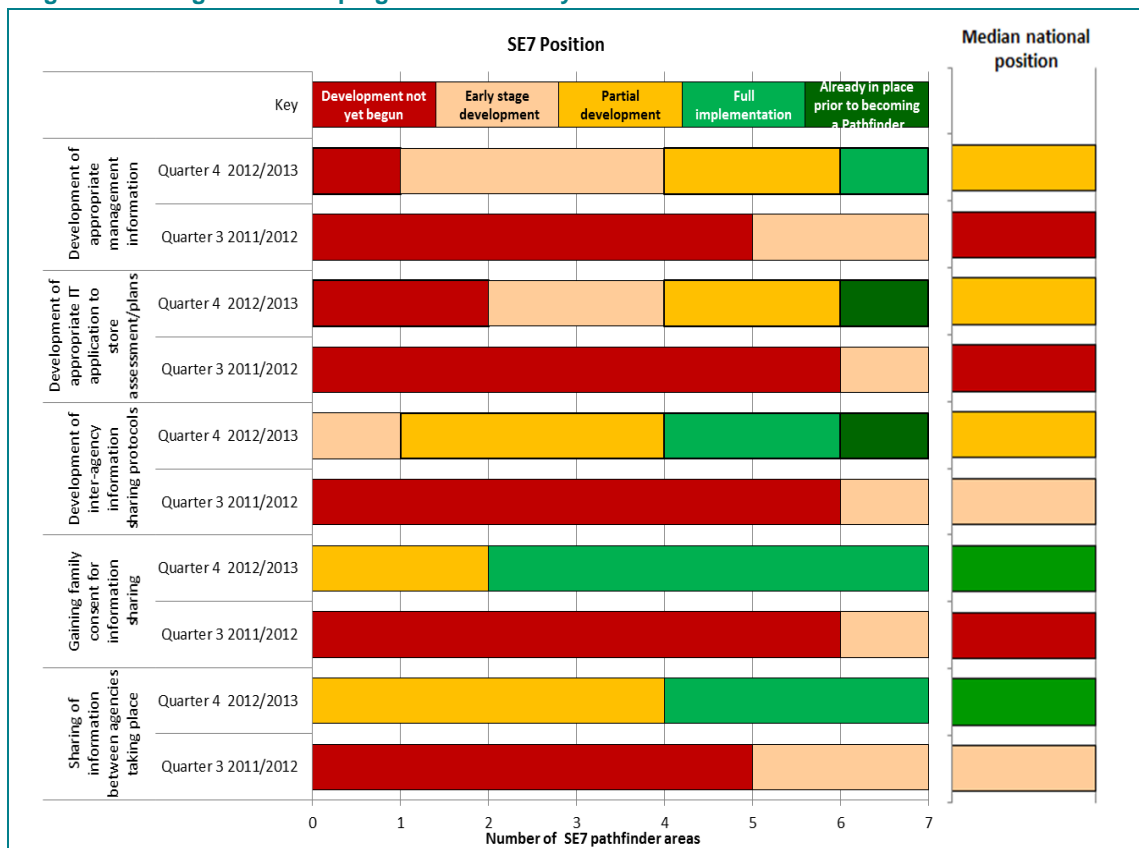
- **Transparency of the personal budget approach for families** – once decisions have been made on how best to take forward personal budgets, it will be vital to ensure that pathfinder families understand: the eligibility criteria associated with each form of personal budget; at what stage in the EHCP process they will be provided with the opportunity to take them up; and how they can be combined with the non flexible resourcing that is associated with their EHCP.

Development of IT resources

6.4 The SE7 reported having made mixed progress in relation to the development of IT infrastructure and appropriate management information, which mirrored the findings from the national evaluation. That is, more progress was evident against the developments that had been easier to achieve in the short term (see Figure 6-2). This included:

- Gaining family consent to share their information with other agencies
- Sharing of information between agencies
- Development of inter-agency sharing protocols.

Figure 6-2: Progress developing IT resources by the end of March 2013



Source: N=7 responses
Note: Median national position based upon responses from the 22 non-SE7 pathfinder areas.
Source: Pathfinder monitoring returns

6.5 While most SE7 (and national) pathfinder areas utilised temporary solutions (such as secure email) to enable information sharing and improved multi-agency working, one SE7 area had worked with an IT provider to develop a longer term solution (see Box F). As other areas

consider developing more transformative systems for roll out, they may wish to look to this IT solution as a starting point.

Box F: Development of an ICT system

One SE7 pathfinder area that was undergoing a transformation of their social care services had sought to use this opportunity to influence the redevelopment of the associated IT system. This involved linking the information sharing requirements of the EHCP to the redevelopment work, and had led the pathfinder team (and representatives from other agencies) to work with an ICT provider to develop a shared database for Health, SEN and social care.

The provider offered three months of free support to build a prototype ICT solution, that was intended to:

- Enable information sharing and thus reduce the barriers to multi-agency working across services
- Be more intuitive than the former social care system
- Allow professionals to follow the family's journey across services.

This system was still in development during the last case study visit in Spring 2013, but was progressing well.

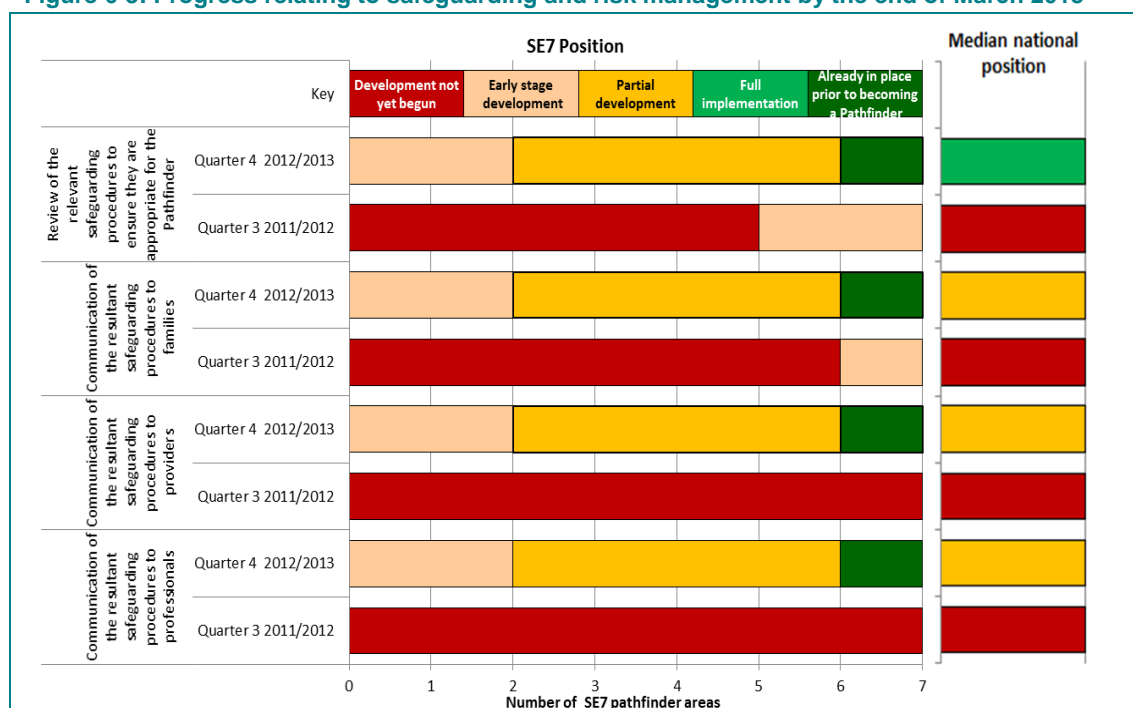
Safeguarding and risk management

6.6 Figure 6-3 illustrates that limited progress had been made in relation to safeguarding, with the SE7 self-reporting their progress to be behind that seen by national areas in terms of reviewing the relevant safeguarding procedures to ensure they were appropriate for the pathfinder.

6.7 This reflected that most of the SE7 areas felt that safeguarding was already embedded in their existing processes and thus that policies did not need to be revisited or revised. However, one area did develop a safeguarding policy specifically for the pathfinder which included:

- The assignment of a safeguarding lead for the pathfinder
- A requirement for all key workers to receive safeguarding training covering types of issues across different service areas
- A process for issues to be reported via key workers to their respective organisations who would address the issues through their own safeguarding processes. VCS key workers were an exception to this and were required to report issues directly to the pathfinder manager.

Figure 6-3: Progress relating to safeguarding and risk management by the end of March 2013



Source: N=7 responses

Note: Median national position based upon responses from the 22 non-SE7 pathfinder areas.

Source: Pathfinder monitoring returns

Summary

- While a number of the SE7 areas had begun to pilot personal budgets for children's social care prior to the pathfinder, these pilots tended to be at an early stage
- The main personal budget related activities running alongside the pathfinders involved:
 - The development of discrete, small scale personal budget pilots across SEN, health and social care
 - One area trialling the integration of social care personal budgets into their EHCP process
 - Three areas conducting desk-based exercises to cost plans and refine their resource allocation systems
 - The regional personal budgets work-stream and subsequent involvement in the DfE accelerated learning set for education direct payments
- However, there remained more to do in terms of developing and integrating personal budgets into the EHCP process during the second phase of the pathfinder
- Most SE7 (and national) pathfinders had utilised temporary solutions, such as secure email, to facilitate information sharing and enable multi-agency working. However, one SE7 area had worked with an ICT provider to develop a longer term solution

- Most of the SE7 areas felt that safeguarding was already embedded in their existing processes, and therefore limited development had taken place in this regard. However, one area had developed a specific safeguarding policy for the pathfinder.

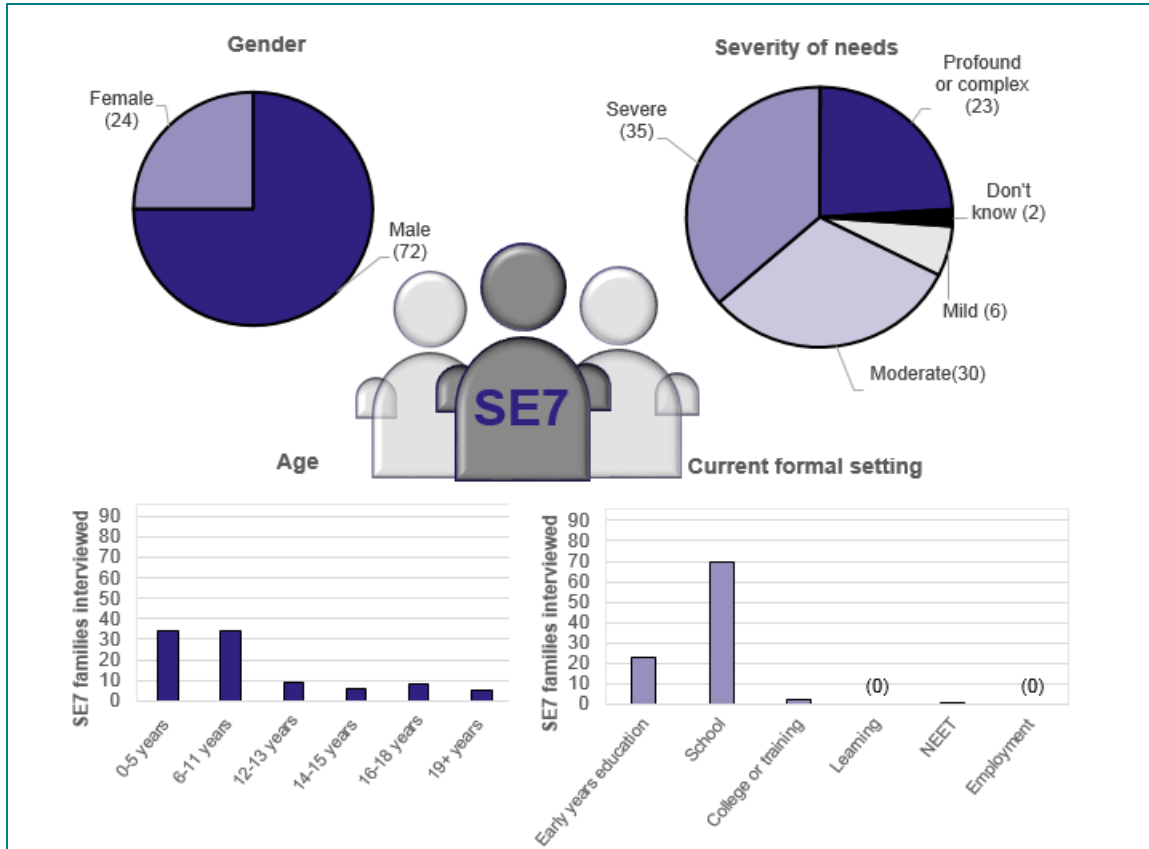
7. Family experiences of the Pathfinder

- 7.1 This chapter presents the headline findings from the pathfinder parent carer survey that was undertaken over the course of May 2012-May 2013. The survey formed part of the National Evaluation of the SEND Pathfinder Programme, which was led by SQW in conjunction with Ipsos MORI, BPSR and OPM.
- 7.2 It is important to note that the analysis presented below details the views of the initial cohort of families that participated in the pathfinder and therefore reflects the experiences of the new processes that in the main were still being developed. It therefore does not reflect experiences of the refined process that will be subsequently rolled out, which will be captured in a second parent carer survey that will be undertaken as part of the National Evaluation over the course of the second phase of the pathfinder programme.

Context

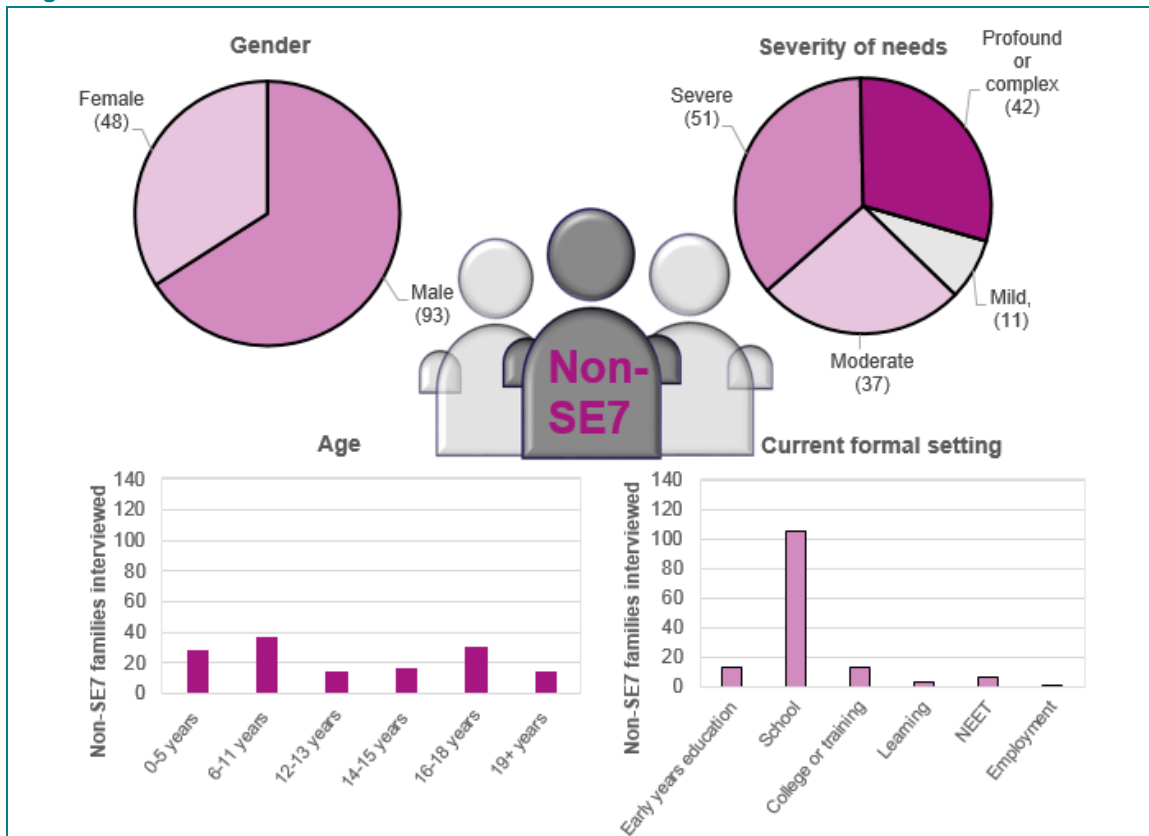
- 7.3 Parent carers were invited to take part in the survey following provision of consent to take part in the evaluation and completion of their Education Health and Care Plan (EHCP). The survey was undertaken by Ipsos MORI, via telephone, and took place approximately 8-12 weeks following the completion of the EHCP. Families were therefore asked to provide their views on the pathfinder assessment and planning processes, the subsequent delivery of services and what had changed as a result of their participation.
- 7.4 A total of 237 pathfinder families who had completed their EHCPs by the 28th of February 2013 took part in the survey, which included 96 families from 6 of the 7 SE7 areas, in addition to 141 families from 18 non-SE7 areas. Of the SE7 families interviewed, a large proportion were sourced from 2 of the 7 areas (71 families collectively, 74% of the sample) as they had worked with a larger number of families over the first phase of the pathfinder.
- 7.5 Figure 7-1 and Figure 7-2 compare the characteristics of the families interviewed from SE7 and non-SE7 areas. More parents of boys than girls were interviewed across both SE7 and non-SE7 areas, and SE7 and non-SE7 families had broadly similar profiles in terms of the complexity of the child or young person's needs.
- 7.6 The higher prevalence of completed single plans amongst 0-11 year olds within the SE7 (compared to the non SE7 areas), was reflected within the characteristics of those responding to the survey. That is, over two thirds (70%) of families interviewed from the SE7 areas had children who were between 0 and 11 years old, compared to around half (46%) of non-SE7 respondents. The age bias may explain the high proportion of SE7 children based in schools (73%) and early years settings (24%). By comparison, there was slightly more variation in settings in non-SE7 areas, with more young people not in education, employment or training (NEET) or in college and training.

Figure 7-1: Characteristics of SE7 families interviewed



N= 96 families from the SE7 pathfinder areas. Source: Pathfinder family survey

Figure 7-2: Characteristics of non-SE7 families interviewed



N= 141 families from the remaining pathfinder areas that are not part of the SE7. Source: Pathfinder family survey

7.7 In terms of other key characteristics:

- While around half of SE7 and non-SE7 families had Statements of SEN prior to enrolling on the pathfinder, **a slightly higher proportion of SE7 families interviewed had either no SEN intervention or an Early/School Action or Action Plus prior to enrolment** (35% compared to 28%)
- **A slightly higher proportion of SE7 relative to non-SE7 families had no previous exposure to either direct payments or personal budgets** (59% compared to 51%).

7.8 Table 7-1 shows that the vast majority of SE7 families that were interviewed were eligible for SEN services, while just over half were eligible for social care and a third were eligible for specialist health services. Most of those eligible had been in receipt of support for more than a year.

7.9 Comparison of these figures with the national data showed that fewer of the SE7 families were eligible for specialist health services than non-SE7 pathfinder families, but eligibility for education and social care services were broadly similar across the groups.

Table 7-1: Eligibility for different types of services prior to the pathfinder

	SE7				National			
	Eligible for services		In receipt of support for more than a year		Eligible for services		In receipt of support for more than a year	
	N	%	N	%	N	%	N	%
SEN	84	88%	73	76%	128	91%	112	79%
Specialist health	33	34%	23	24%	79	56%	59	42%
Social care	51	53%	48	50%	75	53%	68	48%

SE7 N= 96 families, Non-SE7 N=141 families. Source: Pathfinder family survey

Headline findings from the survey

7.10 We now turn to the headline findings of the survey. This includes the responses to two forms of question: the first simply asked the families to provide their views of the pathfinder process and therefore acts as a static view; whilst the second asked them to compare their pathfinder experience to their experience of the traditional system in the 12 months prior to the pathfinder and therefore acts as a comparative view¹⁷.

7.11 It is important to note that experiences may have varied across areas (given the variation in SE7 pathways described above), however, due to the small numbers of families that participated in the survey from the majority of the SE7 areas, it is not possible to report on these variations as part of the analysis.

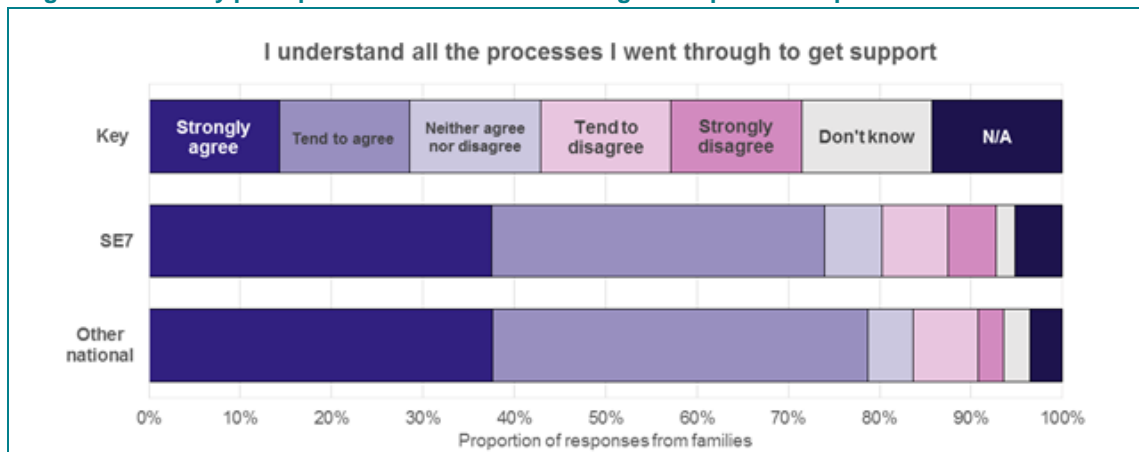
¹⁷ In order to gain an accurate perception of the differences between the pathfinder and traditional processes, questions comparing the two processes were only asked to existing service users who had been in receipt of support for more than a year prior to taking up the pathfinder approach.

Families' experiences of the EHCP process

Understanding of the process/decisions

- 7.12 One of the aims of the National Pathfinder Programme was to develop a system that was less adversarial and more transparent, and was therefore easier to both understand and navigate for families. It was therefore encouraging to find that nearly three quarters (74%, 71 families) of the responding SE7 parent carers reported that they either strongly agreed or tended to agree that they had understood the pathfinder process (see Figure 7-3). This reflected the picture drawn from the non-SE7 respondents.

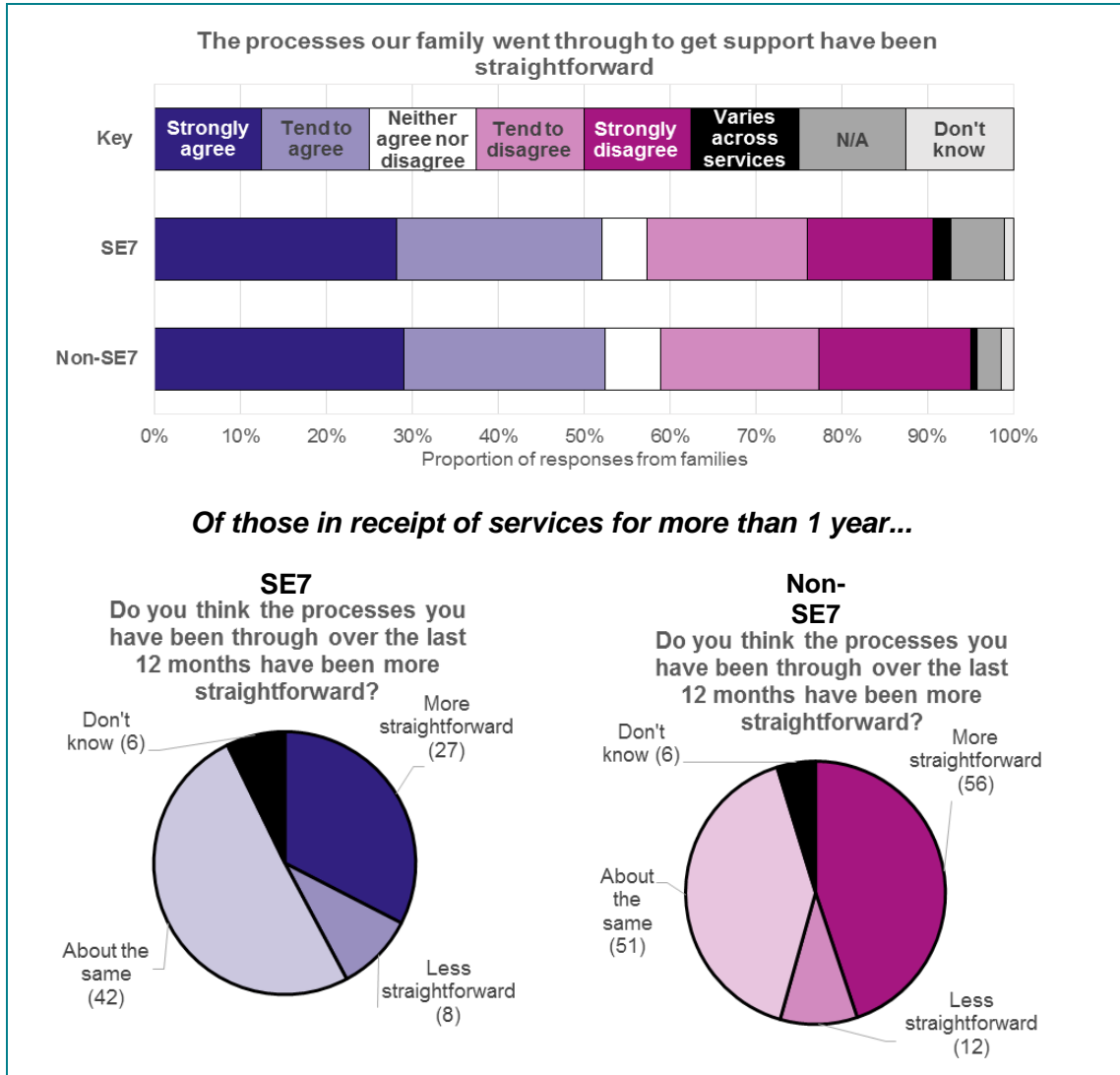
Figure 7-3: Family perceptions of their understanding of the pathfinder process



SE7 N= 96 families, Non-SE7 N= 141. Source: Pathfinder family survey

- 7.13 Figure 7-4 illustrates that just over half (52%, 50 families) of SE7 families agreed or strongly agreed that the processes they had been through to get support for their child had been straightforward. Furthermore, a third of all SE7 families in receipt of services for more than a year (33%, 27 families) felt the process was more straightforward than the traditional process, with a further half of this group (51%, 42 families) reporting it had been 'about the same'. Taking these findings in combination, it was clear that families reported more of a mixed picture in relation to straightforwardness, however, this is likely to reflect the developmental nature of the new processes and therefore areas' limited capacity to offer the clarity required.

Figure 7-4: The process that families went through to gain support was straightforward



SE7 N= 96 families, Non-SE7 N= 141

Note the question 'in the last year have the services involved in the assessment worked more closely together' was only asked to those that had received services for more than a year, so base SE7 N= 83 families, Non-SE7 N= 125.

Source: Pathfinder family survey

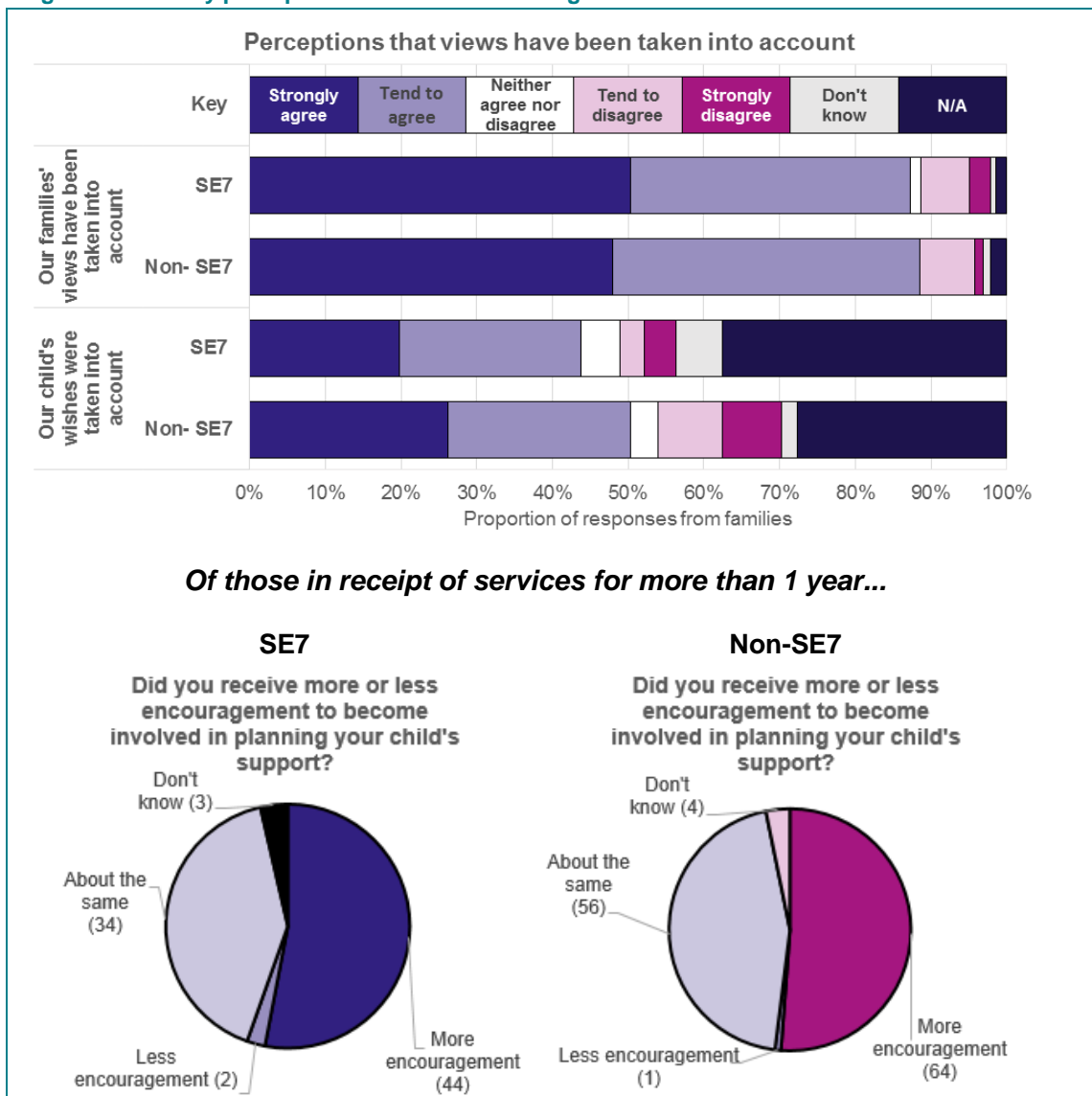
Child/family centred process

- 7.14 Two of the twelve core principles that were developed to underpin the development of the SE7 pathfinder processes were to be *child and family led* and *person centred*. This was to involve the relevant child or young person being at the centre of the process and a movement towards families taking the lead.
- 7.15 Findings from the survey reflected these intentions, as they showed that the majority (87%, 85 families) of SE7 families considered that their views had been taken into account during the new assessment and planning process (Figure 7-5). Similarly, although at face value, less than half of the responding SE7 families (43%, 42 families) reported feeling like their child's wishes had been taken into account, once the high proportion of 'not applicable' responses (38%, 36 families) were removed from the analysis, the figure rose to 70% (42 out of 60 families). The high numbers of 'not applicable' responses are likely to be the result of the considerable numbers of families with younger children interviewed that took part from the SE7. However, and as set out in **Chapter 4** of the report, it will be important to ensure that

where possible, all children and young people are given an opportunity to communicate their wishes, regardless of their age or level of need.

- 7.16 Turning now to look at inclusiveness of the process, just over half of all responding SE7 families (53%, 44 families) reported that they had felt more encouraged to take part in the new process. Again, when taken in combination with the fact that a further two fifths of the SE7 families (41%, 34 families) reported a sense that the new process was ‘about the same’ as the traditional process, the findings indicate that positive progress had been made.
- 7.17 Comparison with the responses from the non-SE7 families illustrated a largely similar picture.

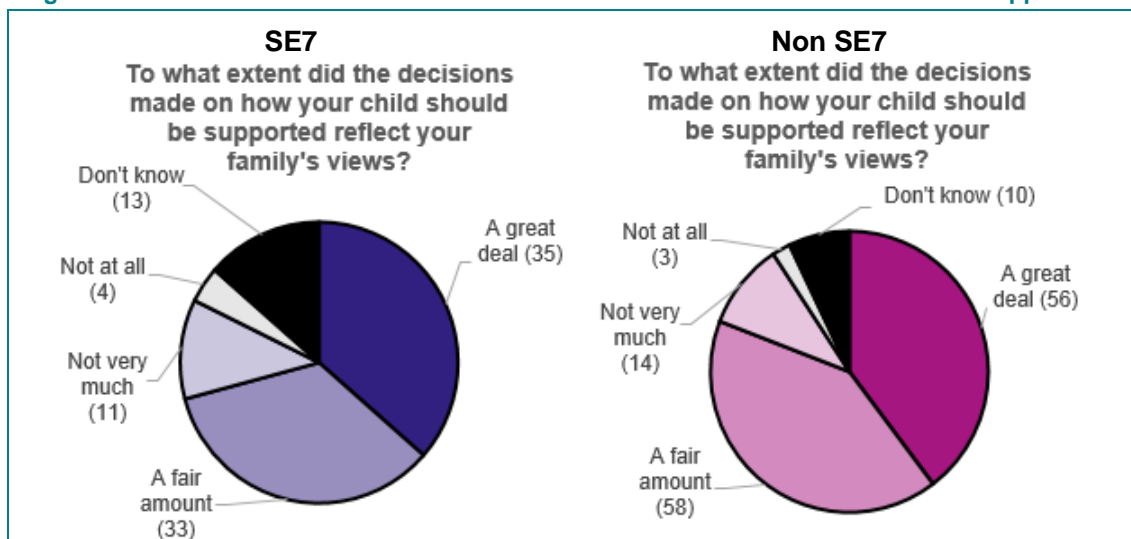
Figure 7-5: Family perceptions on their views being taken into account



SE7 N= 96 families, Non-SE7 N= 141 families.
 Note the question 'in the last year have the services involved in the assessment worked more closely together' was only asked to those that had received services for more than a year, so base SE7 N= 83 families, Non-SE7 N= 125.
 Source: Pathfinder family survey

- 7.18 Families also reported relatively positive views on the extent to which their wishes had been reflected in the decisions made. That is, over a third of families (42%, 35 families) considered that their views had been reflected 'a great deal', and an additional 40% (33 families), considered that their views had been reflected 'a fair amount'. This again reflected the general picture suggested by non-SE7 families.

Figure 7-6: To what extent were families' views were reflected in decisions made on support



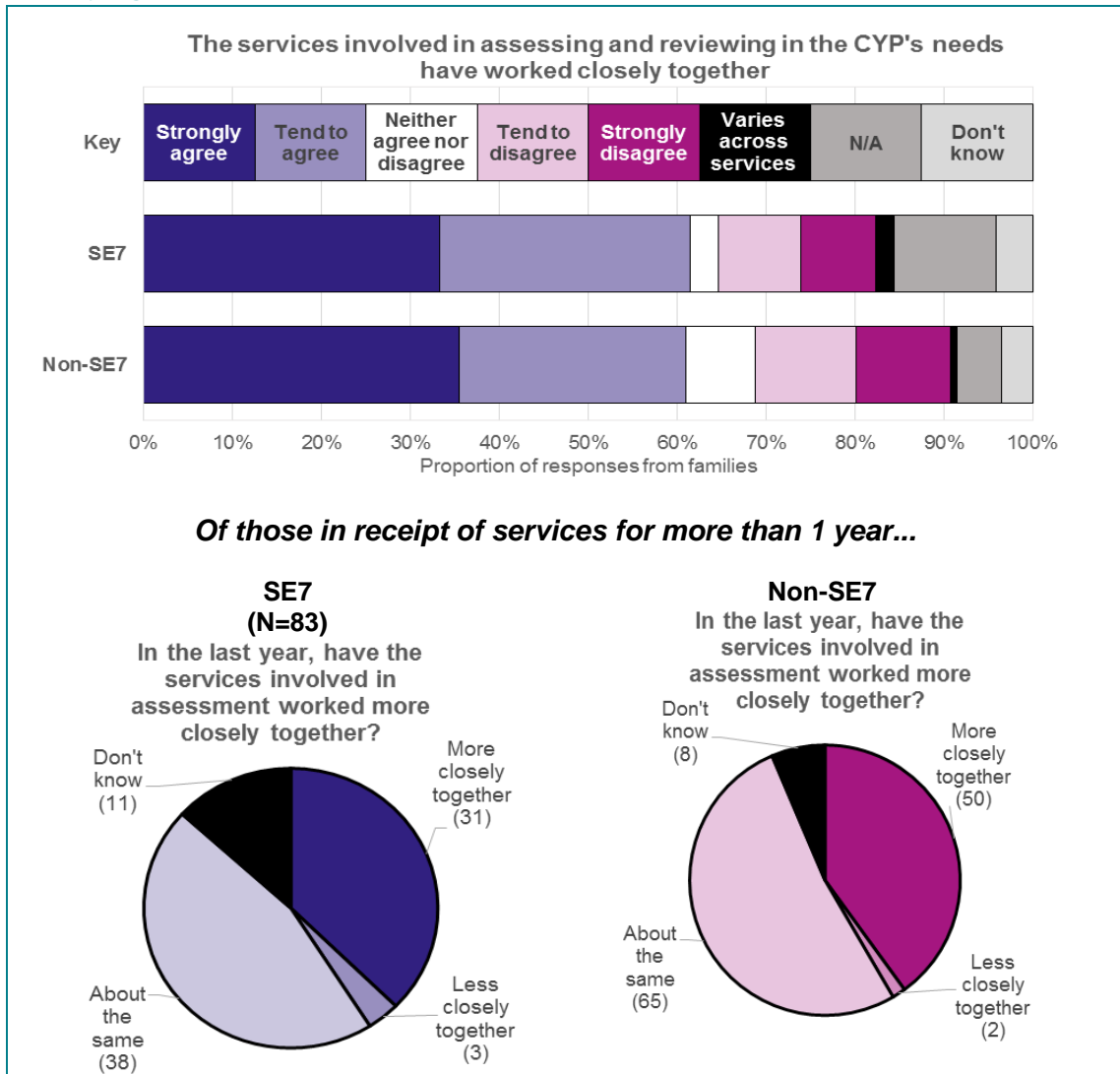
SE7 N=83, Non SE7 families N= 125. Source: Pathfinder family survey

Joint working

- 7.19 As outlined in Figure 7-7, perceptions on how closely the relevant services had worked together during the EHCP process were fairly positive; with nearly two thirds (61%, 59 families) of SE7 respondents reporting either 'strongly agreeing' or 'tending to agree' that services worked closely together.
- 7.20 Evidence gathered from existing service users which sought to compare the new and traditional systems was slightly less positive, with just over a third (37%, 31 families) of the relevant SE7 families reporting services had worked more closely together. However, when taken in combination with the families that reported little change (i.e. that things were 'about the same') the findings again indicate that the new processes had brought about some positive change.
- 7.21 The case study fieldwork suggested that: multi-agency attendance at the EHCP meetings had often been variable across the different cases and settings; and when professionals had been unable to attend the meetings, it had often proved challenging to bring about the required level of engagement outside of the meetings. As a result, although multi-agency working had improved for some, other families were unlikely to have experienced a more joined up process. In addition, parent carers that did not feel all relevant parties were represented at their EHCP meetings may have perceived that services and professionals had not worked closely together and may have been unaware of any multi-agency working that took place outside of these meetings. Taken in combination, this implies that the SE7 areas needs to consider how to continue to develop their approaches to joint working and to ensure that families are kept informed of any discussions/decisions that are made outside of the formal EHCP meetings.

7.22 This was comparable with the responses provided by families from non-SE7 areas, and the experiences reported through the other national case studies.

Figure 7-7: The services involved in planning the child or young person's needs have worked closely together



SE7 N= 96 families, Non-SE7 N= 141.

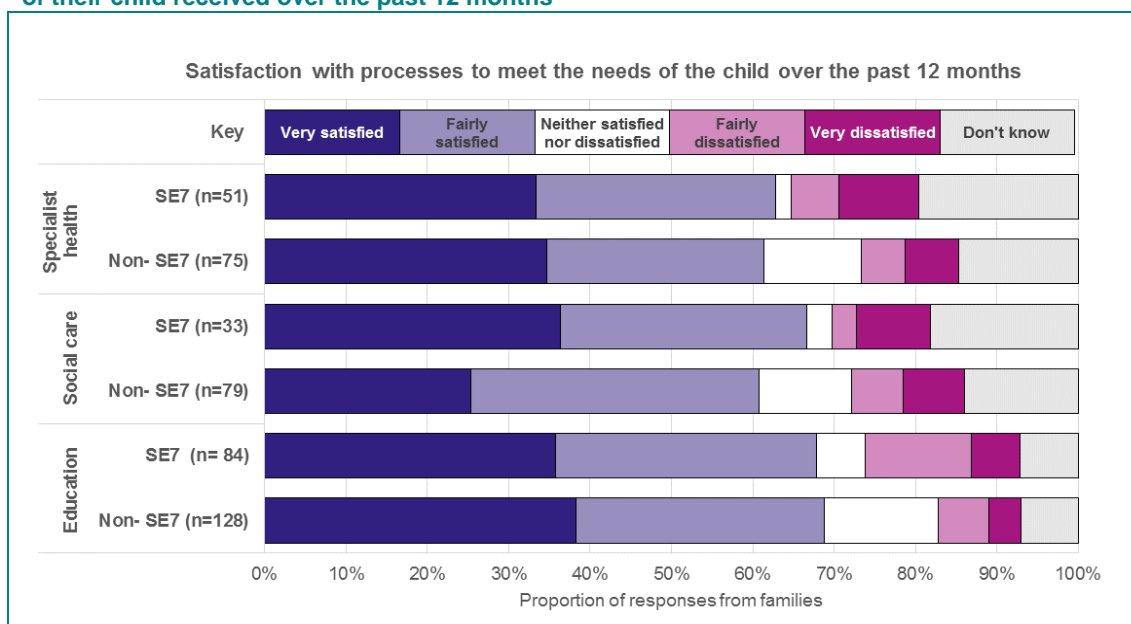
Note the question in the last year have the services involved in the assessment worked more closely together was only asked to those that had received services for more than a year, so base SE7 N= 83 families, Non-SE7 N= 125.

Source: Pathfinder family survey

Satisfaction with the process

7.23 The SE7 families were predominantly satisfied with the new pathfinder process (Figure 7-8). That is, approximately two thirds of SE7 families were satisfied with the processes undertaken to meet their child's educational needs (68%, 57 families), social care needs (66%, 22 families), and specialist health needs (63%, 32 families). The results were again largely mirrored by responses from non SE7 families.

Figure 7-8: Family satisfaction with processes to meet the education, social care and health need of their child received over the past 12 months



Note the number of families asked each question has varied, due to the questions being routed.
Source: Pathfinder family survey

Experience of service delivery

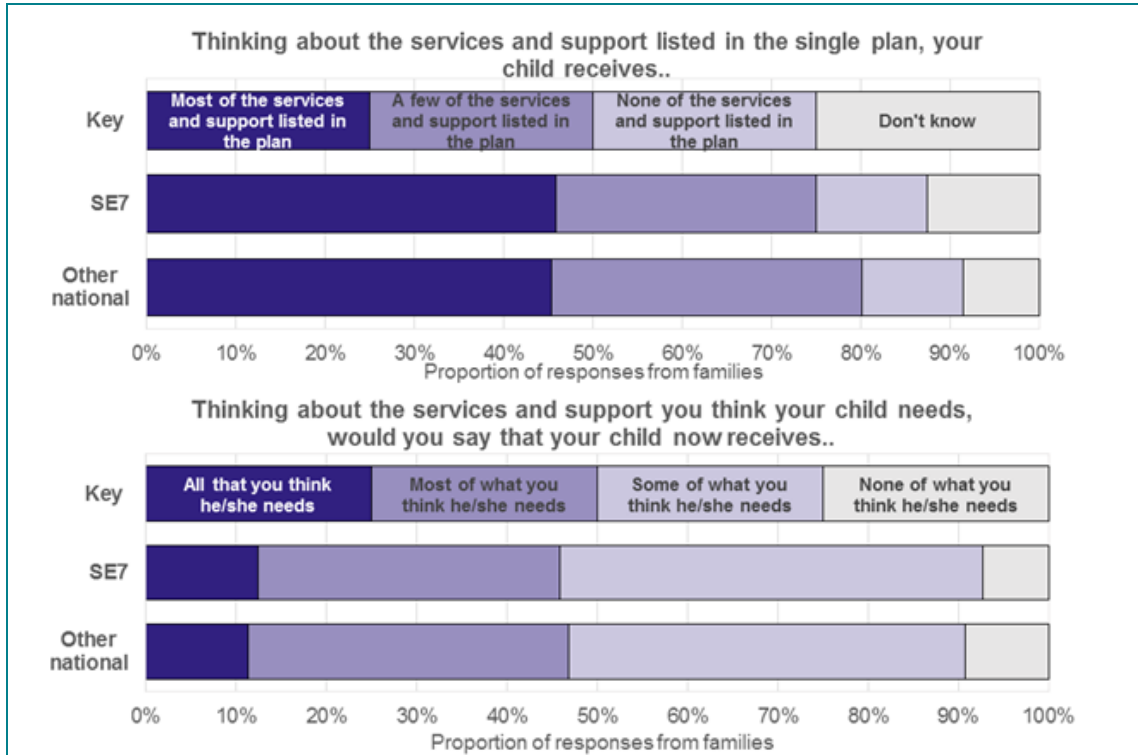
7.24 We now seek to describe participating families' initial experience of the services and support that were delivered as a result of the pathfinder. The term 'initial experience' has been purposefully used, as the survey was undertaken approximately 8-12 weeks following the completion of the EHCPs and therefore it is likely that the majority of families had not yet received all the support/services listed in their plans. As a result, the following analysis should be treated with caution.

Sufficiency of support

7.25 Just under half of SE7 families (46%, 44 families) considered that their child received most of the services agreed within their support plan, with nearly a third (30%, 28 families) who considered that their child received a few of the services that they required. This illustrates the early stage at which families were interviewed and again reflects the same picture as reported by non-SE7 families.

7.26 Figure 7-9 also illustrates that the just under half (46%, 44 families) of the responding SE7 families considered that all or most of their child's needs were being met as a result of their participation in the pathfinder. The remaining SE7 families were less positive, which may in part be a result of the timing at which the survey was undertaken, but may also reflect that a number of parent carers did not feel that the process had enabled them to access the services/support they felt they required. When taken in combination with the fact that the majority of parent carers felt that their views had been taken into account during the decision making process, this indicates that some families did not feel that this had in turn translated into sufficient provision of support.

Figure 7-9: Parental perceptions of the services their child now receives

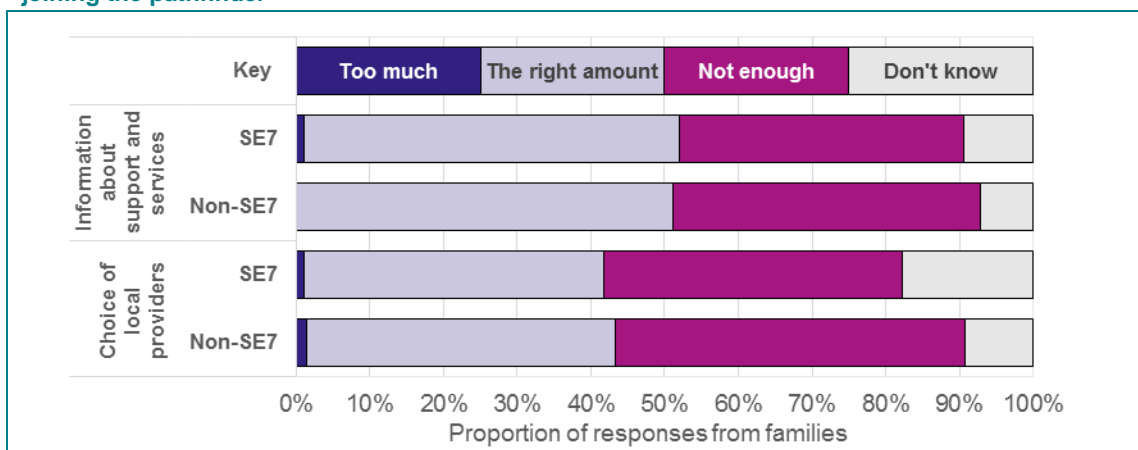


SE7 N= 96 families, Non-SE7 N= 141. Source: Pathfinder family survey

7.27 As outlined in Figure 7-10, just over half of SE7 families (51%, 49 families) considered that they had the right amount of information about support and services. However a substantial proportion (39%, 37 families) considered they didn't have enough information. Similar results were reported about the choice of local providers, which in turn was likely to reflect the developing nature of the local offer across the SE7 areas.

7.28 The position of the non-SE7 families mirrored that of the SE7 families.

Figure 7-10: Perceptions of choice of support and information about support and providers since joining the pathfinder



SE7 N= 96 families, Non-SE7 N=141 families. Source: Pathfinder family survey

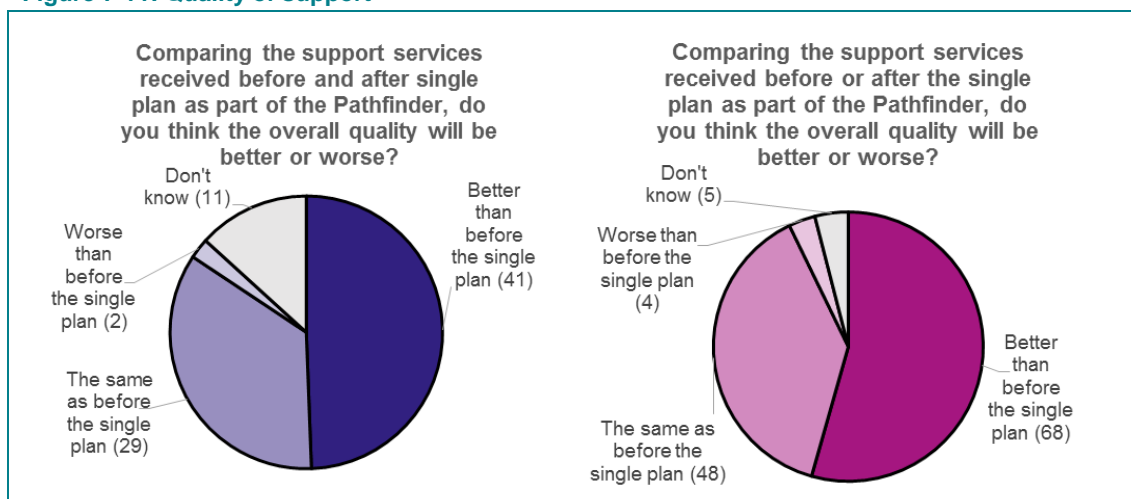
7.29 Looking across the findings, it will be important for the SE7 pathfinder areas to ensure families understand:

- What potential services/support could be accessed
- What is in their EHCP
- Why the relevant set of services/support was chosen (and why other forms of services/support were not chosen)
- What the purpose of each service/support is (i.e. what outcome it is seeking to achieve)
- When to expect each service/form of support will be delivered.

Satisfaction with services

7.30 Around half (49%, 41 families) of all SE7 families who had been in receipt of support for a year or more prior to the pathfinder considered that their support was better than before the EHCP (see Figure 7-11). Conversely, although only a very small number (2%, 2 families) of SE7 families reported being in a worse position, a third of families (35%, 29 families) considered that the quality of the support received was the same as before their EHCP, which may reflect: the perceived lack of choice identified by some families; and some families feeling like their existing service package (under the traditional system) was sufficient and of good quality, resulting in them being happy to begin with. Non-SE7 families reported a similar set of views.

Figure 7-11: Quality of support

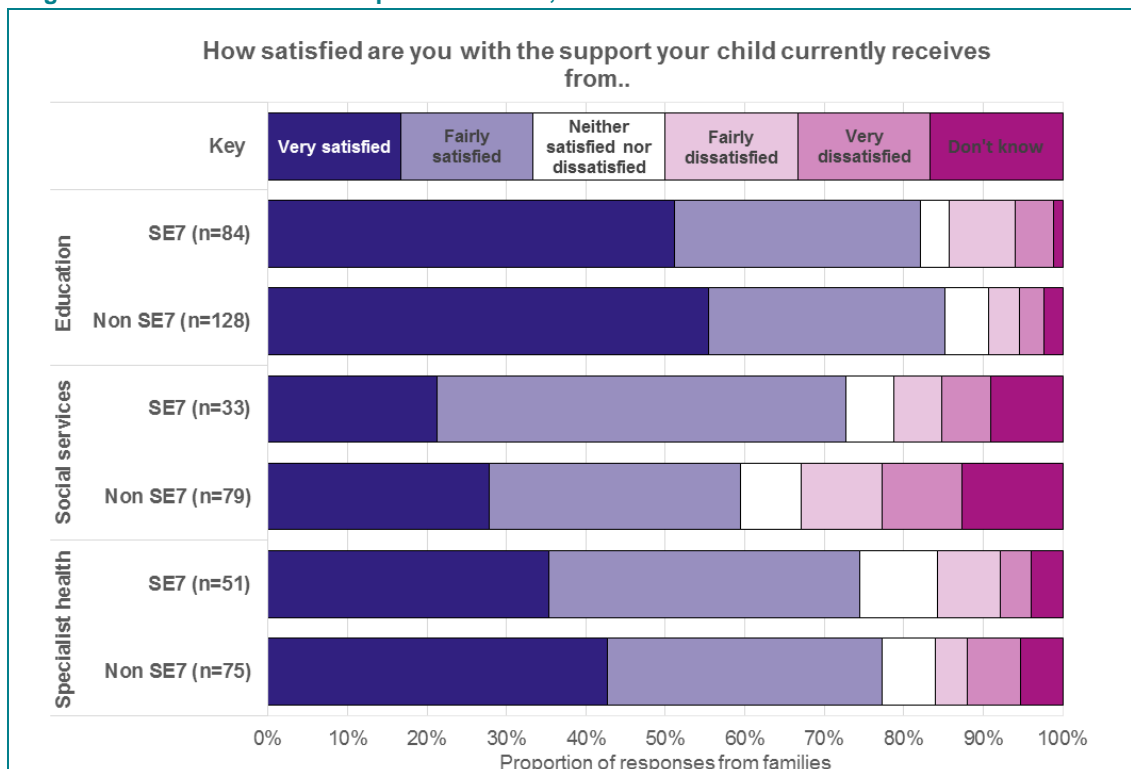


Source: SE7 N= 83 families, Non-SE7 N=125 families.
Note only respondents which had received services for more than one year were asked this question.
Source: Pathfinder family survey.

7.31 Looking specifically at satisfaction with particular services (see Figure 7-12 below), SE7 families were most satisfied with the education services received with over three quarters of families (82%, 69 families) reporting that they were 'satisfied' or 'fairly satisfied'. Similarly, around three quarters of SE7 families were satisfied with the social services (73%, 24 families) and specialist health services (75%, 38 families) they had received.

7.32 By comparison, non-SE7 families reported a similar set of views, with the exception of their satisfaction with social care services, which was lower than SE7 families (59%, 47 families).

Figure 7-12: Satisfaction with specialist health, social care and education services



Note- base n varies for each form of support as only respondents which have received each form of support answered the associated satisfaction question.
Source: Pathfinder family survey.

Changes in services/support

7.33 In terms of what had changed following the pathfinder approach, almost half of SE7 families that had been in receipt of services for over a year (48%, 40 families) considered there had been a change in their support. The biggest changes for SE7 families had been in terms of:

- The organisations that supported their family (36%, 30 families)
- The type of services the child received (35%, 29 families)
- The mix of support provision (29%, 24 families)
- The amount of support families were entitled to (28% 23 families)
- The timing of the support (24%, 20 families).

7.34 In addition, SE7 families that considered there had been a change in their child’s support with the Pathfinder approach predominantly found this was due to:

- Finding out about another provider (62%, 25 families)
- Being given more say (55%, 22 families)
- Previous support not being available (43%, 17 families).

- 7.35 These figures mirror the national picture, where just over half of non-SE7 families (54%, 67 families) reported a change in support. The types of changes and reasons appeared similar across SE7 and non-SE7 families.

Outcomes

- 7.36 It was not possible to provide a report on the outcomes achieved by families as a result of participation at this stage, as families had not been in receipt of their EHCP for long enough to experience outcomes by the time of the survey. Outcomes will be explored further as part of the National Evaluation, through an additional survey of families six months after their EHCP has been finalised. This survey will include families whose EHCP is finalised between September 2013 and March 2014.

Summary

- Ninety-six families from 6 out of 7 of the SE7 areas took part in the parent carer survey (although around three quarters of these were from two of the areas)
- Interviewed SE7 families had broadly similar profiles to other national families in terms of the complexity of the child or young person's needs and their eligibility for SEN and social care services prior to the pathfinder. However, the SE7 families interviewed tended to have younger children and young people and were less commonly reported to have specialist health needs relative to non-SE7 families
- SE7 parent carers generally understood the pathfinder process. Around three quarters of interviewed parent carers either strongly agreed or tended to agree they had understood the pathfinder process, although families reported a more mixed picture in terms of the straightforwardness of the process
- The EHCP processes were felt to be family-centred, with families' views taken into account in the majority of cases (87%). However, children appeared to have had less input into the process to date
- Perceptions on joint working were fairly positive, with nearly two thirds of responding SE7 families either tending to agree or strongly agreeing that services worked closely together. However, SE7 areas need to consider how to continue to develop their approaches to joint working, while ensuring that families are kept informed of any discussions/decisions that are made outside of formal EHCP meetings
- SE7 families were predominantly satisfied with the new pathfinder process, although their experiences of the resultant service delivery were more mixed, with some level of perceived unmet needs remaining. This is likely to reflect the fact that interviews were undertaken 8-12 weeks after the completion of the EHCPs, and therefore that a number of families would not yet have received all the support/services listed in their plans
- It was still too early to report on the outcomes that were experienced by families as a result of the pathfinder, due to the timing of the survey. Outcomes will be explored further as part of the National Evaluation, through an additional survey of families that will take place six months after their EHCP has been finalised.

8. Staff experiences of the Pathfinder

Introduction

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

An introduction to the staff survey

8.2 The staff survey was sent to keyworkers¹⁸ from all thirty pathfinder areas¹⁹, including each of the SE7 areas, as part of the National Evaluation of the SEND Pathfinder Programme. Pathfinder leads for each area provided the contact email addresses for each of the staff members.

8.3 The survey was undertaken in two waves:

- The baseline survey (May 2012 and November 2012²⁰) was sent to staff members to complete prior or close to the point of recruitment of pathfinder families. This covered **pre-pathfinder working practices** and provided an insight into tasks associated with staff roles and experiences of delivering them
- The follow up survey (January 2013 to March 2013) was disseminated to staff that provided a response to the baseline survey at a time at which it was expected that most areas had begun to **take pathfinder families through the process**. This involved asking respondents the same set of questions as the baseline survey to enable a comparison of the two data sets.

8.4 The response rates to the two surveys are detailed in Table 8-1. This shows that a 46% and 59% unadjusted response rate was achieved to the baseline and follow up surveys from SE7 key workers. This included responses from each of the seven areas, however it should be noted that the majority of the responses were drawn from four out of the seven areas, implying any differences were more likely to reflect changed practices in these areas.

Table 8-1: Overall response rate for the baseline and follow up surveys

	SE7		Non SE7	
	Baseline	Follow up	Baseline	Follow up
Sent	175	81	784	269
Completed response	59	33	240	102
Partial but sufficient response	22	15	29	25

¹⁸ Including those who were identified as already working or due to work directly with the families engaged in the pathfinder.

¹⁹ Cornwall and the Isles of Scilly were counted as a single area for the purposes of the survey. All other consortium areas were divided into individual areas.

²⁰ The timescales were selected to accommodate the time during which most pathfinder areas had selected the staff that were to work with the pathfinder families

	SE7		Non SE7	
	Baseline	Follow up	Baseline	Follow up
Total responses ²¹	81	48	269	127
Range of responses (by area) ²²	(2-25)	(1-14)	(0-25)	(0-13)
Unadjusted response rate	46%	59%	34%	47%

*Note: All those responding fully to the baseline were included in the follow up survey. Additional respondents were sent the follow up survey where they had a largely completed baseline response.
Source: SQW*

8.5 The baseline and follow-up survey data was combined in the cases where we had received a sufficient response to both surveys. This process identified that 39 of the 48 SE7 responses and 98 of the 127 non SE7 responses were of sufficient quality to be included in the analysis.

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

Context

8.7 The SE7 key workers that took part in both the baseline and follow up survey displayed the following characteristics:

- They were **most commonly drawn from the local authority based SEN teams** (in over a third of cases) with additional key workers being drawn from other teams such as adult and children’s social care, education and health providers and the VCS
- They tended to have **substantial experience in their field**. All the SE7 key workers interviewed had been in employment with their current employer for at least one year, and around a half had been with their current employer for over 10 years
- They tended to have **relatively low levels of involvement in the pilot**. For over half of the interviewed keyworkers, pathfinder cases had made up less than a quarter of all cases they had dealt with in the last month. By contrast a small number had very high levels of involvement in the pathfinder with more than three quarters of the cases they had dealt with in the last month being pathfinder families.

Staff work and satisfaction

8.8 The chapter now explores key worker perceptions of their work across six categories:

- Organisational support
- Decision and influence
- Cross working
- Physical demands
- Psychological demands

²¹ This includes completed and partial responses.

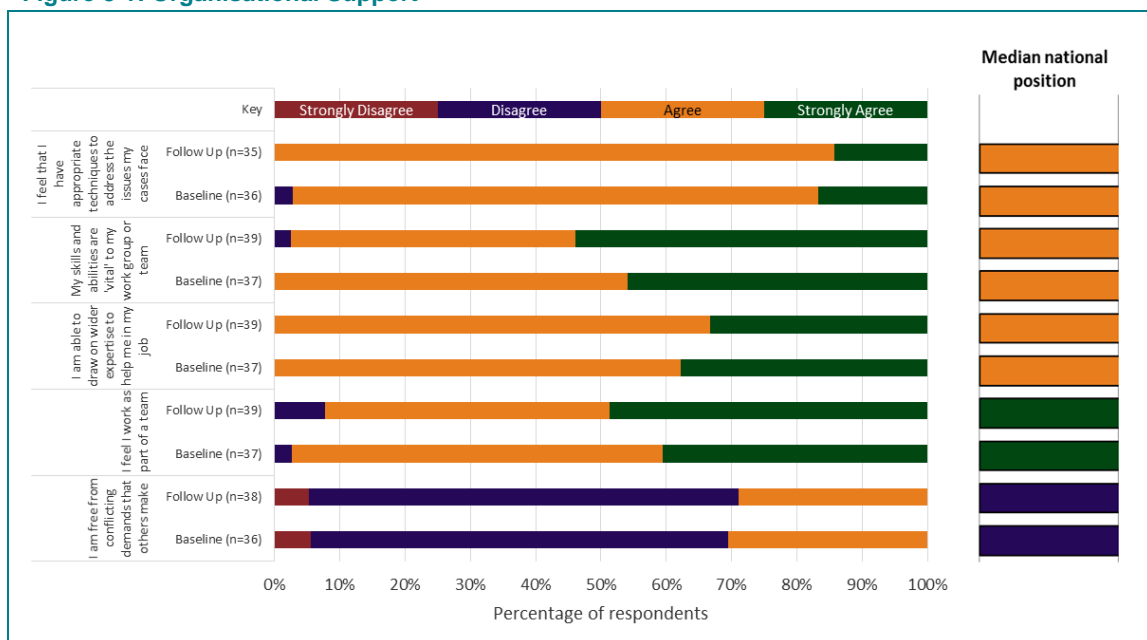
²² This includes the area with the maximum and minimum number of responses per area.

- SE7 regional working.

It focuses upon understanding key workers' baseline views, relating to pre-pathfinder working practices, and 'net change'²³ to appreciate how perceptions changed once key workers began to take pathfinder families through the new pathways.

- 8.9 Both pre and post-pathfinder working practices illustrated that the majority of key workers felt positively about the organisational support they received and similarly felt a strong sense of working as part of a team, although they did report being subject to conflicting demands (Figure 8-1).
- 8.10 These overall views did not change markedly over the course of the pathfinder, but there was a marginal net decrease in the number feeling well equipped with appropriate techniques to address the issues their cases faced (-6%), and the number able to draw on wider expertise to help them in their job (-5%). This was likely to reflect that the key workers were required to work with families in a different, more personalised way as part of the pathfinder process. Professionals would inevitably have less confidence working with these new techniques than with the existing system, which they had worked within for a number of years.
- 8.11 In addition, given that most of the areas adopted a small-scale approach in the first instance, it was not surprising that there was not the same level of 'wider expertise' around the pathfinder for the key workers to draw upon, as the required cultural change was still evolving.

Figure 8-1: Organisational Support



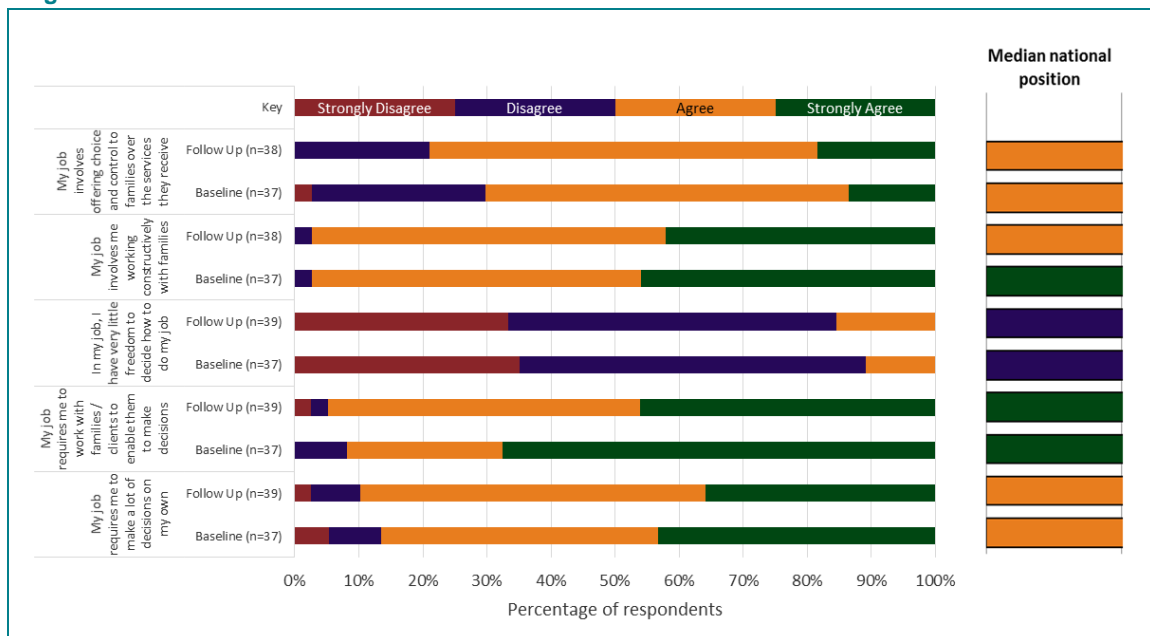
Source: SQW Survey analysis

- 8.12 Key workers were also generally positive about the decision influence they had both pre and post the pathfinder (Figure 8-2); feeling that their job required them to work with families/clients in order to make decisions, and that they were able to work with substantial

²³ Net change is calculated by looking at the difference between the proportion of respondents reporting an improved position (in the follow up survey compared to the baseline) and the proportion of respondents reporting a worse position (in the follow up survey compared to the baseline).

autonomy. However, while there was a substantial net increase in the number of key workers feeling they were able to offer choice and control to families (compared to pre-pathfinder) (+17%), there was a surprising net decrease in those reporting that their job required them to work with families/clients to enable them to make decisions (-16%). These changes in view tended to be marginal (the difference between 'strongly agreeing' and 'agreeing' with a statement) and therefore imply that most still remained positive.

Figure 8-2: Decision Influence



Source: SQW Survey analysis

8.13 Views on cross service working were more mixed. While most keyworkers felt confident that they were able to access appropriate support from wider services prior to the pathfinder, regular cross agency working varied by service (Figure 8-3). For example, prior to the pathfinder:

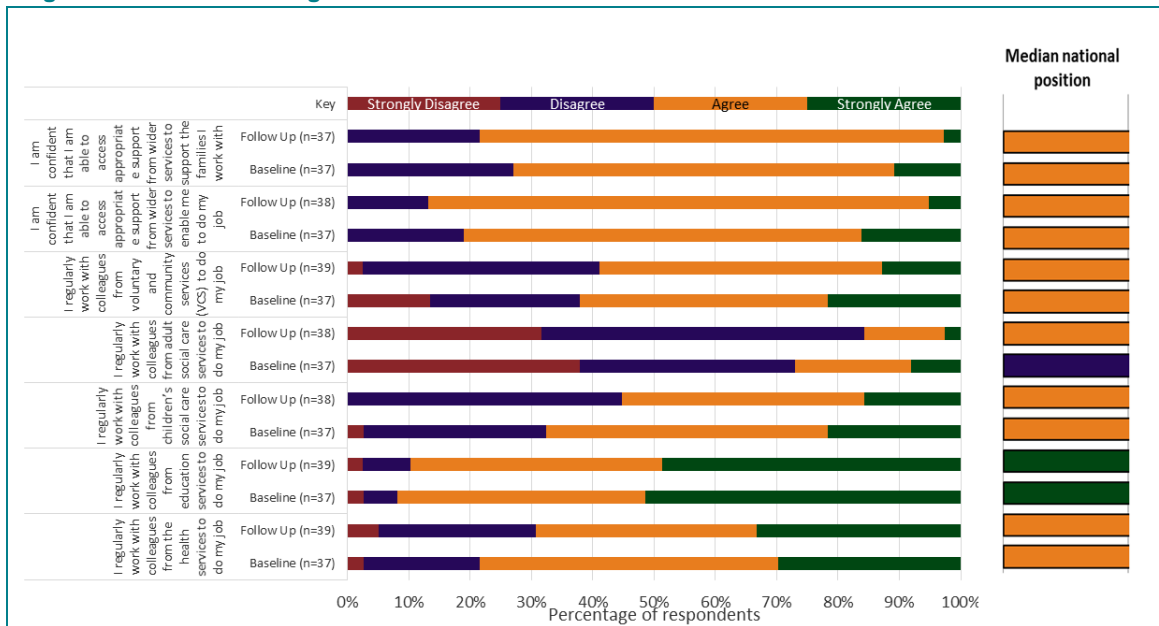
- 92% of key workers agreed (or strongly agreed) that they regularly worked with colleagues from **education services** to do their job
- 78% agreed or strongly agreed they worked closely with **health services**
- 68% agreed or strongly agreed they worked closely with **children's social care**
- 62% agreed or strongly agreed they worked closely with **the VCS**
- 27% agreed or strongly agreed they worked closely with **adult social care**.

8.14 While the pathfinder approach intended to increase cross agency working, key workers were more likely to report that they had experienced a negative net change in relation to cross working as a result of their involvement in the pathfinder. The average net change from a composite of cross working variables²⁴ was -3.1%. This included small net increases in regular working with colleagues from health (+3%) and the VCS (+3%), combined with larger net decreases in the number of keyworkers reported to be working regularly with colleagues from education (-8%) and children's social care (-14%). This is again likely to

²⁴ The composite variable was made up from all the cross working indicators included in Figure 8-3.

reflect the embryonic nature of the pathfinder processes and therefore the fact that wider cultural change was yet to take place to engender the required multi agency working.

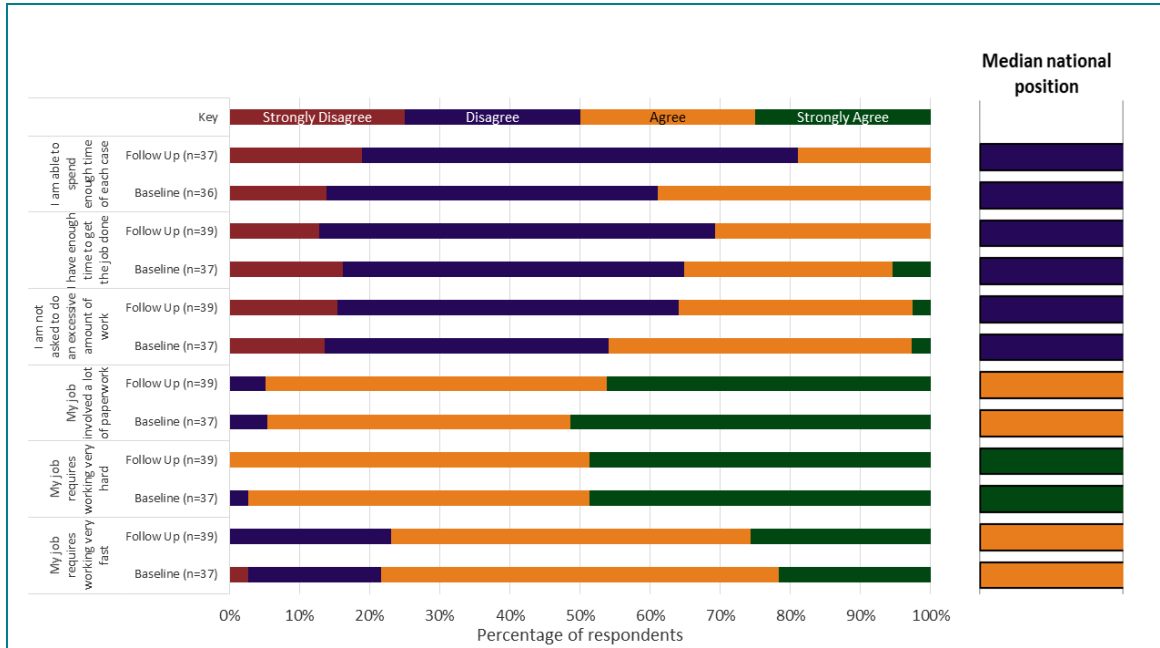
Figure 8-3: Cross Working



Source: SQW Survey analysis

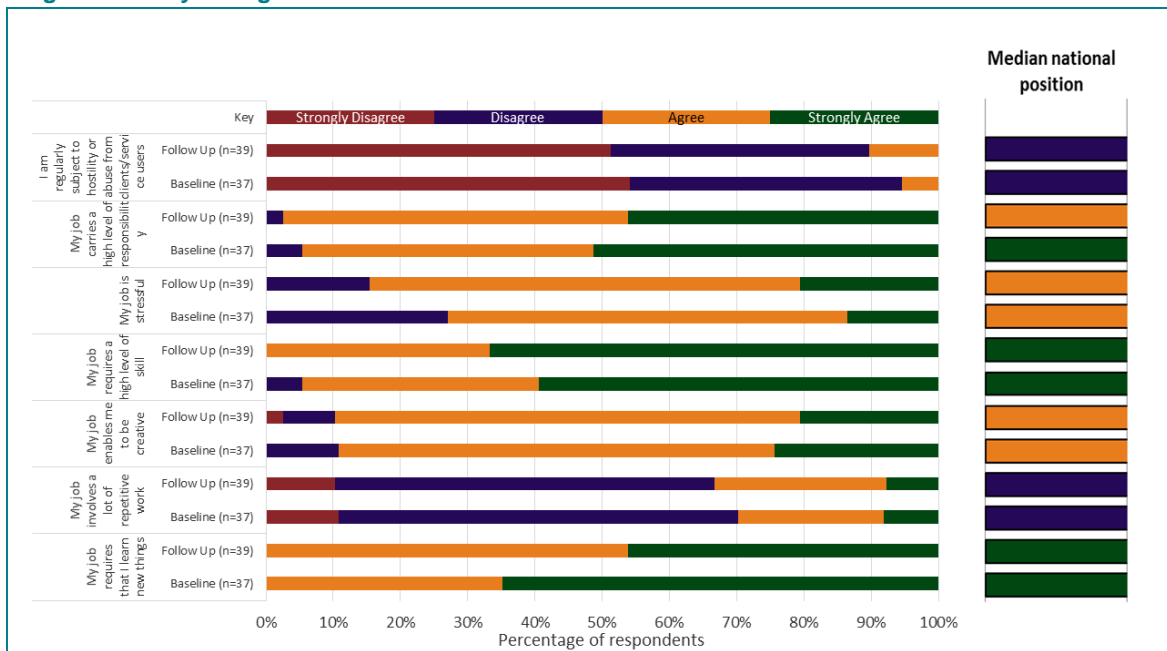
- 8.15 Overall, key workers were negative about the physical demands (Figure 8-4), and to a lesser extent the psychological demands (Figure 8-5), their jobs placed on them prior to the pathfinder. Key workers disagreed with the job related statements about having enough time, and not having excessive amounts of work and agreed that their job required working very fast and hard and involved a lot of paperwork. In addition key workers commonly reported finding their job to be stressful. These sentiments may in part have been exacerbated by the challenging economic climate, which in many cases had led to public sector cuts and subsequent redundancies, and in turn created increased caseloads and pressure for the remaining staff.
- 8.16 Nonetheless, the physical and psychological demands of their roles seemed to have been heightened by the demands of the pathfinder; particularly in terms of levels of stress (with a net change of +22% reporting their jobs were more stressful) and having enough time to spend on each case (a net change of -21%). Both the increased physical demands of the job and the increase in stress were likely to reflect that many of the key workers were undertaking the pathfinder role in addition to their existing workload.

Figure 8-4: Physical Demand



Source: SQW Survey analysis

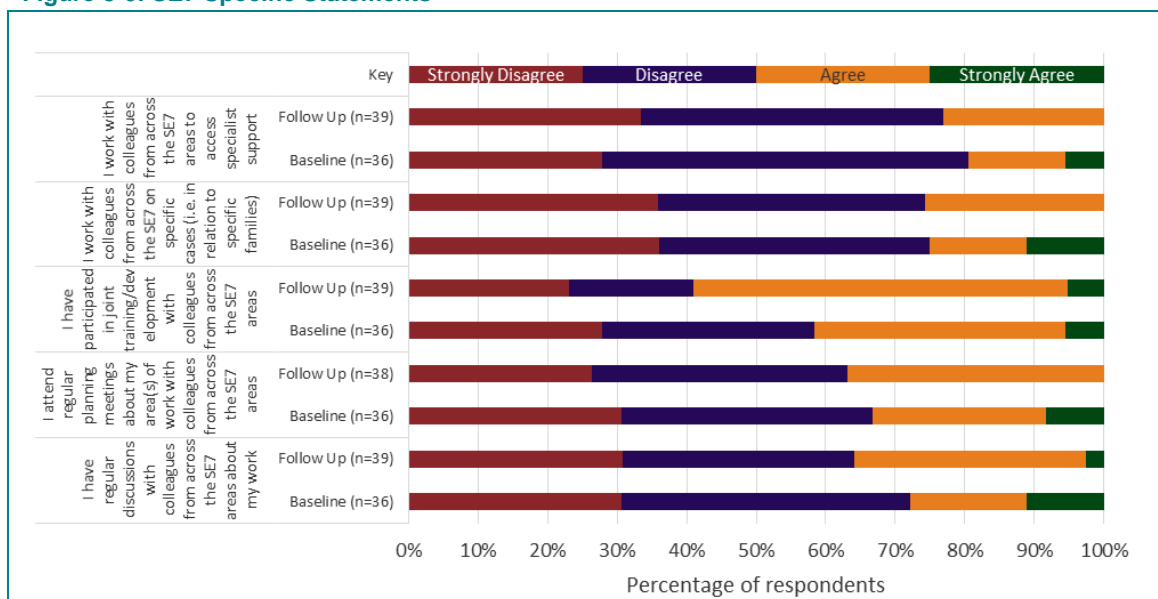
Figure 8-5: Psychological Demands



Source: SQW Survey analysis

- 8.17 The regional SE7 approach appeared to have led to increased joint training/development with colleagues, with a +15% net improvement in participation in such events between the baseline and follow up surveys. Indeed, by the follow up survey almost two-thirds (58%) agreed or strongly agreed that they had participated in such events, compared to 42% of interviewed key workers at the baseline survey.
- 8.18 However, the majority of key workers still disagreed that they worked with colleagues from across the SE7 or had regular discussions with such colleagues about their work.

Figure 8-6: SE7 Specific Statements



Source: SQW Survey analysis

Reflections on the new pathfinder approach

- 8.19 Reflecting on what had worked well in the new pathfinder approach, key workers most commonly stated that they were now working more collaboratively with families and wider services (see Box G for quotes).

Box G: What worked well

Key workers commented that the pathfinder approach had enabled:

(i) Collaborative working with families

- “Parents [to] take the lead in terms of saying what they would like for their child”
- “Greater communication between all practitioners, really focusing on what parents want for their child and family”
- “[A] much closer relationship with families”

(ii) Collaborative working with professionals

- “Clear plans for collaborative working around the provision of holistic care”
- “A range of people [to come] around the table to discuss moving forward”
- “Communication and learning about other professionals roles”

- 8.20 Key worker opinions on what had worked less well most commonly related to the challenges and cultural change associated with multi-agency working and the workload demands associated with the new pathfinder approach. Direct quotes from key workers are included in Box H.

Box H: What worked less well

(i) Multi-agency working

"[It was] frustrating to coordinate links between health and education. Long health waiting lists meaning that families cannot finish plans and receive adequate support"

"Sometimes working with other agencies has been challenging with different backgrounds and ways of approaching things (e.g. what things are appropriate for TAC discussion and what is appropriate to discuss elsewhere)"

"Patchy sign up by senior managers"

(ii) Workload demands

"Pathfinder families put huge stress on amount of time left for the 'day job'"

"The demands placed on clinicians to complete so many evaluations on top of the work it takes to co-ordinate meetings and write up amendments to plans."

"The pressure to deliver change within such tight timescales given the volume of work is challenging"

Summary

- Forty-nine SE7 key workers completed both waves of the staff work and satisfaction survey, enabling comparison of their pre and post pathfinder working practices. This included respondents from across all seven areas, although the majority of key workers were drawn from four areas
- Surveyed SE7 key workers were most commonly drawn from local authority based SEN teams (in over a third of cases). They tended to have substantial experience in their field and had most commonly had relatively low levels of involvement in the pathfinder (undertaking the role in addition to their day job)
- While keyworkers generally felt that operational support was good, the movement to pathfinder working practices led to net decreases in the degree to which key workers felt equipped with appropriate techniques and their ability to draw on wider expertise. This reflected the challenges associated with movement to a new way of working
- Key workers were generally positive about the decision influence they had both pre and post the pathfinder. While there was a substantial net increase in the number of key workers feeling able to offer choice and control to families as part of their pathfinder working practices, there was an opposing net decrease in those reporting that their job required them to work with families/clients to enable them to make decisions

- Views on cross service working were mixed. While over two-thirds of key workers worked regularly with colleagues from education, health and children's social care, there were net decreases in cross working with colleagues from across all but health and the VCS. This is likely to reflect the embryonic nature of the pathfinder process; with wider cultural change not yet in place to engender the required multi-agency working
- Overall, key workers were negative about the physical demands, and to a lesser extent the psychological demands, that their jobs placed on them prior to the pathfinder. These demands seemed to have been heightened by the pathfinder; with the physical demands of the job and the increase in stress likely to reflect that many of the key workers were undertaking the pathfinder in addition to their existing workload
- The regional approach appeared to have led to increased joint training/development with cross SE7 colleagues, although the majority of surveyed key workers still disagreed that they worked with colleagues from across the SE7 or had regular discussions with such colleagues about their work
- The collaborative approach, both to working with parents and wider professionals, was felt by key workers to work well as part of the pathfinder approach. However, surveyed key workers suggested that a number of challenges remained, particularly in terms of building the cultural change associated with multi-agency working and the workload demands associated with the new approach.

9. Conclusions and implications

- 9.1 This final chapter sets out the main evaluation findings and considers the implications of these findings for phase two of the pathfinder programme. In doing so, it considers the extent to which progress had been made against each theme of the CDF and the differing focuses of both the parent carer and staff work and satisfaction surveys.

Progress achieved by the SE7 by the end of the first phase

- 9.2 Having reached the end of the first 18 month phase of the pathfinder programme, all of the SE7 areas had completed their initial set-up phase. This had included developing and trialling early versions of the infrastructure required to deliver the new approaches, with some areas having advanced more quickly than others for a variety of reasons which are explained below.

1. Organisational engagement and cultural change

- 9.3 Following the success of the SE7 pathfinder application, **each of the SE7 areas efficiently set up a local Change Board, which included broad strategic involvement from across SEN, children's social care, schools, health, the VCS and parent carer representatives.** This development was in part driven by the regional SE7 steering group, which in turn acted as the accountable body for the seven constituent pathfinder areas.
- 9.4 However, **engagement of professionals at the operational level was more mixed**, with some agencies having achieved more success than others. That is:
- **Engagement from SEN was generally felt to have been good** across the areas as a result of the SEN basis for the reforms
 - **Parent carer representatives had been involved in all areas**, which marked a substantial and much needed change from previous practice, which commonly involved limited (and often no) parental involvement in decision making
 - **Small numbers of willing schools and colleges had helped to develop and test new approaches, but this appeared more of an exception than the norm**, as the majority of education providers were reported to have been preoccupied by the school funding reforms
 - **Health engagement tended to rely heavily on 1-2 key people, which had not generally led to wider engagement** at the operational level as a result of ongoing capacity constraints and difficulties associated with prioritising the pathfinder during the restructuring of the commissioning of health services
 - **Operational level representation from the VCS had been achieved in some areas**, but stakeholders from across the areas reported **mixed views on whether this involvement had been effective**

- **Engagement of children and young people at the operational (and the strategic) level had been very limited** to date, implying this group had had limited (or no) influence on the initial approaches that were trialled.
- 9.5 Much of the development and delivery process was led by the Pathfinder Lead and Manager in each area. As such, the **changes in management that were experienced by some of the SE7 areas led to discontinuity and a loss of momentum**, which in turn resulted in less progress being made in these areas relative to those that maintained a more stable management team.
- 9.6 **All areas had facilitated some initial change management processes, which were small scale in their nature.** This was the result of much of the relevant activities being focused on the professionals and individuals that had contributed to the development and delivery of the pathfinder, as opposed to those that had not been involved.
- 9.7 **Nearly all social care, specialist health and SEN services reported they had committed staff time to support the development of the Pathfinder** through attending meetings, planning sessions, etc. However, specialist health and social care services appeared **less willing to commit money for development and to a lesser extent for support service provision** (for the EHCPs). This arrangement is unlikely to have been problematic to date, however, it is likely to prove more challenging as areas begin to transform their services and roll out their pathfinder approaches.
- 9.8 Although the **development of the regional local offer framework had been subject to some early delays, good progress had been made by the end of the first phase** of the programme, with the majority of the constituent elements having been mapped out. However, this **had not as yet translated into the framework being comprehensively operationalised at the local level** and therefore none of the SE7 areas had published a local offer by March 2013.

2. Engaging and involving families

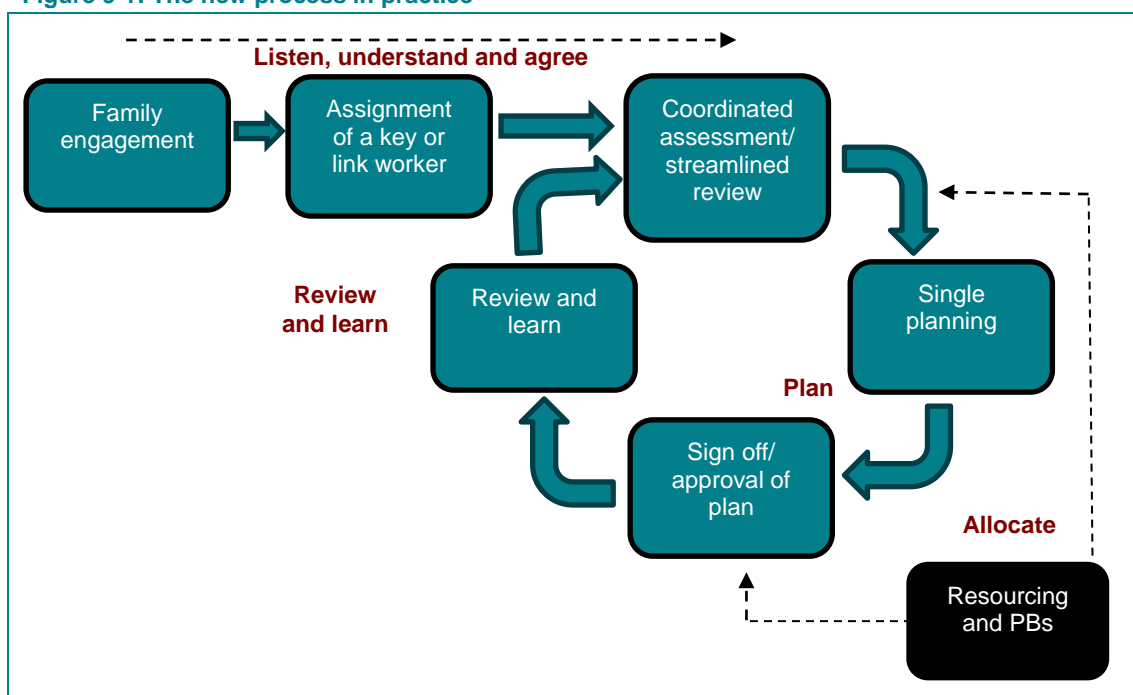
- 9.9 **All of the SE7 areas had undertaken awareness raising activities with potential families and had gone on to recruit an initial cohort of families** that had either been or were in the process of being taken through the new approaches. This included the **recruitment of 299 SE7 families by the end of July 2013**, which was dominated by large numbers of recruited families from 2 of the 7 areas, and constituted just under a quarter (24%) of families recruited across the national pathfinder programme.
- 9.10 Recruitment to date had included families with children and young people from across the 0-25 age range, with **considerable numbers from the 0-11 year group relative to the comparative non SE7 families**, reflecting a tendency for the SE7 to focus their efforts on young children. In addition, **recruitment of young people aged 19+ remained somewhat lower than other groups** (for both SE7 and non-SE7 families), implying that testing for this age group had been limited to date. The data also indicated that the **SE7 had struck a better balance between working with both families that had not yet accessed the SEN system (i.e. newcomers) and those that were existing service users of SEN**, as compared to the national pathfinder case study areas.

- 9.11 Where relevant, peer support mechanisms had been developed organically, following the recruitment of families. Much of this work had focused on the provision of support for parent carers as opposed to participating children and young people.

Setting up the infrastructure

- 9.12 **Clear progress had been made in terms of mapping out and in the most cases testing the EHCP pathways with an initial cohort of families** by the end of the first phase of the programme. Differences in the pace and progress of the testing largely reflected the areas' development approach; some chose to map out their process in full prior to inviting families to participate, and others took a more iterative approach and therefore developed the process in tandem with family participation. Both approaches were felt to have been of value to the SE7 as a whole, as they provided both early and continuous learning to inform future practice.
- 9.13 **Development of the EHCP pathways had been informed by the co-produced SE7 regional assessment and planning framework**, against which **each of the seven areas had maintained differing levels of fidelity**. This collectively resulted in the delivery of the process illustrated in Figure 9-1.

Figure 9-1: The new process in practice



Source: SQW

- 9.14 **Core stages of the process were differentiated across the areas to accommodate differences in target groups, which in turn led to varying levels of progress being made in relation to their development and delivery.** This included:
- 9.15 **Development of a coordinated assessment and/or streamlined review stage**, which were intended to be holistic in their nature and therefore to involve professionals from all the relevant agencies alongside the family. The choice of which activity was taken forward depended on whether the family was:

- **an existing service user** – where the intention was to undertake a holistic and streamlined review of existing assessments and consider whether there were unmet support needs, which may warrant additional assessments
 - **a newcomer to the SEN system** – where the intention was to undertake a coordinated assessment rather than review and consolidate existing assessments, as there was little to no existing information available on these families
- 9.16 **Trials of both forms of assessment indicated that professionals had moved away from the deficit model and embraced a more family-centred approach.** This was aided through the development of family profiles at the outset of the process, a practice that was universally adopted across the areas. However, it was apparent that **parent carers had acted as the main (and in a number of cases only) spokesperson for the child or young person in most cases**, implying much of the EHCP had been built around parental wishes as opposed to the wishes of the child or young person. It would therefore be important for the areas to consider how to strike a better balance between the views of all family members going forwards.
- 9.17 **Multi-agency attendance and contributions to assessment meetings had also been variable**, implying a need to reconsider how to build the appropriate structures to ensure effective engagement from all those required.
- 9.18 **Limited consideration of how to resource EHCPs**, including the integration of personal budgets, had left most areas with the considerable task of developing a robust multi-agency resourcing model. **Areas that had targeted newcomers to the SEN system had made the most progress** in this respect, as such families were not already associated with a set of resources and therefore consideration of resourcing was required to complete their EHCPs.
- 9.19 Similarly the **development of personal budgets had largely been undertaken through small scale, agency-specific pilots** and therefore areas were yet to consider how to pool this form of resource with wider non-flexible resources.
- 9.20 The development of plans had been undertaken in one of two ways:
- **Meeting between the key worker and family** to develop a plan to meet the child or young person’s agreed outcomes, with additional inputs ideally being sought from other professionals outside of the meeting
 - **Wider team around the child/family meetings** where ideally all professionals, the key worker and family gathered to discuss and develop a plan to meet the child or young person’s needs.
- 9.21 Testing of these mechanisms again showed that professionals had sought to use family-centred approaches to prepare the plans. This **had involved attempts at developing outcomes and linked actions, however, most key workers had found this challenging, implying a need for additional training in this area.** Issues that had arisen in relation to limited multi-agency working at the assessment stage were also experienced during the planning stage. This translated in some cases into challenges around multi-agency sign off of the resultant EHCPs, which again will need to be addressed during the second phase of the pathfinder. That is, although **comprehensive sign off of EHCPs had been developed for**

newcomers to the system, generally via a multi-agency panel, **more limited sign off processes had been developed for existing service users** as the majority of changes were considered to be cost neutral.

- 9.22 **All the SE7 areas used a single key worker model, which had been resourced by a range of agencies, including SEN, health, social care, the VCS and parent carers.** This led to variations in delivery and the development of plans of varying nature, as **most of the areas underestimated the complexity and therefore training requirements associated with the role.** As a consequence, the areas learnt that a single key worker was unlikely to be able to deliver the multi-faceted role and that they would therefore **need to consider splitting the key working role between workers with the relevant skills during the next phase of the pathfinder.**
- 9.23 **Findings from the staff work and satisfaction survey reinforced these points,** as it showed that key workers were more likely to report: not feeling well equipped with appropriate techniques to address the issues they faced (net change of -6%); less able to draw on wider expertise to help them in their job (-5%); working less with education (-8%) and children’s social care (-14%); experiencing increased levels of stress (+22%); and not having enough time to spend on each case (-21%). Again, much of these findings reflect the embryonic nature of the EHCP processes they had been asked to deliver and the fact that nearly all the key workers were supporting pathfinder families over and above their day jobs. This implies a need to comprehensively consider workforce development over the second phase of the programme.
- 9.24 **Limited progress around the development of IT resources in the majority of the SE7 areas.** However, one area had made substantial progress and was developing a bespoke shared database for their EHCPs, which could be used as a starting point for the remaining areas.
- 9.25 In summary, evidence from the SE7 areas demonstrated that a more personalised and family centred process could work well, but that adequate structures, support and guidance (both for parents and professionals) were paramount to its success. Table 9-1 provides a round-up of the elements of the infrastructure that were considered to have worked well and the associated remaining challenges.

Table 9-1: Round-up of what worked well and the associated remaining challenges

Worked well	Remaining challenges
Choice, opportunity and control for families	
Use of family-centred approaches	→ Provision of sufficient resource and engendering widespread cultural change to effectively deliver the new approaches
Development of family profiles at the front-end of the process and to inform assessment and planning	→ Engagement of children and young people in the assessment and planning process to ensure their voices are at the centre
Support provided by PCFs, including in some cases, the offer of resilience training to better equip families to take part in the EHCP process	→ Building the capacity of less articulate families to ensure they can effectively engage in the EHCP process

Worked well	Remaining challenges
Multi-agency working	
Use of a Team Around the Child/Family approach for the most complex cases	→ Ensuring professionals from all agencies provide inputs/contribute when required Effective and proportionate multi-agency working
Providing support for key workers to discuss and learn together	→ Further consideration of the remit, skill-set and authority of the key worker
Multi-agency and proportionate resourcing and sign off of the EHCPs	→ Development of comprehensive resourcing and sign-off models, including the integration of personal budgets
Provision of EHCP template with linkages between needs, outcomes, actions and delivery responsibilities	→ Ensuring consistency across plans and more effective development of measurable outcomes
Transparency, bureaucracy and adversity	
Development of clear and family friendly assessment and planning guidance	→ Embedding the principles set out in the guidance throughout the workforce and creating a shared understanding of the process participating families
Concept of a single point of contact for families	→ Reconsidering how best to roll out the key working function and ensuring continuity between any division of the function between different professionals
Coordinated assessment or review co-produced and drafted by the key worker – where SEN casework or assessment teams tended to produce the most robust plans	→ Ensuring approach meets both statutory requirements and sufficiently engages the family and appropriate members of staff deliver each stage of the process

Source: SQW

Safeguarding and risk management

- 9.26 **Most of the SE7 areas had begun to review the relevant safeguarding procedures** by the end of the first phase of the programme or reported that they had them in place prior to becoming a Pathfinder. **However, most had made only limited progress.** Further consideration of this theme and its links to the recommendations made in the recent Munro Review of Child Protection²⁵, which also included the development of a single plan in social care, should be undertaken over the coming months.

Reflections from the parent carer survey

- 9.27 A total of 96 families from 6 out of 7 of the SE7 areas took part in the parent carer survey following completion of their EHCP. Results of the survey showed the following in relation to the families' experience of the new process (which represent similar findings to those reported by non-SE7 families):
- **SE7 parent carers had generally understood the EHCP processes** – nearly three quarters (74%, 71 families) reported that they either strongly agreed or tended to agree that they had understood the pathfinder process

²⁵ DfE (2011) The Munro Review of Child Protection: Final Report

- **Work was still required to ensure the EHCP processes were straightforward** – just over half (52%, 50 families) agreed or strongly agreed that the processes they had been through to get support for their child had been straightforward
- **The EHCP processes were family-centred, but more could be done to ensure the views of the child or young person were taken into account** – the majority (87%, 85 families) considered that their (i.e. the parent carer) views had been taken into account during the new assessment and planning process, and less than half (43%, 42 families) felt their child’s wishes had been taken into account
- **Positive progress had been made in relation to creating a more inclusive process** – just over half of families (53%, 44 families) reported that they had felt more encouraged to take part in the EHCP processes
- **Joint working across services had improved but required further attention** – nearly two thirds (61%, 59 families) of families stated they agreed or strongly agreed that services had worked closely together, and just over a third (37%, 31 families) of the families that had been in receipt of services for more than a year prior to their involvement in the pathfinder reported services had worked more closely together relative to their experience of traditional system
- **SE7 families had been predominantly satisfied with the new pathfinder process** – around two thirds of families (68%, 66% and 63%) reported being satisfied with the processes undertaken to meet their child’s educational, social care and specialist health needs respectively.

9.28 Families’ experiences of the resultant service delivery were more mixed, with the survey showing that under half (46%, 44 families) considered that their child received most of the services agreed in their support plan and that most of their child’s needs were being met as a result of their participation in the pathfinder. This is likely to reflect the fact that interviews were undertaken 8-12 weeks following the completion of the EHCPs and therefore a number of families would not yet have received all the support/services listed in their plans.

9.29 Despite these mixed findings, it was encouraging to see that only a very small number of families (2%, 2 families) that were existing service users reported being in a worse position in relation to the support received than under the traditional system, with a further half (49%, 41 families) reporting being in a better position. This translated into high levels of satisfaction with services/support received from across the agencies, with around three quarters (82%, 73%, 75%) reporting being satisfied or very satisfied with the services received from education, social care and specialist health respectively.

9.30 These findings reinforce the qualitative evidence drawn from the area based case studies presented above. That is, they show that good progress had been made in relation to initiating the required change in culture, working practices and infrastructure, which should now be consolidated to inform and refine the future EHCP processes that are rolled out across the areas.

Looking forward: meeting the requirements of phase 2 of the pathfinder programme and the SEN reforms

9.31 The SE7 pathfinder and its constituent areas have worked hard to develop and trial initial versions of the new EHCP pathways, which have generally been well received by the majority of stakeholders. However, there remain a number of issues to be resolved, which will need to be considered during the second phase of the programme:

- **Consideration of eligibility for the EHCP and complementary pathways for families that don't meet the threshold for additional support** – it will be important to avoid the creation of a two-tiered system where those requiring additional support are presented with a 'gold standard' whilst others are left to participate in the current traditional system. This will require changing the culture of the system as a whole to reflect family-centred, transparent and multi-agency working across the board. It will also be important to ensure that the eligibility criteria for the EHCP are clear, and that a clear rationale is provided to families in cases where an EHCP is not deemed to be appropriate.
- **Increased capacity to effectively deliver the new process** – as discussed earlier, one of the main challenges for the programme moving forwards will be appropriate and proportionate workforce development across SEN, social care, specialist health and provider organisations. This is likely to include the development of a transformational workforce development strategy that sets out: the requirements of the new pathway/system; the roles that each agency/organisation will need to play and therefore the formalisation of multi-agency working; the associated skill-set/job specification; expectations around which existing or new staff will fill the relevant roles; how current mandatory training will be modified to bring about the required change; and how the new system will be governed and held accountable.
- **Increased capacity to take part in the new processes** – families from all backgrounds should be sufficiently equipped to effectively take part in the new processes, which is likely to be addressed in part by the key working function whose role should include building the confidence and capacity of families. Areas may also wish to consider providing additional resilience training for those families that are perceived to engage the least with services.
- **Transitional arrangements** – areas should consider what transitional arrangements they would like to put in place to roll out the new system and seek to feed these back to the DfE in advance of any national decisions on this subject. For example, it might be effective to target those children and young people going through a transition, alongside newcomers to the system, in the first instance to ensure an effective roll out.
- **Working with young people aged 19+ years** – the landscape for young people aged 19+ years remains unclear, with many pathfinder areas (both SE7 and non-SE7) unsure of how to help this group achieve independence and meaningful employment and/or participation in non-curriculum based education where relevant. It will therefore be important to build close working relationships between

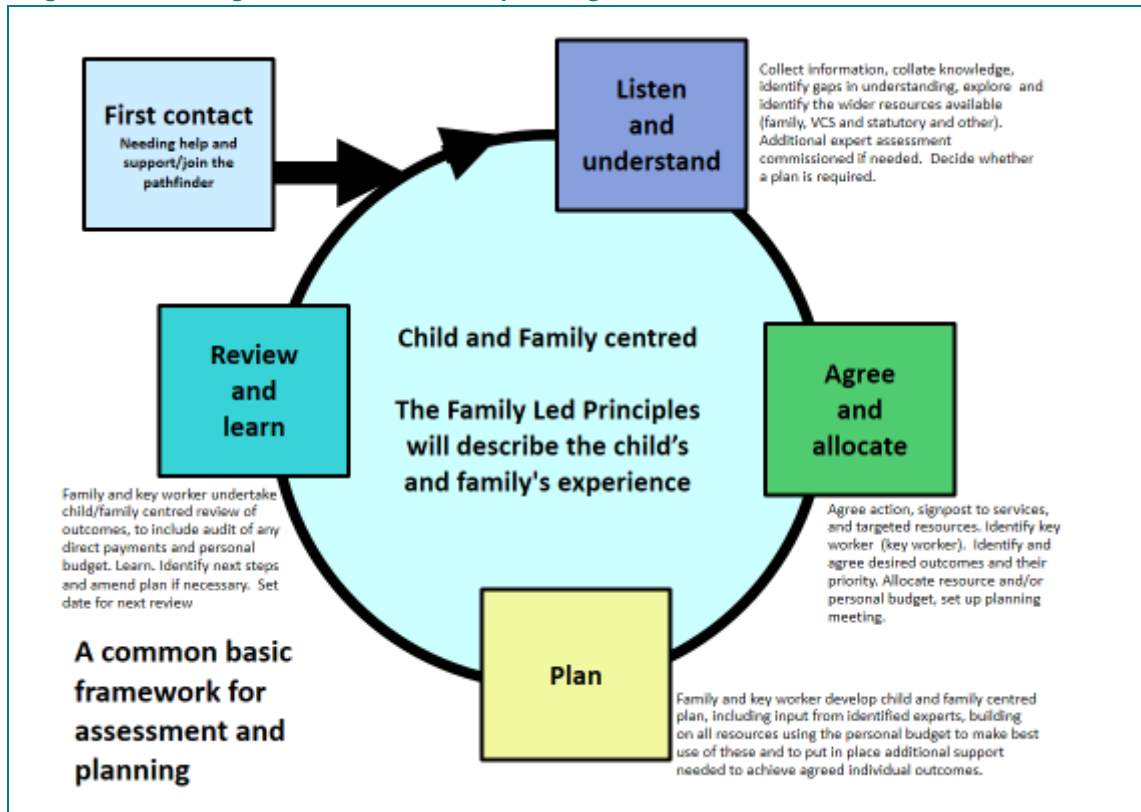
colleagues in adult-based services to ensure that the pathways for this group are comprehensively considered and built into the ongoing developments.

- **Further development of the front and back-ends of the EHCP pathways** – including consideration of referral routes into the pathway (which should link to an assessment of eligibility), multi-agency assessments, and accountability/resourcing/sign off structures (as described previously).
- **Operationalisation of the local offer at the local level** – the local offer has a role to play in making families and young people aware of what support is available to them and therefore the development and communication of this element of the SEN reforms will be vital to the success of the pathfinder programme.

Annex A: SE7 regional assessment and planning framework

- A.1 Figure A-1 sets out a detailed version of the SE7 regional assessment and planning framework.

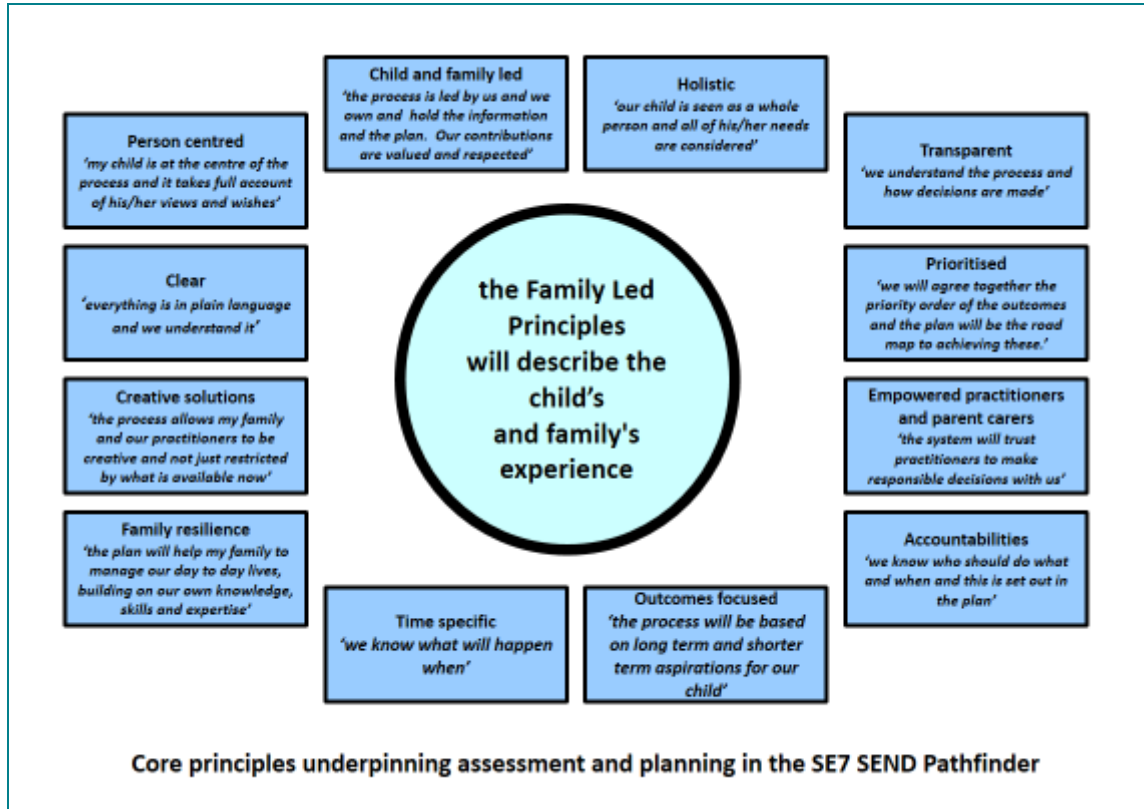
Figure A-1: SE7 regional assessment and planning framework



Source: SE7

- A.2 Figure A-2 sets out the twelve SE7 principles, used to underpin the development and delivery of the assessment and planning processes.

Figure A-2: The twelve SE7 principles



Source: SE7

Annex B: The common delivery framework (CDF)

- B.1 The evaluation of the individual budgets pilot for families with disabled children illustrated the effectiveness of the Common Delivery Model (CDM)²⁶, which provided a framework to inform and assess the development of the pilots. The CDM was revised for use in the pathfinder evaluation, where it has been termed the *Common Delivery Framework* (or the CDF).
- B.2 The CDF (see Table B-1) was developed to enable structured data collection and assessment of delivery and costs at different stages of the pathfinder process. It sets out a series of elements which it was anticipated each pathfinder would need to address as part of developing its local activity. Progress was baselined and tracked against the themes/elements of the CDF for the 18 months of the programme.

Table B-1: Scale against which progress was judged

THEME: ORGANISATIONAL ENGAGEMENT AND CULTURAL CHANGE	
Element	Progress measures
1 – ENGAGEMENT OF RELEVANT STAKEHOLDERS	<ul style="list-style-type: none"> Project Board/Governance structure A clear set of objectives have been agreed Development of a project plan Commitment from social care to share resources to develop and deliver the pathfinder Commitment from education to share resources to develop and deliver the pathfinder Commitment from health to share resources to develop and deliver the pathfinder Designated an overall lead(s) for the pathfinder Engagement of the VCS in the development of the pathfinder Engagement of parent carers in the development of the pathfinder Engagement of a representation of children and young people in the development of the pathfinder
2 – RECRUITMENT OF DESIGNATED STAFF	<ul style="list-style-type: none"> Project development team Designated Project Manager for the pathfinder
3 – CHANGE MANAGEMENT	<ul style="list-style-type: none"> Progress developing and delivering of change management process as part of the pathfinder
4 – MARKET DEVELOPMENT AND THE LOCAL OFFER	<ul style="list-style-type: none"> Consultation with provider market during the development of your pathfinder Development of the local offer
THEME: ENGAGING AND INVOLVING FAMILIES	
5 – AWARENESS RAISING WITH FAMILIES	<ul style="list-style-type: none"> Raising awareness with prospective families Recruitment of families and young people to take part in the pathfinder programme

²⁶ More information can be found at

<https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DFE-RR145>

Element	Progress measures
6 – PEER SUPPORT	<ul style="list-style-type: none"> Delivery of peer support to the parent carers participating in the pathfinder Delivery of peer support to the children and young people participating in the pathfinder
THEME: SETTING UP THE INFRASTRUCTURE	
7 – MAPPING OF SINGLE ASSESSMENT AND PLAN PATHWAY	<ul style="list-style-type: none"> Progress developing the assessment and single plan pathway
8 – DEVELOPMENT OF PERSONAL BUDGETS	<ul style="list-style-type: none"> Development and implementation of a resource and funding mechanism Support planning Development of a spectrum of choice for the management of PB funds
9 – COORDINATION AND DELIVERY OF THE PATHFINDER APPROACH	<ul style="list-style-type: none"> Progress on the coordination and delivery of the pathfinder approach (i.e. the single assessment and plan pathway)
10 – DEVELOPMENT OF IT RESOURCES	<ul style="list-style-type: none"> Development of appropriate management information Development of appropriate IT application to store assessment/plans Development of inter-agency information sharing protocols Gaining family consent for information sharing Sharing of information between agencies taking place
THEME: SAFEGUARDING AND RISK MANAGEMENT	
11 – SAFEGUARDING	<ul style="list-style-type: none"> Review of the relevant safeguarding procedures to ensure they are appropriate for the pathfinder Communication of the resultant safeguarding procedures to professionals Communication of the resultant safeguarding procedures to families Communication of the resultant safeguarding procedures to providers

Source: SQW

Annex C: Staff work and satisfaction composite indicators

C.1 Statements were also grouped into six categories – organisational support, decision influence, cross working, physical demand, psychological demand and SE7 regional working – to enable the creation of composite variables (see Table C-1).

Table C-1: Categorised statements

Category	Statements
Organisational support	<p>I am free from conflicting demands that others make</p> <p>I feel I work as part of a team</p> <p>I am able to draw on wider expertise to help me in my job</p> <p>My skills and abilities are 'vital' to my work group or team</p> <p>I feel that I have appropriate techniques to address the issues my cases face</p>
Decision influence	<p>My job requires me to make a lot of decisions on my own</p> <p>My job requires me to work with families / clients to enable them to make decisions</p> <p>In my job, I have very little freedom to decide how to do my job</p> <p>My job involves me working constructively with families</p> <p>My job involves offering choice and control to families over the services they receive</p>
Cross working	<p>I regularly work with colleagues from the health services to do my job</p> <p>I regularly work with colleagues from education services to do my job</p> <p>I regularly work with colleagues from children's social care services to do my job</p> <p>I regularly work with colleagues from adult social care services to do my job</p> <p>I regularly work with colleagues from voluntary and community services (VCS) to do my job</p> <p>I am confident that I am able to access appropriate support from wider services to enable me to do my job</p> <p>I am confident that I am able to access appropriate support from wider services to support the families I work with</p>
Physical demand	<p>My job requires working very fast</p> <p>My job requires working very hard</p> <p>My job involved a lot of paperwork</p> <p>I am not asked to do an excessive amount of work</p> <p>I have enough time to get the job done</p> <p>I am able to spend enough time of each case</p>
Psychological demand	<p>My job requires that I learn new things</p> <p>My job involves a lot of repetitive work</p>

Category	Statements
	My job enables me to be creative
	My job requires a high level of skill
	My job is stressful
	My job carries a high level of responsibility
	I am regularly subject to hostility or abuse from clients/service users
SE7 regional working	I have regular discussions with colleagues from across the SE7 areas about my work
	I attend regular planning meetings about my area(s) of work with colleagues from across the SE7 areas
	I have participated in joint training/development with colleagues from across the SE7 areas
	I work with colleagues from across the SE7 on specific cases (i.e. in relation to specific families)
	I work with colleagues from across the SE7 areas to access specialist support