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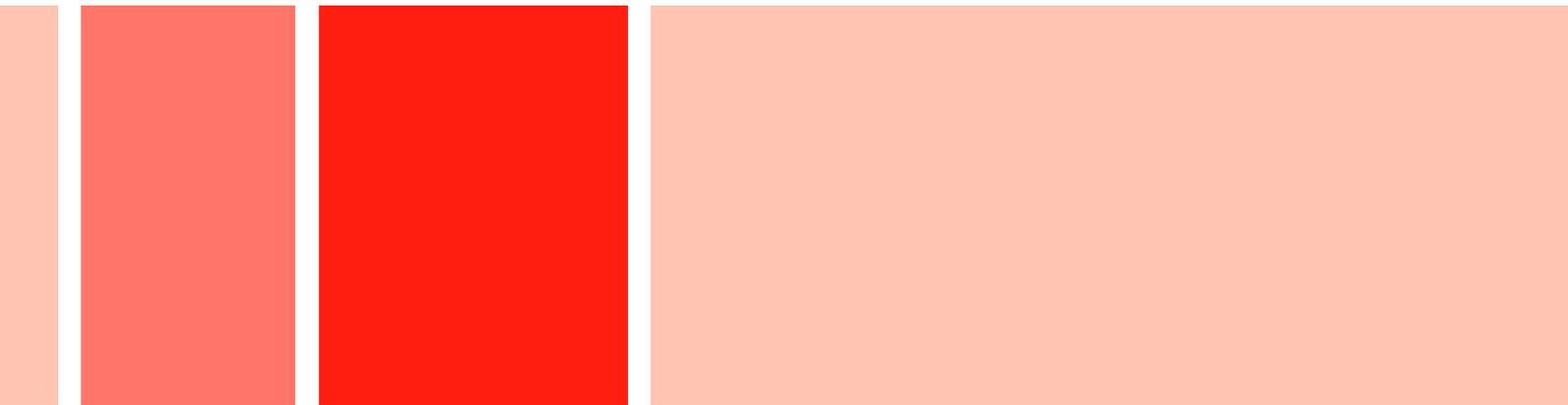
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Programme of Action Research to Inform the Evaluation of the Additional Learning Needs Pilots: Robust Trialling Phase



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Main Report

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Views expressed in this report are those of the researcher and not necessarily those of the Welsh Government

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Welsh Government Social Research, 2013

ISBN 978-1-4734-0122-8

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Glossary of acronyms

ALN	Additional learning needs
ALNCo	Additional Learning Needs Co-ordinator
ELLS	Education, Lifelong Learning and Skills
EOTAS	Education other than at School
IDP	Individual development plan
NAfW	National Assembly for Wales
PCP	Person centred planning
PID	Project initiation document
PWU	People and Work Unit
QA	Quality assurance
SALT	Speech and language therapy
SEN	Special educational needs
SENCo	Special educational needs co-ordinator
SIMS	Schools information management system
WAG	Welsh Assembly Government
WG	Welsh Government

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1. Introduction

Proposed reforms of the statutory framework for special educational needs

1.1. The Welsh Government is reforming the statutory framework for children and young people with special educational needs.¹ This process of reform follows a policy review of special educational needs (SEN) undertaken by the National Assembly for Wales (NAfW) Education Lifelong Learning and Skills (ELLS) Committee (NAfW, 2006a, 2007, 2008). The policy review identified weaknesses in relation to each stage of the process for meeting special educational needs (identification, assessment, planning and review) and in relation to quality assurance and evaluation of the process. This is discussed in detail in the evaluation of the developmental phase of the ALN Pilots (Holtom & Lloyd-Jones, 2012a).

The Additional Learning Needs Pilots

1.2. In 2009, in response to these weaknesses, four pilot projects were set up as part of a programme of action research designed to inform and enable reform of the statutory framework for children and young people with special educational needs. The pilots were established to address particular elements of reform as follows:

- pilot A, to develop a pilot model for the quality assurance of provision made for children and young people with additional learning needs (undertaken by Caerphilly and Flintshire local authorities);
- pilot B, to develop and pilot an inter-disciplinary model for the identification, assessment, planning and review of provision for children and young people with severe and/or complex needs (undertaken by Carmarthenshire and Torfaen local authorities);

¹ Section 312 of the Education Act 1996 provides the legal definition of special educational needs. In 2006, the statutory guidance Inclusion and Pupil Support (NAfW, 2006b) introduced the concept of additional learning needs and provides the current policy framework for children and young people with additional learning needs. This guidance identifies children and young people as having additional learning needs when their learning needs are greater than the majority of their peers. Children and young people whose needs are significantly greater than the majority of their peers are defined as having special educational needs (NAfW, 2006b).

- pilot C, to develop and pilot a model for the identification, assessment, planning and review of provision for children and young people with additional learning needs that are not severe and/or complex (undertaken by Bridgend, Pembrokeshire and Torfaen local authorities) and
 - pilot D, to develop the role of the Special Educational Needs Co-ordinator/Additional Learning Needs Co-ordinator (SENCo/ALNCo) (undertaken by Cardiff and Newport local authorities).
- 1.3. The initial developmental phase of the pilot ran from September 2009 until July 2011 and was evaluated in 2012 (Holtom & Lloyd-Jones, 2012a). By the end of the developmental phase, most progress had been made in developing and piloting models for children and young people aged 5-16. This included a common IDP planning process, jointly developed by Pilots B and C and separate online tools to support the IDP process (Planning Together, developed by Pilot B and John/Jenny's Plan, developed by Pilot C). At the end of the developmental phase, the decision was made to adopt Planning Together as the online tool (Holtom and Lloyd-Jones, 2012).

The robust trialling phase

- 1.4. In October 2011, the pilot was extended for a further year to enable robust trialling of the approaches developed during the developmental phase. However, there were delays in starting and, as a consequence, trialling was scheduled for the period February 2012 to July 20th 2012. The robust trialling phase concluded in August 2012.
- 1.5. The aim of the robust trialling phase was to trial a 'whole systems' approach that incorporated each aspect of the work developed by the pilot projects. This would include an individual development planning (IDP) process, encompassing:
- a person centred planning approach;

- an online tool (Planning Together), which facilitates the development of the IDP, by for example facilitating multi-agency working by providing opportunities for communication;
- The IDP itself, an action plan and key output of the process²;
- the quality assurance system (incorporating three parts – a provision map, outcome measures and capacity measures);
- the ALNCo/SENCo role in co-ordinating the IDP planning process and
- parental engagement/dispute resolution arrangements (WG, unpublished document a).

² We use the phrase “IDP process”, rather than, for example “Planning Together” because this was the language most stakeholders used to describe the process.

2. Aims and objectives of the study

2.1. The study had nine objectives. To:

- provide support to the pilots on applying monitoring and self-evaluation procedures to track progress on the pilots;
- provide support to the pilots through a 'critical friend' role;
- undertake an action research study on the robust testing of the IDP process through a whole systems approach;
- review the self-evaluations and provide independent judgments on the implementation and impact of the pilots;
- design and implement a method of collecting evidence from professionals, children and young people with ALN, their parents and carers and other stakeholders whose work is expected to change as a result of the pilot;
- develop a method for assessing the counterfactual created by pilots B and C;
- develop and implement programme level research that draws together the four pilots and investigates their coherence and the wider learning about the operation of the system;
- assess the contribution the pilots have made to achieving the goals of the wider reform agenda;
- review the overall management and implementation of the pilots and identify features of good practice that can be used to inform future implementation. This will include the practical aspects of delivery and a cost benefit analysis.

2.2. Although the study addressed all the objectives, the limited piloting affected the scope to fully address them all. In particular:

- as outlined in the evaluation of the developmental phase, the level of support provided to the pilots (objectives 1 and 2) varied and support was, with the agreement of the Welsh Government, switched from work with the pilots to enable greater emphasis upon work with the Welsh Government team (Holtom and Lloyd-Jones, 2012);

- the scope to undertake an action research study on each of the four pilot schemes was constrained by the limited trialling (objective 3); and
- a method for assessing the counterfactual created by pilots B and C was developed, but could not be used due to the limited trialling.

2.3. As outlined in the following section, the action research was able to inform a process evaluation, focused upon understanding the context, evaluating implementation, identifying what stakeholders felt was, and was not working so well and the factors that have helped or hindered the effectiveness of the pilot models and approaches. This in turn, was able to help inform the development of the pilots and proposals for statutory reform in this area. However, the limited piloting constrained the scope for the action research to inform an outcome evaluation, focused upon the impact of the ALN pilots.

3. Approach and methods

Introduction

- 3.1. Action research is particularly appropriate where an innovative pilot project is being evaluated and rich data on what can be learned from its operation is needed, with the aim of informing the development of models and policy (HM treasury, 2011). The approach required the PWU to work closely with members of the Welsh Government's Additional Learning Needs Branch and the pilot projects, in order to identify both what was working and what was not working so well, and to develop solutions based on this analysis. This, in turn, was intended to identify and anticipate issues before decisions about the potential roll out of the approaches that were being developed and piloted were made. In order to be successful, an action research approach requires that researchers regularly feed back their analysis and, where possible, identify possible solutions (ibid.).
- 3.2. This report is the fifth in a series of evaluation reports on the ALN pilots³. These reports provide an opportunity to draw together and analyse the data in order to identify what is working, what is not working so well and to identify potential solutions. They have been complemented by more informal feedback to the Welsh Government statutory reform team and pilots throughout the process. This has been enabled primarily through the research team's participation in, and contribution to, pilot meetings.
- 3.3. The data needed to analyse and identify what is working well and what is not working so well can be drawn from a range of sources and methods (ibid). This evaluation report draws upon three key sources of data:
- a desk based review of project documentation;

³ The other key reports prepared during the development phase were a Position Paper (Holtom & Lloyd-Jones, unpublished document a); Interim Report on the developmental phase of the ALN Pilots (unpublished document b); a Final Report on the developmental phase of the ALN Pilots (Holtom & Lloyd-Jones, 2012aa) and a Report On The Costs And Benefits Of The Additional Learning Needs Reform (Holtom & Lloyd-Jones, 2012ab).

- observation of the process through for example, attendance at project meeting and events and
- a survey of stakeholders using a self-completion questionnaire and interviews with stakeholders.

Desk based review of project documentation

3.4. Key project documentation on the robust trialling phase was reviewed. This included:

- grant variation agreements and project initiation documents for each of the eight local authority pilots;
- local authority progress reports;
- monitoring documents developed by the Welsh Government project team and completed by the pilots; and
- update reports provided by SNAP Cymru, the Parent Partnership service used by seven of the eight pilots.

3.5. The review was used primarily to provide context for the study, including details of the aims and objectives of the pilot and to provide evidence of progress. This complemented the scoping review of documentation undertaken for the evaluation of the developmental phase of the ALN pilots. This sets out the case for, and context of, the need for statutory reform and the role of the pilots in exploring this, including:

- evidence of the need for change;
- the pilots' potential contribution to reform of the statutory framework for children and young people with special educational needs and
- key issues, such as barriers to reform. (Holtom & Lloyd-Jones, 2012a).

Observation of the process

3.6. The evaluation team attended a range of project meetings, including pilot project meetings⁴, meetings of the ALN project board and also consultation

⁴ Pilot project meetings were attended between February 2012 and February 2013

events⁵. This enabled the research team to develop a rich understanding of the operation of the pilots and to keep abreast of developments within the pilots. The evaluation team's participation and contribution to project meetings also enabled regular informal feedback to the Welsh Government and pilots.

Primary Research

3.7. In order to enable the implementation of the robust trialling phase to be explored in depth, four groups of stakeholders were surveyed in January and February 2013, using interviews and self-completion questionnaires. The stakeholders included:

- the parents and carers of children and young people with ALN who were involved in the pilot projects;
- members of the Welsh Government Statutory Additional Learning Needs Branch;
- pilot lead officers and/or project managers from each of the eight pilot projects and
- professionals (n=12) involved in the pilots, including SENCOs, head teachers, occupational therapists, physiotherapists, local authority and voluntary sector staff involved in trialling the individual development planning process.

⁵ A series of multi-agency events were held as part of a national consultation on proposed changes to the statutory framework for special educational needs, in September and October 2012.

Interviews with professionals

- 3.8. In depth, semi-structured interviews were conducted with those managing the pilot projects (n= 8) and with a sample of those involved in piloting the IDP process (n= 12). The semi-structured interviews explored both experiences and where appropriate, judgments about the effectiveness of the different models that were being piloted.

Interviews with families

- 3.9. The aim was to also include 20 children and young people with ALN, together with 10 parents and carers who were involved in trialling the IDP process. Given the delays in rolling out the online tool, Planning Together, and of trialling the IDP (discussed in section 5), the research team focused upon trying to recruit potential participants in Carmarthenshire and Torfaen, where the individual development planning process being piloted was most established.
- 3.10. Project staff acted as intermediaries in contacting families and children or young people via schools, to ask them to contribute to the research. They were requested to help by providing feedback on their experience of the IDP and PCP process. However, it proved difficult to recruit families. Schools appeared reluctant to contact the families whose child had an IDP, often out of a concern not to add anything to the strains the families already faced. Therefore it was only possible to interview five parents (representing four families). The parents interviewed were asked about their experiences of the PCP process and of having an IDP prepared and reviewed for their child. They were also asked about their experience of statements. Interviewees were given the choice of a face-to-face or telephone interview.
- 3.11. The study was not able to interview any children and young people with ALN who participated in the pilot projects. The prime reason for this was the difficulty pilot projects experienced in engaging families who might be willing to contribute to the study. This in turn, was compounded by the reluctance on

the part of the small number of parents who took part in the study to let their children contribute. Parents' reluctance was rooted in concerns their children would not be able or would struggle to contribute, given the complexity and/or severity of their ALN.

Questionnaires for professionals with experience of the pilot projects

- 3.12. In order to add breadth to the depth offered by in-depth interviews, a self-completion questionnaire covering the models that were trialled was developed. The questionnaire was structured into four sections covering:
- respondents' role and contact with the pilot project;
 - the IDP process;
 - the Quality Assurance Systems and
 - the proposed ALNCo/SENCo role.

Routing was used so that respondents could skip parts that were not relevant to them because they did not have sufficient knowledge or experience of them. The questions on each of these elements explored respondents' judgments about what was working well, what was not working so well and what needed to be developed.

- 3.13. The online stakeholder survey was piloted at the beginning of January 2013 through the pilot project staff. The survey was available in English and Welsh and offered as both an online survey and as a paper based questionnaire.
- 3.14. The projects assisted by alerting all the professionals who had contact with the pilot project to the existence of the survey. The survey was open for a four week period in February and March 2013. Responses to the survey were monitored and pilot project staff were provided with updates on responses in each area and asked to encourage people who had not yet completed the survey, to do so. In total 67 professionals responded to the survey.

3.15. The aim was for a census survey of all professionals involved in the piloting. As noted above, pilot projects were asked to identify professionals involved in the pilot and to invite them to complete the survey. Tables 1 and 2 provide details on the responses from each local authority and responses from different groups of professionals. In addition 12 professionals in Cardiff and Torfaen who agreed to be interviewed were not asked to also complete the online questionnaire.

Table 1 Responses to the stakeholder survey by sector/setting

	%	No.
Primary school	50	32
Secondary school	23	15
Special school	13	8
Early years	17	11
Further education	0	0
Local authority education service	34	22
Health service	5	3
Social services	3	2
Other (please specify)	0	0

Source: Stakeholder survey

Table 2 Responses to the stakeholder survey by area

	%	No.
Bridgend	5	3
Caerphilly	25	16
Cardiff	6	4
Carmarthenshire	25	16
Flintshire	17	11
Newport	6	4
Pembrokeshire	13	8
Torfaen	8	5
Other	2	1

Source: Stakeholder survey

3.16. In assessing the response rate it is important to bear in mind that respondents were given choices about which sections of the questionnaire they completed. As outlined above, this was intended to ensure that there was an informed response to questions from people with knowledge or experience of each of the elements being piloted. The more extensive piloting of the IDP process, compared to either the QAS or ALNCo/SENCo role (which is discussed in detail in section five), meant that more professionals had experience of that

element. As a consequence, as table 3 illustrates, the majority of respondents only completed the section on IDPs, with smaller numbers of respondents completing the other sections.

Table 3 Total number of responses to the stakeholder survey by element

Respondents answering questions on the:	Total No.
IDP	49
QAS	15
ALNCo/SENCo role	19

Source: Stakeholder survey

- 3.17. Rather than using percentages (which may be misleading given the small numbers) the number of responses is reported in tables and, as outlined in table 4, the terms used by Estyn to provide an indication of the proportion of responses is adopted in text.

Table 4 Terms used to describe the proportion of respondents

Terms	Proportions
nearly all	with very few exceptions
Most	90% or more
Many	70% or more
a majority	over 60%
Half	50%
around half	close to 50%
a minority	below 40%
few	below 20%
very few	less than 10%

Source: Estyn, 2011

- 3.18. Although it was not possible to calculate the response rate, because there was no sampling frame, it was possible to provide some estimates of the likely size of the “populations” with experience of the IDP and/or QAS. Specifically:
- in relation to those with experience of the IDP process, the numbers of people participating in training – 221 – can be used as an indication of the likely size of the total population. It is important to bear in mind, however, that not all those who have been trained will have applied the training and that some people contributing to the IDP process will not have attended the training; and

- in relation to those with experience using the QAS, the QAS has been used in over 100 schools, and assuming that at least one person in each school which has trialled the QAS has experience of it, this indicates a total population of over 100 people with experience of the QAS. However, because it is possible that more than one person in each school piloting the QAS has experience of the QAS, it is likely that this is an under-estimate of the total population with experience of the QAS.

3.19. Because, unlike the QAS or IDP, the proposed ALNCo/SENCo role has not been trialled, it is more difficult to estimate the number of people who have sufficient knowledge and experience of the proposed role to respond to questions on it.

3.20. The small total number of respondents in the sample with experience of the IDP (49) compared to the likely population (at least 220) and of the QAS (10) compared to a minimum population of 100, means that the sample of respondents to the survey cannot be confidently described as representative of the whole population with knowledge and experience of the IDP. This is also likely to apply to the proposed ALNCo/SENCo role.

3.21. Because it is not possible to be confident that the sample of respondents completing the survey is representative, it is important to interpret responses from the survey in light of evidence from other interviews with professionals and parents and staff members from each of the pilot projects. This methodological and data triangulation⁶ can give greater confidence that the findings from one method and source are valid, when they are consistent with findings from other methods and sources (HM Treasury, 2011).

3.22. It is important to remember that triangulating data and sources cannot ensure that findings are valid. For example, if the research does not include a

⁶ This reflects the use of different methods, including interviews, observation and survey and different sources of data, drawing upon different groups of stakeholders (Denzin, 1989).

particular group of people whose experiences are different to those included in the research, triangulating data from research with the groups included in the study will not reveal the experiences of the group not included in the study. In this case there is some evidence that health and social care professionals are under-represented. Although, there is also evidence from the survey (discussed in section four) that these groups may not have participated as extensively in the IDP process as other groups.

- 3.23. In order to help offset any bias created by an unrepresentative sample the evaluation also draws upon evidence from staff members from the pilots projects. They have worked with a range of professionals in each area, and their accounts are used in order to help judge the extent to which the experiences of those in the survey are likely to be shared by other professionals.

Strengths and weaknesses of the approach

Evaluating the process

- 3.24. The use of process observation of project meetings built on the work done during the initial developmental phase. It gave the research team access to aspects of the work of the statutory reform team and the pilot projects, enhancing their knowledge and understanding of each. In particular, it allowed the research team to understand the barriers to progress, what had caused these and to consider their relevance to any future development of the work. As outlined above, it also enabled the research team to provide feedback to the Welsh Government and pilots throughout the process.
- 3.25. However, the approach created some risks. In particular, the research team's insights into the causes and impacts of delays were initially limited to those identified by the project and Welsh Government teams involved during the course of the trialling phase. The research with the wider set of stakeholders such as parents and professionals involved in piloting, were therefore crucial in providing a broader perspective. The problem, as outlined above, was that

there were problems engaging families as well as professionals from some sectors such as health and social care. Therefore, the study could not draw upon the broad range of perspectives that it aimed to and there is risk that the experiences of some groups have not been fully understood.

Capturing the lessons from the trialling process

- 3.26. The IDP process is intended to enable a multi-agency approach through a common planning process based on PCP. The outcome of the process is intended to be captured in a single, integrated accessible, plan which may be supported by a web based tool. However, as outlined in section 5, there were significant difficulties in piloting this process. These included the need to determine the information sharing protocols that were necessary for the trialling of the IDP, hosting and access agreements and rationalising the work involved in contributing to the plan without the scope to replace existing plans and processes. Given these difficulties, it was only ever possible to undertake a partial trial of the IDP process. Therefore, much of the action research focused upon capturing lessons about developing and implementing the approach rather than about using the processes or evaluating their impact.
- 3.27. Nevertheless, as the report illustrates, the robust trialling phase and this study of it has developed a great deal of insight into the kinds of difficulties that local authorities and health authorities experience in trying to adopt new approaches to multi-agency working. It has also provided some valuable lessons on the potential that a PCP approach offers and to the kind of work needed to be done to achieve that potential.

4. Evidence from the robust trialling phase

Introduction

- 4.1 The evaluation of the developmental phase of the ALN pilots (Holtom & Lloyd-Jones, 2012) concluded that while three models - the quality assurance system, an individual planning process incorporating the IDP and the ALNCo role - had been developed, they had been subject to only limited piloting. Therefore, there was only limited evidence of the likely impact or cost-effectiveness and further trialling was required.
- 4.2 In this section, the evidence from the robust trialling phase on which aspects of the three pilot models are working well, not working well or need to be further developed and where there is a need for further trialling or research (what is not known) is considered. The report draws upon evidence from interviews with stakeholders and summarise responses from the survey. It also considers evidence on the PCP/IDP one day training. Finally, although, given the limited trialling, at this stage there was insufficient data to complete the analysis of costs and benefits⁷, where relevant additional evidence is included from the robust trialling phase, of the likely cost implications of the models.
- 4.3 The conclusions from the analysis of the evidence are summarised in figures 1 and 2.

Key for figures 1 and 2.

What is working well
What is working well sometimes, but not well at other times
What is not working well
What is not known

⁷ An interim report on the costs and benefits was completed in 2012 (Holtom & Lloyd-Jones, 2012b)

Figure 1 Summary of evidence from the robust trialling phase of the IDP process

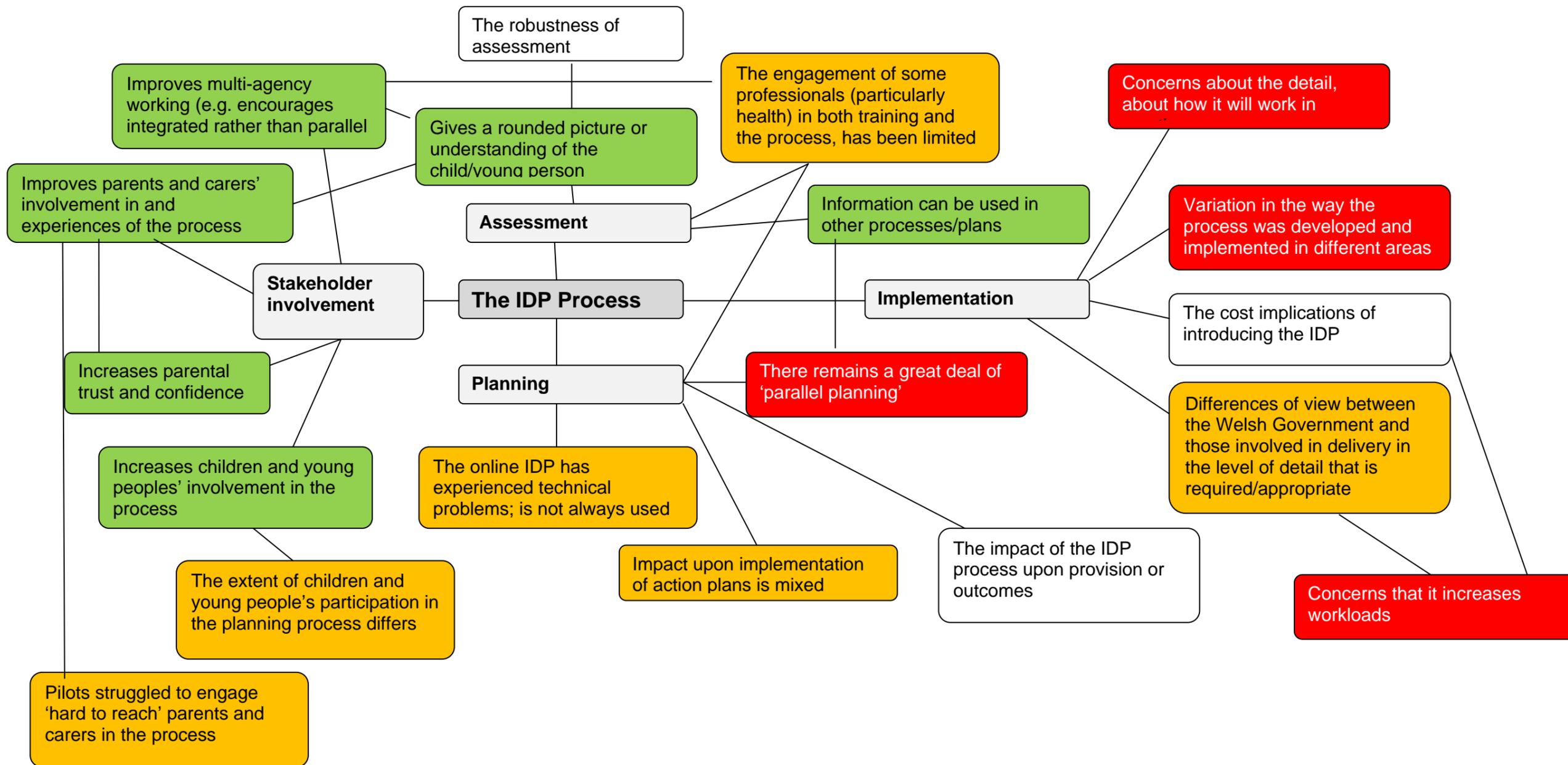
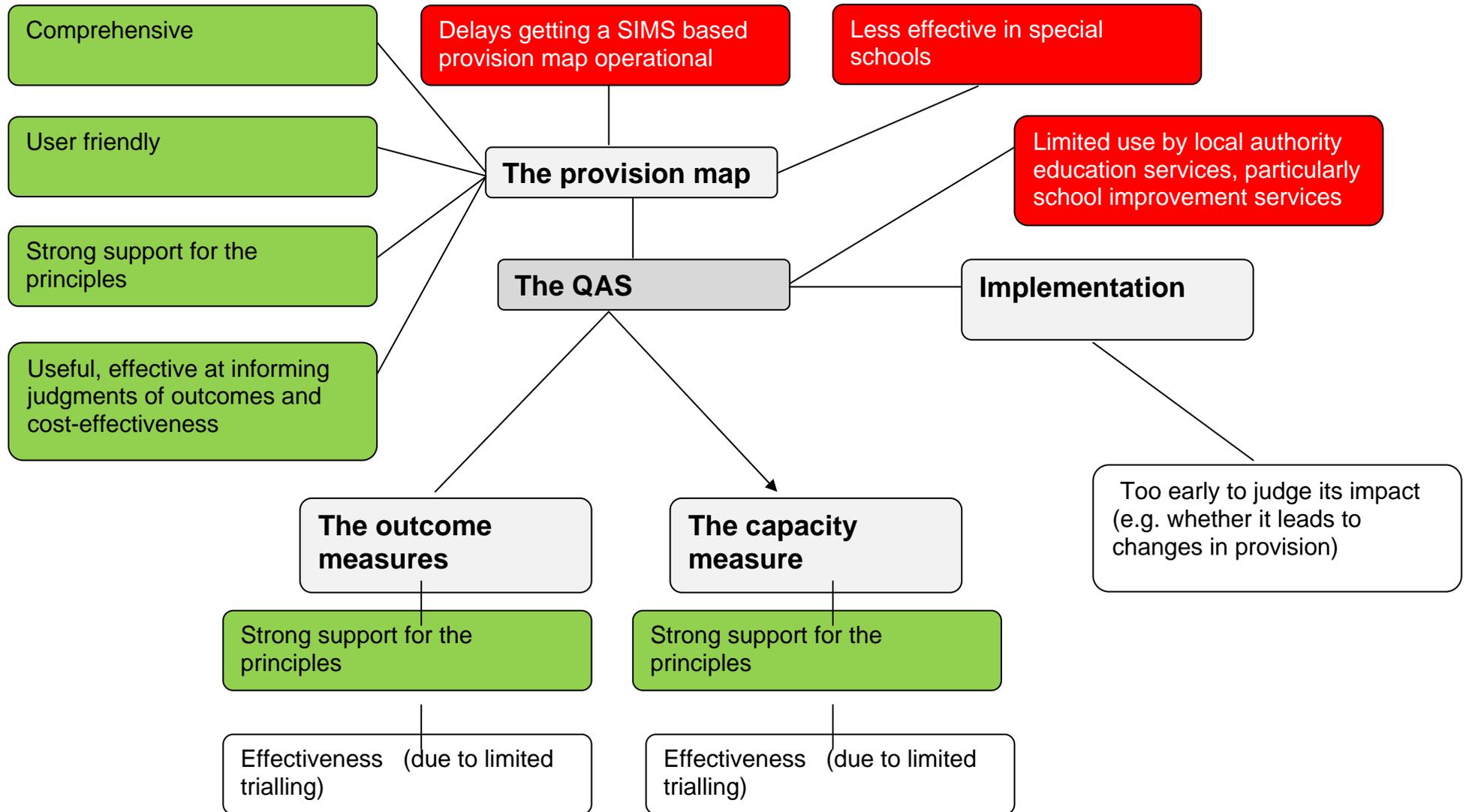


Figure 2 Summary of evidence from the robust trialling phase on the quality assurance system



The person-centred individual development planning process

4.4 The person-centred individual planning process (referred to as the 'IDP process' in this section) is generally working well for those who are using it. For some it is a natural development or extension of their work, for others a more radical change. Table 5 illustrates the key differences.

Table 5 Comparison of the IDP process with the statutory assessment process

	IDP process	Statemnting process
Who's involved?	Children and young people (in some cases), parents and carers (in most cases), professionals (in all cases) – more inclusive process	Children and young people (in very few cases), parents and carers (in some cases), professionals (in all cases)
What is the focus?	Outcome focused, emphasis upon children and young people's aspirations (positive), rounded view of the person	Provision focused (e.g. X hours of SALT), emphasis upon children and young people's problems/needs (negative)
How flexible is it?	Potentially very	Inflexible
How formal is it?	Informal	Formal
What type of information?	Holistic view of the child or young person	Clear focus on assessment of needs
Can the process inform other plans?	Yes	Yes, but unlikely to
How much time does it take?	1 – 2 hours	1 hour
Regularity of review	At least every 6 months	Every 12 months

Source: Primary research

4.5 In evaluating the IDP process, it is important to consider the process itself, the ways in which it has been implemented and the contexts in which it operates. For example, in order to be effective PCP reviews need to be well chaired and there should be sufficient resources to meet needs.

What is working well?

- 4.6 The IDP process is uniformly felt by interviewees to **give a more rounded picture or understanding** of the child or young person (when compared to existing processes, such as a statutory assessment). It can help pull together all the different threads, encouraging integrated rather than parallel or sequential planning. It can also help people see the ‘bigger picture’, as one stakeholder put it. Although it may not necessarily change the assessment of need, it may change how those needs are met. The questionnaire did not include a question on this specific point, but respondents were asked if they felt that the IDP process was flexible enough to accommodate differing needs. As table 6 illustrates, many respondents felt that it was. ,

Table 6 Responses to the question: the IDP process ‘is flexible, able to accommodate the differing needs of children and young people’

	No of responses
Strongly agree	13
Agree	27
Neither agree nor disagree	3
Disagree	0
Strongly disagree	0
Too early to tell	5
Don't know	1

Source: Stakeholder survey

- 4.7. Nevertheless, as discussed below, the evidence from the stakeholder survey on the effectiveness of the process of assessing of needs is more equivocal.
- 4.8. The IDP process is generally felt to have **improved parents and carers’ involvement in and experiences of the process**. Many respondents felt that the IDP process increased parents’ and carers’ confidence that their child’s needs will be met. However, at this stage, there is less evidence on the extent to which it helps resolve concerns and disagreements, with a minority of responses reporting that it is either too early to say or they don’t know.
- 4.9. Amongst the stakeholders interviewed, the IDP process was consistently considered a much more positive, friendly and consequently more inclusive

process (when compared to existing processes such as statementing reviews). For example as one stakeholder reported:

'Parents are much more involved through the PCP process... It gives families a much clearer picture of what is happening... last week we had a review with a parent who felt that nothing was working, she felt very angry – but the process challenged her perceptions, showed her that some things were working well and she rang the next day to say she felt so much better about everything. Parents feel that they are being listened to, they can talk about behaviour at home and realised that this does not happen in school, and vice versa, so everyone has a fuller picture. However, it is very important that someone has gone through things with them before – they need to have someone who is linked to their child and who can talk things through'.

- 4.10. In addition, it is reported to have **increased parental involvement increased parental trust and confidence**. Most parents reported that they were confident that decisions taken would be acted on and felt that the IDP gave them an effective tool to be able to monitor what was happening. One family described how they felt able to relax and focus on family life now, confident that their child's needs were being addressed whereas before such a lot of time had been spent on chasing services and trying to fight for the child that it had seriously impacted on their lives.
- 4.11. Professionals (working with families) reported that in some cases it has improved parents' understanding and given them a clearer picture of what is happening, including what is working, as well as the problems (which are typically the source of tension). In some cases it has led parents to change their demands upon local services. Their increased involvement and understanding is, in turn, reported to have increased satisfaction with provision. For other parents it has meant that they have felt listened to. It is hoped that this will give parents greater confidence that their child's needs are met, making the transition from statements to IDPs easier.
- 4.12. The IDP process is generally felt to have **improved children and young people's involvement in the process**. For example, many respondents to

the survey reported that the IDP process was effective way of involving a child or young person in planning. However, while their involvement has improved, children and young people's involvement in meetings (as distinct from other parts of the process) remains mixed. As outlined below (in paragraphs 4.18-19), the importance of involving children and young people in meetings divided stakeholders and was seen by some as less important than a meaningful involvement in other parts of the process.

4.13. The interviews identified a small number of examples where the IDP process has enabled **new ways of delivering interventions**. For example, as one stakeholder explained:

'Recently an occupational therapist was withdrawing and there was still a need, as we discussed it the social worker said 'I can do that', so we were able to incorporate this into the plan instead of finding some new OT provision'.

4.14. The IDP process is generally **felt to improve multi-agency working**. For example:

- many respondents to the survey reported that the IDP process was 'an effective way of involving professionals, such as yourself, in planning'; and
- many respondents to the survey reported that the IDP process was 'an effective way of sharing information between those contributing to the plan'.

4.15. This was supported by the very positive responses to the question in the survey on the extent to which the IDP process is an effective way of integrating or coordinating planning to meet a child or young person's needs (illustrated by table 7).

Table 7 responses to the question: Based upon your experience, the IDP process.... is an effective way of integrating or coordinating planning to meet a child or young person’s needs

	No. of responses
Strongly agree	16
Agree	23
Neither agree nor disagree	2
Disagree	0
Strongly disagree	0
Too early to tell	8
Don't know	0
Total	49

Source: Stakeholder survey

- 4.16. As noted, it is felt by interviewees to give a more rounded understanding of the child or young person. It also helps give those involved an overview of what is happening with the child or young person, helps identify who needs to be involved and encourages greater discussion. For example, a distinction was drawn by some professionals between ‘waiting’ for their turn to contribute in existing planning meetings and actively discussing a child in the IDP process. The former encourages planning and assessment in a service-centred way, conducted in sequence, or “silos”; the latter leads to much greater integration of assessment and planning in a more child- or young person-centred way. The emphasis some stakeholders placed upon discussion and dialogue in IDP meetings was a key reason why they felt it was important that other professionals attended meetings rather than, for example, simply uploading their report.
- 4.17. There is some evidence **that the IDP process can contribute to other processes and plans**. This reflects the Welsh Government’s expectation that the process offers the opportunity to bring together other plans relating to an individual. For example, the information from a learner's health care plan might be incorporated into the IDP, rather than maintaining multiple plans with the associated duplication of information and effort. Some stakeholders (who were interviewed) report using the IDP process to provide the information needed for other plans. However, this is rarely reported to be straightforward

because for example, the structure and headings used in other plans are different to those used by the IDP. Therefore, evidence has to be adapted and changed in order to fit into other plans. This issue is considered further in the discussion of what is not working so well).

- 4.18. In order to explore the scope to use the IDP to bring together different plans, respondents to the survey were asked about which plans the IDP process could contribute to. In the survey, around half of respondents report that ‘the information gathered in a person-centred planning meeting is...useful for other planning processes’. As table 8 illustrates, the information is most useful for other education plans and processes such as statutory assessments and individual education plans.

Table 8 Responses to the question: the IDP process ‘could be used to provide information needed for....’

	No. of responses
Individual Education Plans (IEPs)	46
Annual Reviews of Statements of Special Educational Needs	44
Statutory Assessment	40
Transition plans	40
Individual Behaviour Plans (IBP)	40
Personal Education Plan (PEP)	38
Children in Need Plan	31
Continuing Care Plan	19
Pathway Plan	16
Unified Assessment or Community Care Plan	10
Service Level Agreements	11
Other (please specify)	4

Source: Stakeholder survey

- 4.19. The **review process** (following the initial ‘start up’ review meetings) is generally reported to be **working well**. It is reported by interviewees to be less time- consuming than the initial meeting as much of the groundwork has been done. This is consistent with the survey responses. As table 9 illustrates, the IDP reviews are almost uniformly felt to be an effective way of informing judgments about the effectiveness of interventions for individual children or young people, if those who felt it were too early to say are excluded.

Table 9 Responses to the question: “Reviews of an IDP are an effective way of informing judgments about the effectiveness of interventions for individual children or young people”

	No. of responses
Strongly agree	11
Agree	27
Neither agree nor disagree	0
Disagree	2
Strongly disagree	0
Too early to tell	6
Don't know	0
Total	46

Source: Stakeholder survey

- 4.20. There are however, **differences between stakeholders’ views on who should attend ‘follow up/ review’ meetings**. On the one hand some believe that the potential for the IDP to be developed online provides the flexibility that means people can contribute without attending all meetings (emphasising that meetings are only part of the process) and on the other hand, some fear it will enable people who should attend meetings (and therefore join in the discussions) to simply upload documents and send their apologies. The perceived flexibility is particularly attractive to those who are not co-ordinating the process and who are concerned about the workload implications of the process.

What is not working so well, or needs to be developed

- 4.21. Although, as outlined above, the IDP process is felt to have improved the involvement of children and young people, **the nature and the extent or depth of children and young people’s participation in the planning process differs considerably**. In some cases, they are reported to have participated fully in the process, whilst in others they have either not participated at all, or their participation is reported to be limited.
- 4.22. In considering the extent of children and young people’s participation, an important distinction needs to be drawn between their involvement in IDP ‘set up’ and ‘review’ meetings and their involvement in the IDP process as a

whole. Some of those who have questioned the level of young people's involvement have pointed to the problems of engaging young people in meetings (e.g. because not all children or young people are interested or comfortable in a meeting setting) and enabling young children and young people with complex needs to participate fully in meetings. As a consequence, rather than directly participating in meetings, some children and young people's views have been expressed by others (an advocacy model). Others have argued that the focus upon participation in meetings may be misplaced and taking a broader view of the process as a whole, there are often more appropriate opportunities to involve children and young people before and after meetings.

- 4.23. One case was cited in which decisions made during the IDP process were overturned after the meeting, with no involvement from the family. This left the parents feeling very upset and disillusioned with the process. It is only a single case and may therefore be an example of isolated poor practice. Equally, it may also reflect a tension between a process which is carried out in a person-centred way and the wider context, which remains service-centred.
- 4.24. The online IDP has only been subject to limited piloting. Therefore, the evidence base is narrow. Where it is operational (the roll out of the IDP is considered further in section 5) **the online IDP has drawn a mixed response from families**. For some families it is valued. For example, some parents have used it to challenge professionals and have used it to monitor and help ensure that plans are implemented. However for those families who are not IT literate and/or have problems accessing the online IDP, its value has been diminished⁸ and many prefer to work from a paper-based version. Moreover, even where an IDP is available online, there is little evidence of families accessing the IDP online between meetings to, review any changes to the IDP, update people on any changes, or problems, to communicate with professionals working with their child or to check that actions have taken place as planned. This may change though once the process is more firmly

⁸ For example, one stakeholder pointedly suggested that the online IDP it was, to paraphrase, 'a middle class solution for middle class families'.

established. It is also felt to be a barrier or to create barriers for other parents and carers who are not IT literate or mistrustful of IT. The latter is a more fundamental problem, as whilst the IDP process can be completed on paper, the intention is for the information collected through that process to be stored online. This was a particular problem with gypsy traveller families (and was reported to be the key reason why they were difficult to engage) but has also been reported amongst other groups of parents and carers.

4.25. In addition, the IDP, whether completed online or on paper, does not, of itself, address other potential barriers to parents' or carers' participation in, and contribution to planning and assessment processes, such as poor literacy or numeracy and/or a lack of confidence.

4.26. Similarly, the **online IDP has drawn a mixed response from professionals**. Some professionals are hopeful that it will provide greater transparency and help improve implementation/follow up, and some hope it will save time. However, for those professionals who are not IT literate and/or have problems accessing the online IDP⁹, its value has been diminished and considerable numbers prefer to work from a paper- based version. Concerns have also been raised about the impact of the online or 'live' nature of IDPs upon workloads. For example, support co-ordinators have raised concerns about the additional work it may create in monitoring and responding to changes to an online IDP between meetings. Some stakeholders have also questioned how effective the online tool will be as a tool for dialogue, because unlike a meeting, 'conversations' using the online tool would often be staggered, with people contributing and responding at different times over a period of time.

4.27. Professionals acting as support co-ordinators report that they have struggled to create online IDPs in 'real' time' during meetings, unless they have administrative support from someone trained in PCP and the process who can input information, whilst the support co-ordinator chairs the meeting. For example one commented that while the process worked well with the active

⁹ For example, some health service staff report that their server blocks external servers and makes it difficult for them to access external web based tools.

support from the pilot, they questioned what would happen when that support was withdrawn. This is not inherent in the online nature of the tool though, because even if the process is conducted “offline” (on paper), the need to facilitate IDP review meetings in a dynamic, person-centred way, is reported by some of those who are currently co-coordinating the IDP process to make it difficult for one person to both facilitate the process and also take detailed notes.

- 4.28. People facilitating IDP meetings reported different approaches to taking notes, but were unanimous in the view that it was important that a record of the process was kept. For example, some made extensive use of flipcharts, some used flip charts and notes, and some used the online tool during a meeting (or a combination of these) to record the process. Unless data was entered directly onto the online tool in “real time” during the meeting, it was reported to be necessary to write or type up notes after the meeting. In some cases this was done by those facilitating the process, in others administrative support staff took on the role. However, even in the latter case, those facilitating the process still reported that it was necessary for them to read through and, in effect, sign off the notes as an accurate record of the process.
- 4.29. The issues raised about the time devoted to note taking and writing up suggested that people are not always clear about what the process should involve. The Welsh Government’s ALN team reported that extensive note-taking is not necessary and that professionals involved in co-ordinating the meeting should explore alternative methods of recording information, which should not add to workload. They stressed that this message was emphasised through the training on PCP/IDP and should have also been reiterated by Pilot Leads. They also provided examples of how post-it notes were used to record decisions taken in a meeting and then photographed using digital cameras/lpads/mobile phones and uploaded onto the online tool, so that they did not need to be written up after the meeting.

- 4.30. IT problems during the robust trialling phase were reported to have shaken some people's confidence in using the online IDP. For example, some interviewees described their lack of confidence that they could easily access the online IDP and that it would work well. As a consequence, they had not tried to use the online IDP with families.
- 4.31. Although the process is felt to have **improved multi-agency working**, and as illustrated above, the process is felt to be effective at integrating or coordinating planning to meet a child or young person's needs, **concerns have still been raised**. In particular, whilst some health professionals, most notably occupational therapists and physiotherapists, have engaged in the process in some areas, the engagement of other health professionals, such as paediatricians, in both training and the process itself, has been more limited.¹⁰ The extent to which they actively contribute to a PCP approach rather than, for example, simply uploading a report to the online IDP, remains unclear. Some stakeholders have also pointed to the pre-existing problems getting services such as health to share information. Concerns have also been raised about burden sharing and the extent to which different agencies will not only participate in the process but also take on responsibility for arranging and funding interventions.
- 4.32. These reports from interviewees were consistent with responses to the survey which found that a minority of stakeholders reported that one or more people who should have attended start up meetings did not attend, with a slightly larger proportion reporting that one or more people who should have attended the subsequent review meetings, did not attend.
- 4.33. When asked who should have attended review meetings but did not, twenty four respondents identified people. Of these, twenty one specifically identified health professionals amongst those who did not attend. Where roles/professions were identified (in most cases respondents simply listed 'health'), five people identified speech and language therapists, four people

¹⁰ Monitoring the take up of training across different professions or services may be important here.

identified paediatricians and three people identified physiotherapists. Amongst other roles/professions, three people identified social care or social services.

- 4.34. Three broad reasons why people who were felt should have attended, but did not, have been put forward: the practical problems finding a date which everyone could attend; the potential, created by the online nature of the IDP, for people to contribute 'virtually' (which as noted above, divided opinion) and underlying problems with multi-agency working.
- 4.35. The underlying problems with multi-agency working, identified by many stakeholders, reflects the distinction between the IDP process (which is being piloted) and the wider context in which it operates (which has not been changed). Whilst the IDP process may encourage multi-agency working, it cannot and was not designed to overcome all barriers to multi-agency working.
- 4.36. Given the problems engaging all services in the IDP process, some stakeholders talked about the need for cultural shifts in the way services operate, in order to enable the IDP process to function effectively. In at least one case, the process is reported to have not worked well because people were 'not on board' as one stakeholder put it. This is linked to training. As some stakeholders reported, if people don't understand the process, they will struggle with it. Nevertheless, many stakeholders pointed to deeper structural factors, such as heavy workloads, differing cultures, targets and legal requirements that training alone cannot address.
- 4.37. Similarly, although the process is felt to have **improved parental involvement, concerns and questions have still been raised**. Attempts to involve the parents or carers of gypsy traveller young people proved particularly problematic. More broadly, although parents and carers report the process has been positive, many described their anxiety before taking part. The IDP process itself will not necessarily make it any easier to engage 'hard to reach' parents and carers in the process. The expanded trialling phase should provide more evidence on this point.

4.38. There is evidence that **the impact of the IDP process upon implementation of action plans is mixed**. In the course of interviews with stakeholders, examples of where the IDP process improved implementation of actions were cited. For example as one stakeholder explained:

‘The PCP process improves the impact of services on pupils because at the end of the review the action plan has clear dates, clearly sets out who is doing what, sets deadlines – and makes people more responsible for their work. This goes out to everybody, and so people must do what they have said they would do.’

4.39. However, this needs to be balanced against examples, where it is reported that action plans have not been followed through. In general, the evidence that it has changed **how** things are done is much stronger than the evidence that it has changed **what** is done. So for example, an existing intervention might be delivered differently.

4.40. As outlined above, there is confidence that the IDP process can inform other plans and processes (the aspiration for a single planning process that can lead to multiple plans) and there are examples of this happening on the ground. However, there remains a great deal of **‘parallel planning’** in which plans are produced in isolation from each other (Monmouthshire CC, n.d.) and even where attempts have been made to use the data generated by the IDP in other plans and processes, it has rarely been straightforward. For example, as one stakeholder explained, currently the PCP process does not replace other processes they were involved in:

‘The PCP process has the potential to bring agencies together around a child’s needs. If a child is looked after I can find myself having to do an IEP, IBP (individual behaviour plan), personal social and emotional support plan for social services, appendix B for funding – and they all hold the same information but each requires a different form to be filled out.’

4.41. To some degree parallel planning was inevitable because the extent to which different processes can be integrated was being explored through the pilots. As a consequence, it is inevitable that some professionals’ **workload, would**

increase in the short to medium term as systems are developed and tested. This is consistent with evidence from the stakeholder survey. It indicates that:

- A minority of stakeholders say it has increased the number of meetings they attend; and
- A minority of stakeholders say it has increased the time they spend contributing to meetings.

Table 10 The impact of the IDP process upon the number of meetings respondents attend

	No. of responses
Increased the number/time	11
No change	12
Reduced the number/time	1
Too early to say	9
Don't know	6
Total	47

Source: Stakeholder survey

Table 11 The impact of the IDP process upon the time respondents spend contributing to plans in advance of meetings (e.g. writing reports)

	No. of responses
Increased the number/time	11
No change	13
Reduced the number/time	5
Too early to say	10
Don't know	6
Total	45

Source: Stakeholder survey

- 4.42. Parallel planning is likely to be one reason why only a minority of stakeholders believe that the individual planning process is 'an efficient use of my time'.
- 4.43. Because it is hoped that over time, the process can be streamlined, reducing parallel planning, in assessing the medium to long term impact, the critical question is the extent to which the process can be integrated in the future, so that rather than being additional to their existing workload, it can become integrated into their work and for example, contribute to or replace other processes. There are examples of this happening, primarily in relation to statementing, statement review and individual education plan meetings, which share a similar purpose to IDP meetings. However, both the interviews and

responses to the survey (illustrated by table 8, exploring the potential for the IDP to contribute to other processes) indicate that it has often been difficult at this stage, to integrate the IDP with other processes and plans. This issue is explored further in section seven and recommendations made on how the issue of parallel planning could be addressed.

4.44. Although there is widespread support for the IDP process's approach and ethos, there is also **widespread concern about the detail, about how it will work in practice**. This includes, in particular, concerns and uncertainty about:

- definitions and criteria, including for example, the perceived lack of clarity about thresholds for who will have an IDP and the extent of legal protection/entitlements conferred (which was raised in both interviews and in written comments on the questionnaire);
- how the IDP process can feed into other processes and reports. Some stakeholders reported how, in the absence of guidance or central direction, they had worked out for themselves how to use and fit the information generated by the IDP process into other processes and plans. This was raised in interviews and whilst sometimes reported to be straightforward, was more often reported to be complex, or messy, involving 'workarounds', which contributed to inefficiencies, frustration and some anxiety¹¹ amongst those using different systems; and
- the support co-ordinator role, including uncertainty about who will take it on, what the role covers and what the co-ordinators' responsibilities are when, for example, an agency or service does not participate or deliver.

4.45. In relation to the support co-ordinator role, evidence from the stakeholder survey indicates that only a minority of stakeholders agreed or strongly agreed that the individual development planning process provides clarity on the role of a 'support co-ordinator' in schools or other settings (e.g. further education or early years settings):

¹¹ The anxiety reflected fears about whether they are doing things the right way or not.

- 4.46. As a consequence of these factors, there is **considerable variation in the way the process is being developed and implemented in different areas and settings**. Some stakeholders expressed the view that:
- the process has not been thought through yet;
 - there is a danger of people in different settings and areas constantly ‘reinventing the wheel’; finding different ways of making the process work with other pre-existing processes and requirements;
 - much of the practice is dependent upon the good will of those involved, which means changes in practice may be vulnerable to changes in the personnel involved and
 - parents and carers may lose confidence in the new process.

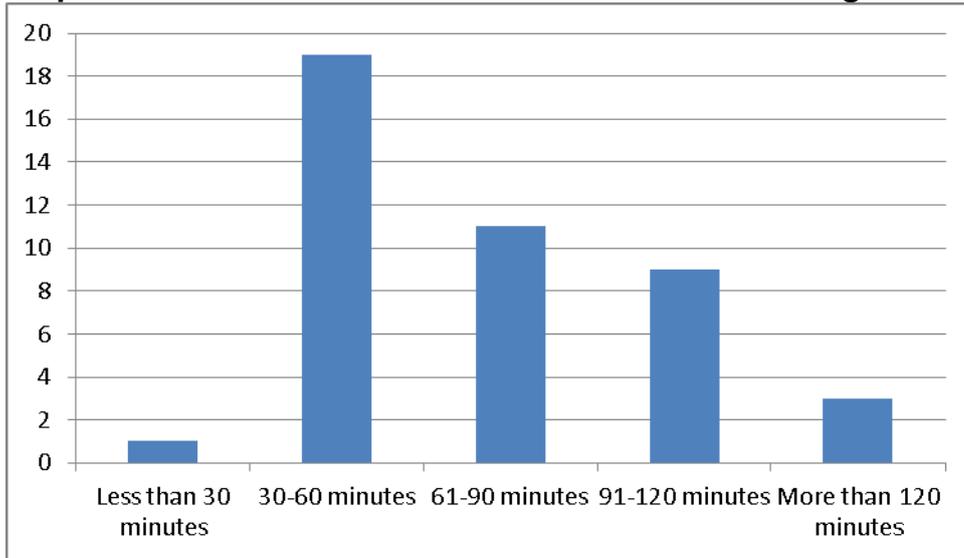
- 4.47. The **lack of clarity on the future** is also reported by some stakeholders to have hindered progress and engagement of other agencies. For example as one stakeholder reported:

‘I haven’t got colleagues involved with me because we do not know if it is going to be rolled out and people do not want to invest time into something that may not happen.’

What are the cost implications of the reforms

- 4.48. To date the bulk of the evidence of the cost implications of the IDP process relate to **the time professionals need to contribute to the process**. Evidence from the stakeholder indicates that just under half of initial ‘start up’ meetings take between 30-60 minutes on average, comparable to existing processes, such as IEP and statementing review meetings. However as graph 1 illustrates, the average length of meetings varies, with around half taking longer than an hour and some can be over two hours long. This is longer than most existing meetings, such as IEP and statementing review meetings.

Graph 1 Distribution of the time needed for IDP meetings



Source: Stakeholder survey

- 4.49. It is difficult to generalise though, as the length of time needed for meetings is likely to vary depending on the complexity of a child or young person’s needs, the number of agencies involved and the stage they are at. For example, a review for a young person aged 16-19, which involves transition planning, is likely to take longer than one for a young person aged 11-14. Moreover, given the time needed, stakeholders are looking at ways to cut down the time need for meetings by, for example, undertaking more preparatory work.
- 4.50. As table 12 illustrates, responses to the survey indicate that most ‘review’ meetings are comparable in length to the initial ‘start up’ meetings.

Table 12 Responses to the question ‘How long have person centred review meetings you have been involved in taken?’

	No. of responses
Less than 30 minutes	0
30-60 minutes	23
61-90 minutes	9
91-120 minutes	3
More than 120 minutes	0
I have not been involved in a planning meeting	14

Source: Stakeholder survey

4.51. The main other concerns raised by stakeholders in relation to the time needed to contribute to the IDP process were the frequency of reviews and the additional work required to contribute to the process, as at present the IDP process operates in parallel to (i.e. in addition to) other processes ¹². This was a particular concern for those working with large numbers of children or young people. For example as one stakeholder explained

‘The problem is not the length of the PCP meeting – but the fact that it does not replace the four other meetings you have to attend on that child’.

4.52. As tables 13 and 14 illustrate, this was reflected in responses to the survey, with increases in the number of meetings and the time many stakeholders spent contributing to meetings. Nevertheless, a minority of respondents felt that it was too early to say or they did not know.

Table 13 Responses to the question ‘what impact has the IDP process had upon the number of meetings you attend’

	No. of responses
Increased the number	19
No change	12
Reduced the number/time	1
Too early to say	9
Don't know	6
Total	47

Source: Stakeholder survey

Table 14 Responses to the question ‘what impact has the IDP process had upon the amount of time you spend contributing to plans in advance of meetings (e.g. writing reports)?’

	No. of responses
Increased the number/time	11
No change	13
Reduced the number/time	5
Too early to say	10
Don't know	6
Total	45

Source: Stakeholder survey

4.53. In assessing the workload implications, it is important to draw a distinction between the length of meetings and other types of contributions to the

¹² At present, statements of special educational needs are only reviewed annually, where it is proposed that the IDP be reviewed at least every 6 months.

process. For example, for some the IDP process has involved more preparatory work, but for some it has reduced follow-up work. For example as one stakeholder explained:

‘The PCP process takes less time because I write shorter reports now - using the headings.’

4.54. It is also important to consider who bears the time/costs of contributing. For example as one stakeholder reported:

‘Schools are happy because I type up the action plan and the meeting notes – so makes things easier for them. It is time consuming – the actual meeting takes a good hour and there is a lot of preparation to be done before – especially the first – and then it has to be typed up. However, this investment in time is worth it because of the clear picture that emerges. The key difficulty is the time involved. A PCP review meeting takes a good hour to an hour and a half – but in addition there is a one hour preparatory visit with the school [although this does not have to be repeated and so is a one-off] and a one and a half hour visit in the home with the family, and then there is the time in typing it up. It is quicker after the first review – and, as time progresses, it will get more embedded into everyday practice and should take less time as people are more used to the process.’

4.55. As outlined earlier, the total number of IDPs in the pilot phase has been small. Based upon this limited piloting, some stakeholders have been concerned about the impact upon their workloads if IDPs were rolled out to more children and young people (as is currently proposed) in the future. As a consequence, many stakeholders were keen to restrict access to IDPs by, for example, limiting them to those with the most severe and complex needs, rather than all children and young people with special educational or additional learning needs. For example as one stakeholder commented on the questionnaire:

‘Will all pupils currently on the COP [SEN Code of Practice] be expected to have an IDP? - this would have huge implications for workload for SENCos’.

What is not known

4.56. As outlined earlier, trialling of the IDP has been limited. As a consequence the number of stakeholders with experiences of the IDP process is small.

Moreover, amongst this group, responses to the survey suggest that around a fifth of respondents either did not know, or felt it was too early to say, when asked to respond to questions about the IDP process. In addition, there is very limited direct evidence from families and the study is therefore often reliant upon evidence from professionals about families' experiences.

- 4.57. As a consequence of the limited piloting, at this stage, **it is too early to judge what impact the IDP process is having upon the assessment of needs, the provision** made for children and young people and the consequent **impact** upon their children and young people's well-being and development. There are some encouraging examples and some less positive examples and overall there is insufficient evidence to make a judgment at this stage. This is reflected by responses to the survey (illustrated by table 15) where around half the respondents said it was too early to say, when asked to compare the robustness of the existing statutory assessment process with the IDP process.

Table 15 responses to the question: 'when compared to the existing statutory assessment process. the IDP process that is being piloted is...'

	No. of responses
More robust	11
as robust	5
less robust	7
too early to say	23
don't know	0

Source: Stakeholder survey

- 4.58. As table 16 illustrates, a majority of respondents to the survey felt that the IDP process "Is an effective way of ensuring that a child or young person's needs are met. However, a minority felt it was too early to tell.

Table 16 responses to the question: The IDP process ‘Is an effective way of ensuring that a child or young person’s needs are met’

	No. of responses
Strongly agree	13
Agree	20
Neither agree nor disagree	4
Disagree	1
Strongly disagree	0
Too early to tell	11
Don't know	0
Total responses	49

Source: Stakeholder survey

- 4.59. The impact of delegation of funding to schools and of wider cut backs in public services is also unknown. For example, some schools raised concerns about the impact of cuts in services such as speech and language therapy and have queried whether, once budgets are devolved, they will have to pay speech and language therapists to attend meetings. In this scenario, there may be a temptation for schools to pay for provision - interventions - but not for specialists to attend planning meetings.
- 4.60. There are particular **concerns around assessment** amongst a minority of stakeholders. As outlined above, the process is generally felt to give a much more rounded view or picture of a child or young person. This does not necessarily change the assessment of needs, but more how those needs could be met and in some cases gives a clearer picture of the impact of those needs. For example, a person-centred review may highlight the vulnerability of a young person, which might be missed if the focus was only upon the nature of the ALN, such as their autism.
- 4.61. However, there are concerns that by focusing upon the positives and upon outcomes (which is considered a strength), the IDP process may mean that insufficient attention is paid to assessment of the underlying need or condition. A distinction may be drawn between:
- a child's underlying condition;
 - its impact – which is reflected in what is working, what is not working and what is important for the child or young person and

- the desired outcomes, which are captured in the action plan.

The IDP process places much greater emphasis upon impact and outcomes. For example, in written comments on the questionnaire one stakeholder reported that:

‘The process of statutory assessment includes detailed assessments, potentially by a number of agencies, prior to a meeting. We have not had these detailed assessments built in prior to an IDP meeting. Prior to an annual review, school and agencies involved must produce detailed advice which is sent out for reading and consideration prior to the annual review meeting; this is not built in to the IDP process.’

- 4.62. Two professionals who were interviewed commented that they wanted to add more detailed assessments to the IDP, but had been discouraged from doing so, as the IDP is intended to be a record of the person centred planning process, rather than a tool for storing or filing reports (which have not been created through the person centred planning process). Other professionals raised concerns about the appropriateness of sharing reports written for a particular purpose with children and young people. This in turn has led some professionals to question whether the process will provide sufficient evidence for moderation panels. It is important to stress that this is only a risk; it is not inherent to the process and there is no reason why more detailed assessments cannot continue. As noted there is insufficient evidence to judge whether this risk is materialising or not. This is consistent with responses to the survey on how robust assessment is under the IDP process, compared to the existing system (with half of respondents reporting that it is too early to say).
- 4.63. This feeling amongst some professionals that they could not, or should not, attach detailed assessments to the IDP, signalled a confusion in how the process was intended to work. The Welsh Government ALN team reported that professionals could be encouraged to present reports in a more child or young person friendly way and to use the different domains of person centred planning – what’s important to, what’s important for, what’s working and

what's not working – in preparing reports. However, they stressed that there is no reason why detailed assessment reports should not be attached to the IDP and that professionals should not be discouraged from doing so. They reported that this was emphasised in the training and should have been reiterated by Pilot Leads.

4.64. Although as outlined above the process has generally been effective at involving the families who chose to take part in the pilot, some groups such as gypsy travellers have not participated. This group was identified as one of a number of potentially 'hard to reach' groups who may have additional learning needs and could be entitled to an IDP (under the proposed reforms). Other groups included young offenders and those in alternative education, such as pupil referral units. As outlined in section five, there was limited piloting of the IDP outside of school settings and although attempts were made to engage gypsy traveller families in the IDP process by two schools in Cardiff, these were generally unsuccessful. There were only isolated attempts to engage other hard to reach groups across the eight pilot areas. It is expected that the current expanded trialling phase will provide more evidence of the effectiveness of the IDP outside of school settings and with 'hard to reach' groups.

4.65. More broadly it is unclear how representative the sample of families taking part in the pilot has been. Pilots were given guidance on the types of children and young people they should seek to engage, to ensure a range of additional needs, ages and learning settings were covered. However, families had to opt into the process. It is therefore likely that the sample has been biased toward parents and carers who were sufficiently interested and confident enough to engage with a new process, and critically a process which expected greater participation on their part when compared to existing processes, such as statutory assessment and annual reviews). Therefore, it cannot be inferred that the experiences and views of parents and carers in the pilot would be

shared by all parents and carers, were the process rolled out to all children and young people with ALN.¹³

4.66. There is support in principle for the IDP running from birth to 25 and in particular the potential to improve planning for those aged 16 -25 (who have left a secondary school) or 19 – 25 (who have left a special school). However, the limited trialling means that there is insufficient evidence to reach judgment about its impact and effectiveness in non-school settings, particularly in alternative education such as pupil referral units and in post-16 settings such as FE colleges and, to a lesser degree, early years settings. As noted, it is expected that these will be addressed in the current expanded trialling phase.

The quality assurance system (QAS)

What is working well?

4.67. There is uniformly **strong support for the principles of the QAS** and the provision map in particular, in **primary and secondary schools** (special schools are considered in the following section). For example, schools in Flintshire identified a range of benefits including:

- being able to plan resources and provision for the following year;
- tracking the success of interventions;
- highlighting trends, training needs, problem areas and the progress made by target groups and
- The centralisation of data and the transparency offered in relation to finances (Flintshire, n.d.).

4.68. Given these benefits, some schools in the pilot areas had already developed systems and processes for doing some or all of the functions of the quality assurance system.

¹³ The current proposals envisage rolling out IDPs to all children and young people aged 2-18 with additional needs and all those aged 0-2 and 19-25 with severe or complex needs (WG, 2012).

- 4.69. There is support **for measuring outcomes and evaluating the capacity of schools** (the other two key strands for the quality assurance system), but as outlined in section five, far less trialling of them.
- 4.70. Feedback from those who have used the quality assurance system, which in practice often only means the provision map (given the limited trialling of the other elements) is generally positive. For example, evidence from the stakeholder survey (see table 17 for further details) indicates that:
- Many stakeholders report that the quality assurance system:
 - provides meaningful evidence for Estyn inspections
 - helps ensure that ALN or SEN provision is seen as an integral part of school improvement and
 - includes all relevant information about pupils with ALN or SEN.
 - A majority of stakeholders report that the quality assurance system:
 - is user friendly;
 - is an effective way of informing local authorities' support and challenge role and
 - Enables all important developmental outcomes to be measured

Table 17 Responses to the question 'Which of these descriptions would you associate with the quality assurance system'

	No. of responses
Provides meaningful evidence for Estyn inspections	14
Helps ensure that ALN or SEN provision is seen as an integral part of school improvement	13
Includes all relevant information about pupils with ALN or SEN	12
User friendly	11
Enables all important developmental outcomes to be measured	10
Is an effective way of informing local authorities' support and challenge role	10
Is an effective way of informing judgements about the schools compliance with the existing SEN Code of Practice for Wales, Disability Discrimination Act (DDA) requirements and draft Inclusion Quality Mark (IQM)	6
Requires a large numbers of teachers to contribute (e.g. to complete outcome "grids")	3
Takes more time than existing school based quality assurance systems for provision for pupils with ALN or SEN	2

Source: Stakeholder survey

4.71. This positive response was also reflected in responses to questions on the effectiveness of the quality assurance system:

- Most respondents 'strongly agreed' or 'agreed' that the quality assurance system 'is an effective way of informing judgments ...':
 - '....about outcomes for different groups of pupils at a school level' and that
 - '....about the capacity of schools to meet the needs of its pupils with ALN or SEN'.
- Many respondents 'strongly agreed' or 'agreed' that the quality assurance system:
 - '....is an effective way of informing judgements about the cost-effectiveness of provision for pupils with ALN or SEN at a school level' and that
 - '....is more effective than existing quality assurance systems for provision for pupils with ALN or SEN'.
- A majority of respondents 'strongly agreed' or 'agreed' that the quality assurance system:
 - '....has directly contributed to improvements in provision for children and young people with ALN or SEN'.

What is not working so well and/or needs to be further developed

4.72. Although supportive of the principles of the quality assurance system (and as noted, the provision map in particular) the **delays getting a SIMS based provision map operational** caused problems and means two systems (SIMS and the Excel based provision map) operated in parallel in areas in which schools used SIMS. Some schools in some areas did not use the provision map because it was not in SIMS. Some schools in some areas chose not to adopt the provision map because they felt their existing systems and process were adequate to meet the need (and therefore they did not need the provision map).

4.73. **Engagement of local school improvement services** (as distinct from inclusion services) at both a local authority and consortia level has been

weak. As a consequence, in some consortia such as Central South, systems for monitoring and tracking pupils have been developed in parallel to the provision map; whilst in Flintshire, school improvement services have promoted alternatives such as 'Incerts'¹⁴, an online pupil tracking tool, rather than the provision map.

- 4.74. The **provision map has also proved generally much less effective in special schools** than in primary or secondary schools. This is primarily because pupil outcomes in special schools tend to be different and are measured differently and because funding for special schools is different and it has proved more difficult to record the costs of provision for pupils in special schools in the provision map.

What are the cost implications of the reforms

- 4.75. Evidence from the stakeholder survey and interviews with stakeholders indicates that overall the quality assurance system does not take more time than existing school based quality assurance systems for provision for pupils with ALN or SEN. It is likely to take longer to set up, but is expected to save time later on.

What is not known

- 4.76. Although, as outlined above, the evidence from trialling indicates widespread support for the principles of the provision map and the tool is generally felt to work well in primary and secondary schools, it is too early to judge its impact (e.g. whether it leads to changes in provision in schools). For example, the schools may use the provision mapping as a financial planning tool to enable them to plan how to use and deploy resources (by helping them calculate the cost of planned provision). Whilst this is valid use, it should also be used to look backwards and evaluate the effectiveness of provision. The extent to which it is used in this way is not known. The extent to which schools

¹⁴ For more information see <http://www.incerts.org/incerts2013/wales>

understood that the costs of the provision map were only an indication of cost, based upon a notional cost using salaries, rather than true 'end to end' costing, was also questioned by one stakeholder.

4.77. The limited trialling of the other two elements of the QAS, the outcome measures¹⁵ and capacity toolkit¹⁶ severely limits the scope to assess what is working/not working. There is for example, insufficient evidence to judge how readily schools will adopt the outcome measures and capacity toolkit and how effective they are. Feedback from the developmental stage indicated positive feedback from those using them, particularly in Flintshire, where they were developed and extensively used, but some scepticism amongst those who had not used them.

4.78. This is echoed by the small number and often ambivalent responses to the questions in the survey on the outcome measures:

- Around half of respondents to the survey 'agreed' or 'strongly agreed' that '....the quality assurance system that is being piloted is an effective way of informing judgements about pupils' satisfaction with provision', with a sizable minority neither agreeing or disagreeing.
- Around half of respondents to the survey 'agreed' or 'strongly agreed' that '....the quality assurance system that is being piloted is an effective way of informing judgements about other stakeholders', such as Governors and Volunteers, satisfaction', with a minority neither agreeing or disagreeing.
- Only a minority of respondents to the 'survey agreed' or 'strongly agreed' that '....the quality assurance system that is being piloted is an effective way of informing judgements about parents or carers' satisfaction' and over half neither agreed nor disagreed.

¹⁵ These provide a series of measures of pupil outcomes and criteria for measuring progress. A range of outcome measures are included including data from teacher assessments, standardised testing, external examinations, personal and social skills, behaviour, participation in wider school and out of hour's activities. They also include measures of stakeholder satisfaction. (Caerphilly County Council and Flintshire County Council, unpublished document).

¹⁶ This is designed to enable schools to for evaluate their capacity of schools to meet the needs of their pupils with additional learning needs (ALN) and to comply with the existing Special Educational Needs (SEN) Code of Practice for Wales, Disability Discrimination Act (DDA) requirements and draft Inclusion Quality Mark (IQM) for Wales.

4.79. Only two written comments were made in the survey about the outcome measures. Both were negative:

‘They take a huge amount of time. A lot of people need to be involved so I am concerned with consistency. They’re too based on personal judgements. Not quantitative.’

‘It’s very difficult to tell due to lack of consistency - just based on personal judgement. Pupils’ opinions did not really relate to their actual ability.’

PCP/IDP Training

What is working

4.80. The development and roll out of person-centred planning and training (in pilot areas) has been generally successful. The training was intended to ‘....cover an introduction to person-centred thinking and planning, the IDP planning process and supporting web based tool, holding an IDP meeting and reviewing the IDP’ (WG, unpublished document c). The training focuses on a number of PCP tools to explore the four main domains of PCP: what’s important to a child/young person; what support they need; what’s working; and what’s not working. The training also outlines what is covered by the IDP process, an introduction to the online IDP tool and participants are trained on how to establish an IDP/PCP start up and review meeting. Feedback has been very positive. Participants were asked to respond to six questions:

- to what extent did the training meet your requirements?;
- how would you rate your knowledge of person-centred thinking & planning following the training?;
- how would you rate your knowledge of the Individual Development Plan (IDP) following the training?;
- how would you rate your confidence in using a person-centred approach in planning and review meetings?;
- how useful and relevant were the activities?;
- how would you rate the trainers?

4.81. 102 feedback forms were completed by participants from six local authorities¹⁷ and the responses were overwhelmingly positive with over three quarters rating them 5 or 4, on a five point scale where 1= poor and 5= excellent (illustrated by table 18).

Table 18 Summary of responses to questions the training (n=102)

Question	% who responded at point 4 or 5 (on a five point scale where 1 – poor 5 – excellent)
To what extent did the training meet your requirements?	89%
How would you rate your knowledge of Person Centred Thinking & Planning following the training?	93%
How would you rate your knowledge of the Individual Development Plan (IDP following the training?	85%
How would you rate your confidence in using a person centred approach in planning and review meetings?	77%
How useful and relevant were the activities?	92%
How would you rate the trainers?	100% (Of those who completed this question).

Source: Carmarthenshire CC

4.82. There was also strong support for further training from the survey. When given a range of options and asked “what else is needed to make the system work effectively” most respondents reported that training in using the new systems (e.g. planning together, the online tool, the IDP and the quality assurance system was required and many respondents reported that training in person centred planning was required.

4.83. Feedback from pilot lead officers and project managers on the training has been generally positive, for example as one explained: ‘PCP has a lot of momentum so many people are using it’.. The evidence from interviews indicates it is being used in a range of settings by a range of people and it was felt by some stakeholders that it may be the main legacy of the pilots. This reflects in part uncertainty about the future of other elements of the pilot, such as the IDP, QAS and the proposed ALNCo/SENCo role. Crucially, in contrast

¹⁷ 16 responses were received from participants from Flintshire, 12 responses were received from participants from Cardiff, 7 responses were received from participants from Pembrokeshire, 16 responses were received from participants from Caerphilly, 11 responses were received from participants from Torfaen and 40 responses were received from participants in Carmarthenshire.

to other elements of the pilots, PCP is very widely supported, is being used within existing frameworks and processes and does not require legislation to enable its use to continue. Nevertheless, the evidence from this pilot and other studies (see Holtom and Lloyd-Jones, 2012c) indicates considerable variation in the quality of PCP.¹⁸ It also clear that it is not a panacea that can, of itself, necessarily overcome other constraints to meeting children's and young people's needs, such as limited resources.¹⁹

What is not working so well

- 4.84. Although as outlined above, feedback on the training has been very positive, some stakeholders have reported they have still lacked confidence to apply the training and/or have not seen or appreciated the value of person-centred planning until they have used it in practice.

What is not known

- 4.85. At this stage it is too early to assess what impact the training has had upon practice (the training feedback relies upon self-evaluation and measures knowledge, rather than changes in practice). For example, one pilot reported concerns that whilst schools understood the IDP, not all 'got' person-centred planning and had not fully grasped its implications.

The cost implications

- 4.86. The length of the PCP training has been scaled back from two days to one day, reducing the cost of both delivery and participation. However, the size of teams needed to deliver the training may have been underestimated. This

¹⁸ For example distinction was drawn by some stakeholders interviewed in this study between on one extreme using a PCP way in a superficial way and asking "what we like and admire about a child" as a way of starting a meeting in a warm, welcoming way, but going no further, and using PCP in a deeper way to think about how services can be reconfigured so that they are child and young person rather than service centred.

¹⁹ Although by encouraging people to think about more creative ways of delivering services in a child or young person centred way, it may help address resource constraints.

was originally estimated to require four trainers per local authority. However, one interviewee suggested that a team of eight would be more appropriate.

The model for parent support and disagreement resolution

What is working well

4.87. The pilot projects, together with support from the ESF Reach the Heights programme is reported to have increased the capability, in terms of knowledge and understanding, of SNAP Cymru's parent support and disagreement resolution services.

What is not worked so well

4.88. There have been a number of problems in establishing community information points²⁰, which are discussed in section 5, as they relate to roll out, rather than use.

4.89. The take-up of SNAP Cymru's services has varied considerably across the eight different local authorities in the pilot. Some local authorities such as Bridgend, Caerphilly, Cardiff and Pembrokeshire were reported to be very 'open' to be working with SNAP Cymru, this led, for example, to work focused upon improving parental engagement in Cardiff. However, not all local authorities engaged so strongly. As a consequence, the potential for SNAP to share good practice with those local authorities was inevitably limited.

4.90. There was only lukewarm support for further developments in this area from the survey. When given a range of options and asked "what else is needed to make the system work effectively":

- Half the respondents reported that family support services were required;

²⁰ Community Information Points are freestanding cardboard stands where leaflets and booklets on topics such as school exclusions, bullying, additional learning needs can be displayed, in for example schools and community centres, and easily accessed by children and young people and their families.

- A minority of respondents reported that dispute resolution services were required and
- A minority of respondents reported that family information services were required.

4.91. This may mean that people are content with existing services and don't therefore feel they need to be developed, however it is difficult to draw a conclusion on this based at the current stage of trialling.

What is not known

4.92. It has not been possible to monitor or evaluate the take-up and effectiveness of information services. This reflects the very small number of families who are known to have used these services in the robust trialling phase (as outlined in section 5, only one family is reported to have done so). For example, families may have accessed information, without signalling that they were part of the pilot. It has also been difficult for either the research team or some pilots to gather data on the roll out of information points in some areas.

4.93. Local authority family support and information services in Bridgend and Cardiff have been extended but the impact of this on families is not known.

4.94. Because disputes have either not arisen or been managed through the individual planning process (which is very positive) there has been very little recourse to more formal dispute resolution services. This in turn means there is no evidence on their operation or effectiveness.

The ALNCo/SENCo Role

4.95. Although the proposed role was not trialled as such²¹, an issue considered further in section five, the stakeholder survey explored perceptions of the proposed new role. This indicated:

²¹ As distinct from the ALNco/SENCO role in co-ordinating the IDP planning process, which was trialled.

- Most respondents felt that the ALNCo/SENCo should be a member of the senior management team in primary, secondary and special schools;
- Many respondents felt that the new role will make the existing role more effective, but interestingly (and somewhat conversely) there was a more mixed response on the extent to which the new role will change their practice, with a minority reporting that it would not change practice;
- A majority of respondents reported that that they expected that the role will increase their workload;
- A majority of respondents reported that the role provides clarity in what a ALNCo/SENCo needs to do or know;
- A divided response on proposals to make the qualification mandatory, with half the respondents agreeing and the remainder disagreeing or unsure; and
- A divided response on whether the proposed role could be organised on a cluster basis to cover a number of small schools, with over half the respondents agreeing and the remainder disagreeing or unsure.

5. Development and trialling of models during the robust trialling phase

Introduction

5.1. In this section we outline the plans for trialling of each of the five key elements of the pilot and then discuss the progress made in trialling each element during the robust trialling phase.

The plans for trialling during the robust trialling phase

5.2. Between February 2012 and 20 July 2012, pilot local authorities were required to:

‘roll out an Individual Development Plan planning process...via a ‘whole systems’ approach to encompass the Quality Assurance framework [sic]...; the ALNco/SENco role in co-ordinating the Individual Development Plan planning process; [and] parental engagement /dispute resolution.’ (WG, unpublished document a).

5.3. As outlined below, in addition to roll out via a ‘whole systems’ approach, in which the different elements were integrated and trialled together, the extent of trialling required in the robust trialling phase (e.g. the numbers of IDPs to be completed) was agreed with pilot local authorities. The lead authorities, with responsibilities for leading trialling of each element, were also identified.²² We consider their role further in section six.

²² Carmarthenshire CC were ‘project lead’ for the Young Person’s Right of Appeal project and for ‘develop[ing] and roll[ing] out one day training sessions across Wales’ (WG, unpublished document c); Pembrokeshire CC were ‘lead authority for co-ordinating the work to develop the proposed model for parent support and disagreement resolution’ (WG, unpublished document a); Torfaen CBC were ‘lead authority for the project in co-ordinating the trialling of the IDP and associated web based tool’ (WG, unpublished document b); and Caerphilly CBC were to ‘oversee the roll out of the Quality Assurance framework...in Caerphilly and the counties of Pembrokeshire, Torfaen, Carmarthenshire, Flintshire, Bridgend, Newport and Cardiff and develop the Quality Assurance framework further, as necessary, from evidence gathered through its roll out’ (WG, unpublished document d).

The IDP process

- 5.4. The IDP planning process and associated web based tool (Planning Together) were to be trialled in the eight pilot local authorities (Bridgend, Cardiff, Carmarthenshire, Caerphilly, Flintshire, Newport, Pembrokeshire and Torfaen) and developed 'as necessary through evidence gathered through the trials' (WG, unpublished document b).
- 5.5. In total, across the eight pilot areas, the IDP process was to be trialled with up to 320 children and young people aged 0-25 with severe and complex special educational needs (SEN) or additional learning needs (ALN) that were not severe or complex²³. They were to be 'broadly representative of the range of children and young people with ALN, both in terms of type and severity of condition and in terms of family and individual characteristics' (WG, unpublished document a). In addition:
- there was to be 'multi-agency engagement';
 - the trial was to include both the paper-based and web-based versions of the IDP;
 - the trial was to include children and young people from primary, secondary and special schools and education other than at school (EOTAS) provision. If possible pilots were also required to include a sample of young people in further education and
 - A Welsh language version of the IDP and all associated materials was to be developed (ibid.).

²³ This included those subject to a statement of SEN; those provided for at School Action Plus; those provided for at School Action; and those recognised as having ALN but not on the SEN register.

Training

5.7. In order to underpin the IDP process, one day training sessions were to be developed by Carmarthenshire (the lead authority) which could then be ‘rolled out across Wales’. These were to:

‘...cover an introduction to person-centred thinking and planning, the IDP planning process and supporting web based tool, holding an IDP meeting and reviewing the IDP’. (WG, unpublished document c).

The training was ‘to include head teachers, SENCOs/ALNCOs and inclusion officers and all other relevant persons’ (ibid.).

The quality assurance system (QAS)

5.8. Caerphilly, the lead local authority, were to ‘oversee the roll out of the Quality Assurance framework’ [sic] in the eight local authorities. They were also required ‘to develop the Quality Assurance framework further, as necessary, from evidence gathered through its roll out’ and ‘develop a Welsh language version of the Quality Assurance framework and all associated materials.’ (Welsh Government, unpublished document d).

Parent support and disagreement

5.9. The proposed model for parent support and disagreement resolution was to be further developed in this phase by all eight pilot local authorities in order to ensure:

- ‘existing models of good practice are extended to other local authorities and trialled’ and
- ‘co-ordinated on a regional consortia basis’ with
- ‘a multi agency family focus (linked to Family First Pioneers)’ which is ‘integral to the pioneers for the Individual Development Plan’.²⁴

²⁴ This was clarified by members of the Welsh Government ALN Branch to mean ‘that trialling should be via a whole systems approach and that systems/models should not be trialled or developed independently).

5.10. In addition Carmarthenshire, the local authority was expected to link the trialling to another pilot project, to extend rights of appeal to the Special Educational Needs Tribunal for Wales to children and young people, which was operating in Carmarthenshire and Wrexham,

The proposed ALNCo/SENCo role

5.11. As outlined above, as part of the 'whole system' trial, all eight local authorities were required to trial 'the ALNco/SENco role in co-ordinating the Individual Development Plan'. In addition, Cardiff and Newport, the lead authorities for the ALNco/SENCo role, were required to 'liaise with Welsh Government officials on the development of qualifications and providing regulations for ALNCos' (WG, unpublished document e).

Trialling of the different elements

5.12. As outlined above, the requirement for a 'roll out via a 'whole systems' approach' (Welsh Government, unpublished document a) created some challenges. This was primarily because as table 19 below illustrates, at the start of the robust trialling phase (the baseline), each of the local authorities was at a different stage of development. Some were already on their way whilst others effectively had a standing start.

5.13. Table 20 summarises the end line position for each of the pilots. It illustrates the very limited trialling of the online tool and the patchy trialling of the quality assurance system, particularly in relation to the outcome measures and capacity toolkit. We discuss the extent of roll out of the training and parental support and engagement further below.

Table 19 Summary of the baseline position of each of the local authorities in the robust trialling phase

Element to be trialled	Experience of using the IDP planning process	Experience of using the online tool	Experience of the QAS provision map	Experience of the QAS outcome measures	Experience of the QAS capacity toolkit
Local authority					
Bridgend	Yes – John/Jenny’s plan	No	Yes – used in some schools	No	No
Caerphilly	No	No	Yes – used in all schools	Yes – used in some schools	Yes – used in some schools
Cardiff	No	No	Yes – used in some schools	No	No
Carmarthenshire	Yes – paper based version of Planning Together	No	No	No	No
Flintshire	No	No	Yes – used in 6 schools in Flintshire and 2 schools in Wrexham	Yes – used in 6 schools in Flintshire and 2 schools in Wrexham	Yes – used in 6 schools in Flintshire and 2 schools in Wrexham
Newport	No	No	Yes – used in some schools	No	No
Pembrokeshire	Yes - John/Jenny’s plan	Yes – John/Jenny’s plan	Yes – used in some schools	No	No
Torfaen	Yes - Planning Together	Yes – Planning Together	Yes – used in some schools	No	No

Source: interviews with the pilots and pilot project reports

Table 20 Summary of the end line position of each of the local authorities in the robust trialling phase (i.e. August 2012)

Element to be trialled	Experience of using the IDP planning process	Experience of using the online tool	Experience of the QAS provision map	Experience of the QAS outcome measures	Experience of the QAS capacity toolkit
Local authority					
Bridgend	Yes	No	Yes – used in some schools	No	No
Caerphilly	Yes	No	Yes – used in all schools	Yes – used in some schools	Yes – used in some schools
Cardiff	Yes	No	Yes – used in some schools	No	No
Carmarthenshire	Yes	No	No	No	No
Flintshire	Yes	No	Yes	Yes – used in 6 schools in Flintshire and 2 schools in Wrexham	Yes – used in 6 schools in Flintshire and 2 schools in Wrexham
Newport	Yes	No	Yes – used in some schools	No	No
Pembrokeshire	Yes	Yes	Yes – used in some schools	No	No
Torfaen	Yes	Yes	Yes – used in some schools	No	No

Source: interviews with the pilots and pilot project reports

Development and roll out of training

5.14. As outlined in section 4, while the person-centred planning and training has been generally very well received, it is too early to judge its impact upon practice and some stakeholders report they still lack confidence using the tools and approaches.

Roll out of the individual development planning process

5.15. As table 21 illustrates, whilst good progress was made in some areas such as Flintshire (despite a low baseline position), overall roll out of the individual development planning process and associated web-based tool (Planning Together) was more complex than anticipated. It was envisaged that ‘the trial should encompass both the paper -based and web-based versions of the IDP’ (WG, n.d. a). However, while the online tool (Planning Together) was operational in Torfaen (which had jointly developed it with Carmarthenshire in the developmental phase of the pilots), it was not operational in any of the other local authorities at the start of the robust trialling phase. Roll out of the online tool was delayed by problems linked to information sharing and data security.

Table 21 Trialling of the IDP

LA	Total number of IDPs created in the RTP	<i>Number of online IDPs</i>	Number of review meetings in the RTP
Bridgend	43	0	43
Cardiff and Newport	52	0	9
Caerphilly	10	0	10
Carmarthenshire	16	0	0
Flintshire	36	0	22
Pembrokeshire	5	4	0
Torfaen	13	83*	83
Total	175	87	167

* In Torfaen, as well as the reviews that are happening as part of the pilot, their ASD officer and Special School conducts all its Annual Reviews as PCP reviews.

5.16. There were also problems rolling out the IDP planning process. More engagement than anticipated with schools was needed to get it set up. There

were concerns about the time and work implications – a sense that it was in addition to, instead of alongside existing processes (discussed in section 4). It was also reported by some local authorities that many schools (mistakenly) thought of the online tool as the individual development planning process, as opposed to a tool to support and record the outcomes of the process. Therefore, although as noted above, it was always envisaged that the trial would encompass both the online tool and the paper-based versions, many schools were reluctant to take part in the robust trialling phase until the web-based tool was available.

- 5.17. There were also some problems even where the online tool was operational. Even after training some of those using the online tool lacked the confidence to use it in front of others, and therefore didn't use it. The online IDP has also not yet been translated or trialled in Welsh.

Trialling of the ALNCo/SENCo role in co-ordinating the Individual Development Plan planning process

- 5.18. The limited trialling of the IDP process inevitably limited the scope to trial the ALNCo/SENCo role in co-ordinating the process. In those schools that trialled the IDP process, the ALNCo or SENCo in the schools usually co-ordinated the process. As outlined in section 4, the time needed to co-ordinate the process was the key issue that emerged. This reflects the long standing challenge of managing ALNCo/SENCos' workload, highlighted by the developmental phase.
- 5.19. It is important to distinguish between the roles of an ALNCo or SENCo and that of support co-ordinator for an individual IDP process. It was envisaged in the developmental phase that whilst the ALNCo or SENCo in a school would usually co-ordinate the IDP process for children and young people with more severe or complex ALN, they would not necessarily co-ordinate the IDP process for children and young people whose ALN was not severe or complex. In these latter cases, the role would be taken on by the support co-ordinator, who might, for example, be another member of the school staff.

There is little evidence of this happening in school settings, although this may be because of the limited numbers of IDPs which have been trialled in this period.

- 5.20. It is also important to consider co-ordination of the process outside of school settings (e.g. in early years). In some areas, the support co-ordination has only come from school; in others, it has included other professionals such as key workers, who have taken on the role of support co-ordinators. The evidence from the stakeholder survey, outlined in section 4, indicates considerable uncertainty about the role. Overall, the limited trialling of the IDP process outside of schools during the robust trialling phase limits the conclusions that can be drawn at this point in time.
- 5.21. Piloting of the new proposed role for ALNCoS or SENCoS, as distinct from that of support co-ordinator²⁵, has been very limited. Some stakeholders reported that whilst the role was 'ready to go' by the end of the development phase, very little had happened since.

Trialling of the quality assurance framework

- 5.22. One of the three elements of the QA framework, the provision map, was rolled out in the robust trialling phase. However, progress across the eight local authorities has been mixed. In some local authorities, such as Bridgend, the provision map has been successfully rolled out to schools. However in others, such as Cardiff and Newport, take up has been much patchier. Moreover, even in areas such as Caerphilly, where the provision map has been rolled out to schools, local authority engagement has been much weaker (than schools engagement) and the pilot has struggled to influence the development of pupil tracking systems (which fulfil many of the same functions as the provision map) by the Central South educational consortia. The problem is

²⁵ The support co-ordinator will normally be the person who is most involved in co-ordinating services for the child or young person. They will support the individual planning process and, for example, arrange and invite people to meetings, ensure that the correct people have access to the online individual development plan and act as a main point of contact for parents or carers.

reported by pilots to be linked to the failure to ensure that ALN is seen as a mainstream issue and an integral part of the school improvement agenda.

- 5.23. The problems rolling out the provision map in schools were linked to the software used and the use of alternative approaches to provision mapping by schools. At the start of the robust trialling phase, the QAS provision map was still in Excel format, and while very strong in concept, did not meet with widespread acceptance or use in Cardiff, Flintshire or Newport which used SIMs. In addition, there were already similar systems operating in some schools. For example, in Cardiff and Newport many schools have bought commercial SIMS based alternatives such as Incerts. However, whilst it reported that most schools have some sort of provision mapping, many do not have the cost element. Local authority leadership was also seen to be important and in Bridgend, where the inclusion service pushed provision mapping strongly, it was widely adopted by schools.
- 5.24. There were also problems rolling out the provision map element of the quality assurance framework in pupil referral units or special schools in two areas, because the way it was written did not allow for information on budgeting to be recorded.
- 5.25. Roll out of the other elements of the quality assurance system - the 'criteria sheets' and self evaluation toolkit - beyond Flintshire where they were originally developed, has been very limited.

Trialling and development of parental engagement /dispute resolution.

- 5.26. As table 22 illustrates, the number of parent partnership information points that were reported to have been established has varied considerably.

Table 22 Roll out of community information points and number of engagements with partnership services

	Total number of community information points established	Total number of engagements with partnership services
Bridgend	1	0
Cardiff and Newport	7	0
Caerphilly	26	1
Carmarthenshire	0	0
Flintshire	10*	0
Pembrokeshire	4	0
Torfaen	13	0
Total	61	1

Source: Pilot Projects

* Acquired, but not used.

5.27. There have been a number of problems with community information points. It took longer than anticipated to establish community information points, due to delays releasing information about the schools taking part in the pilot and difficulties in persuading some head teachers. There have been problems maintaining them (and in particular, ensuring they remain well stocked). There were particular problems establishing them in secondary schools. The problems in secondary schools reflected the need to ensure that the information was directed to both young people as well as parents and the more limited contact parents and carers often have with secondary schools (because, for example, they may not routinely pick up or drop off young people). In some cases, information points have been placed in school sixth forms, which has limited their accessibility to young people aged 11-15.

5.28. Overall, development and trialling of the parental engagement /dispute resolution is reported to be patchy. Some local authorities, like Bridgend in particular and to a lesser degree, Cardiff and Caerphilly, have worked closely with SNAP to develop the model. However, in other areas, beyond the establishment of community information points and training of volunteers, there has been relatively little development or trialling.

The extent and integration of trialling

5.29. With the benefit of hindsight, the objectives of the robust trialling phase proved overly ambitious. Overall, as this section illustrates the trialling has not been

as extensive as planned and this, combined with challenges related to individual elements, made it difficult to trial the different elements as part of a “whole systems’ approach. As a consequence many of the professionals who were interviewed did not connect the IDP process with other elements such as the QAS. Moreover, as in developmental phase, the IDP process continued to dominate or overshadow the pilots, sucking in resources and attention, to the detriment of other strands of the pilots. Given the need for further development work, an extension of the developmental phase to give further time to for this, before a roll out was attempted, might have been more appropriate. As a consequence, the terms ‘pilot’ and ‘piloting’ (which suggested that models were ready to be trialled) also contributed to concerns and also some scepticism amongst stakeholders. Some felt that given problems with, for example, the online dimension of the IDP and the SIMS based version of the provision map, trialling at this stage, was premature.

6. Management and implementation of the pilots

Introduction

6.1. This section considers the management and implementation of the pilot by both the Welsh Government and the eight local authorities leading the pilots.

Planning

6.2. The Welsh Government's commitment to sustaining the pilots and building upon the important work completed during the developmental phase (through the robust trialling phase) was uniformly welcomed by stakeholders. Nevertheless, stakeholders were frustrated by the uncertainty about the future direction or development of the pilots at the end of the developmental phase and the break between the end of the development phase and the start of the robust trialling phase. This was reported to have had a negative impact upon the robust trialling phase, with the loss of good will, momentum and commitment. For example, in some settings key people moved on and the pilots had to re-establish links.

The structure and management of the ALN pilots

6.3. The focus, structure and management of the developmental and robust trialling phases were different. The main focus of the robust trialling phase moved from development to trialling and piloting. A new ALN project reform manager was appointed in April 2012 (once the robust trialling phase was already underway)²⁶. A greater emphasis was placed upon planning (including an assessment of risk) and of monitoring progress and a programme board for the proposed ALN reforms was established. Although all eight of the original pilot local

²⁶ The original project leader's secondment to the Welsh Government came to an end.

authorities took part in the robust trialling phase, the structure of the pilot was changed and four 'theme leads' were appointed to help co-ordinate the different strands of the pilot:

- Carmarthenshire CC were 'project lead' for the Young Person's Right of Appeal project and for 'develop[ing] and roll[ing] out one day training sessions across Wales' (WG, unpublished document c);
- Pembrokeshire CC were 'lead authority for co-ordinating the work to develop the proposed model for parent support and disagreement resolution' (WG, unpublished document a);
- Torfaen CBC were 'lead authority for the project in co-ordinating the trialling of the IDP and associated web based tool' (WG, unpublished document b); and
- Caerphilly CBC were to 'oversee the roll out of the Quality Assurance framework....in Caerphilly and the counties of Pembrokeshire, Torfaen, Carmarthenshire, Flintshire, Bridgend, Newport and Cardiff and develop the Quality Assurance framework further, as necessary, from evidence gathered through its roll out' (WG, unpublished document d).

6.4. Project initiation documents were prepared for each pilot and risks were assessed, but these were rarely 'living' documents that could be used to inform operations or be referred back to or be revised.

Monitoring progress and identifying and resolving problems

6.5. The changes to the structure of the pilots improved the monitoring of trialling of the roll out of the IDP process and to a lesser degree the training, quality assurance framework and parental engagement /dispute resolution model. The monitoring shifted from a narrative approach focused upon identifying issues, to a more quantitative, target-based approach. This meant the project team had a much clearer picture of progress in relation to the roll out of IDPs. However, as in the developmental phase, the IDP dominated the process,

drawing in time and resources and this was compounded by the moves toward more target-driven monitoring. Crucially, unlike the IDP there were not clear quantitative targets in relation to the roll out of the quality assurance systems or parental engagement /dispute resolution model. Monitoring by pilot local authorities of progress implementing these elements was generally much weaker and patchier. As a consequence, it was often difficult to establish exactly how much progress had been made in rolling out these elements during the robust trialling phase.

- 6.6. The impact of monitoring upon project management was also mixed. Most fundamentally, whilst slow progress rolling out the IDP was highlighted more swiftly through improved monitoring in the robust trialling phase, the underlying problems such as those with data sharing, IT security and developments at a consortia level, which are discussed further below, could not be easily or swiftly resolved.
- 6.7. The establishment of 'theme leads' helped address some problems but its impact was limited overall. In many ways it formalised an existing situation rather than creating a new management structure. For example, Torfaen was already acting as de-facto co-ordinator for the IDP, Carmarthenshire for person-centred planning and Caerphilly for the quality assurance framework. Nevertheless, the establishment of a 'theme lead' for the dispute resolution was a new development. More fundamentally as we outline below, it did not provide clarity on who was responsible for addressing key challenges highlighted by the trialling of each element.
- 6.8. Stakeholders were divided on how problems such as a reluctance of some agencies to share information without an information-sharing protocol specifically for the IDP, should be resolved. The pilot lead officers and project managers consistently reported that they felt neither they, nor theme leads, could resolve the challenges because they lacked the 'line authority' to require others to do things. Crucially, unlike during the developmental phase, the focus upon rolling out

models to new settings and services meant that the pilots were increasingly reliant upon the support and good will of other stakeholders. Where this could not be secured, pilot lead officers and project managers felt issues needed to be ‘escalated’ to the Welsh Government. In contrast, stakeholders from the Welsh Government consistently reported that they were generally not problems that the Welsh Government could resolve because they depended upon action being taken by members of local authorities, educational consortia and/or local health Boards, who they did not have line authority over either (and who they could not therefore direct to act). They also stressed that Directors of Education in each pilot Local Authority (who had line authority over some officers) had signed off and taken responsibility for the pilots. As a consequence of this situation, whilst both the Welsh Government and the pilot lead officers and project managers recognised the significance of the problems and worked hard to address them, they struggled to resolve them. There was initially a lack of “ownership” of the problems, it took time to clarify who was responsible for resolving them and it was often difficult to persuade people who were not directly involved in the pilots, to act in order to address the issues that blocked or slowed the pilots’ work.

6.9. The key issues were:

- data sharing (noted above);
- data security²⁷ and management and
- developments at an education consortia level, particular in relation to pupil tracking systems which duplicated some aspects of the provision map.

6.10. Many of these issues were known, as they had emerged during the developmental phase, although their intractability was rarely foreseen. Critically, the lack of clarity about who was responsible for addressing these problems hampered effort to resolve them.

²⁷ This included for example, debates about how ‘two factor’ authentication could be achieved.

- 6.11. These issues negatively impacted upon the pilots. The IT problems seriously hampered the roll out of the online IDP in particular and the amount of time devoted to resolving issues related to data-sharing and security was described as 'phenomenal' by one stakeholder. This inevitably meant that less time and attention could be paid to other elements of the pilots. The progress made in the current expanded trialling phase in addressing these issues has therefore been warmly welcomed by stakeholders. In contrast, failures to engage with development at a consortia level did not directly impact upon piloting and absorbed less time and attention. However, there are concerns that it will effect the development of work in this area in the future as it perpetuates divides between inclusion and school improvement services.
- 6.12. The establishment of a project board bringing together a range of stakeholders from across the Welsh Government enabled some of the strategic challenges that emerged during the development phase, such as the problems engaging health and social care in the proposed reforms, to be addressed. However, some stakeholders felt that it did not play an active role in overseeing management of the ALN pilots. It was therefore felt by some stakeholders that whilst issues such as the partnership working between education, health and social services were discussed by the project board, their impact upon practice on the ground in the pilot areas was limited.
- 6.13. Partnership working in the pilot areas varied considerably. For example, in some areas there were problems engaging other statutory services such as health or social services, and in some areas pilots struggled to engage learning settings, such as schools. The differences reflected differing cultures, with collaboration between different services more firmly established in some areas, and differences in leadership within the local authority. Some pilots benefited from strong support and leadership from senior officers within the local authority, whilst others found it difficult to engage other members of the education

service, such as school improvement services, and other services within the local authority, such as social services, and as noted above, lacked the line authority to direct others.

- 6.14. The evaluation also indicates examples of confusion or uncertainty on the ground amongst those involved in piloting. For example, there was often a lack of clarity about which children and young people were likely to be entitled to an IDP (under the proposed reforms). More broadly, as outlined in section four, there was often a lack of clarity about the detail of the proposed reforms and how they would fit together. In part this reflects the nature of the pilots, which were to develop the detail and explore how different elements could fit together. However, it may also indicate weaknesses in both the initial communication with stakeholders involved in piloting, such as initial briefing and training and weakness in ongoing communication between the pilots and those involved in piloting.

Integration

- 6.15. Stakeholders reported that they felt that for too long there were eight different projects rather than a single project. Each pilot produced its own project initiation document (PID), rather than, for example, collaborating to produce a single PID. This negatively impacted on both the roll out of different strands and upon the potential for a 'whole system' trial. Others observed that even at the consultation events, they were 'all talking in isolation, at no point were we showing how it all fits together'. Moreover, in many ways the IDP overshadowed the pilots and as one stakeholder explained 'if you ask people what the pilots are about, they are most likely to say the IDP'.
- 6.16. Stakeholders also reported that linkages to other policy areas were often unclear. For example, pilots were encouraged to make links on the ground and introductions made, but there was felt to be little follow-through at a strategic (i.e. Welsh Government) level. As a consequence

the degree of integration on the ground varied across areas and services. In some areas there was strong integration, with for example early years provision or Families First, but this was not consistent across the pilots. Health professionals talked about the limitations put on their capacity to be involved in the IDP process by the lack of management 'buy-in' and the need for the health authority to commit to the process. This was seen to be particularly important for addressing challenges linked to the sharing of reports and parallel planning processes (outlined in section four). It was felt that these challenges could not be addressed by people on the ground and there was a need for strategic commitment to address them.

7. Conclusions

Key lessons from the robust trialling phase

7.1. Overall, the robust trialling phase was effective as a piece of action research. It enabled models to be tested and developed and as this report illustrates, provides valuable evidence on what is working and what is not working so well. This evidence indicates:

- very strong support for the principles of a person-centred approach to planning (which is at the heart of the IDP process).
Nevertheless, the trialling highlights a range of issues and concerns that were not fully addressed or allayed in the robust trialling phase. The key issues and concerns relate to the online element of the IDP process and the strong sense that the work was in addition to, rather than instead of, existing workloads. The extent to which person-centred planning is undertaken at a superficial or surface level (e.g. focusing on what we like and admire about John/Jenny) rather than as intended, at a deeper level, which should identify the way services/support is provided to meet the child/young person's needs, is also not clear at this stage;
- strong support for the principles of provision mapping, and to a lesser degree (due primarily to a lack of evidence), self evaluation and outcome measurement as part of a quality assurance system. Nevertheless, the trialling indicates some equivocation over the models that have been developed (with, for example, schools using alternative approaches);
- support for the principle of improving parental information and support, but little evidence of its operation.

Tensions between theory and practice

7.2. As the evidence (outlined above) on the support for the different elements that were trialled illustrates, there was a tension between the aspirations of the Welsh Government and the pilots and the attitudes

and experiences of those charged with delivering it. There was strong support for the principles amongst those delivering the elements, but concerns about how it would – or could – work in practice. For example, given their concerns about the workload implications, some of those on the ground delivering the pilots were keen to limit its scope, by, for example, restricting the IDP to only those children and young people with severe or complex problems.

- 7.3. As outlined in section four, some of the concerns about workload stem from “parallel planning” in which the IDP process is experienced as something in addition to, rather than instead of, existing processes. There is likely to be some scope for streamlining processes, an issue we consider further below, which would address some of the concerns about workload. Other concerns about workload stem from an expectation of what is required in relation to note taking and writing up which is considered by the Welsh Government team to be excessive, and arising from a misunderstanding of the process. Nevertheless, it is likely to take time before new processes and ways of working bed in and the transitional period may put additional pressure upon professionals who are already reporting heavy workloads.
- 7.4. Given the concerns about workload, the recommendations include the suggestion that consideration be given to a phased approach to any future roll out of the models (e.g. by focusing first on children and young people with severe and complex ALN). This would give more time to enable capacity to be built and processes changed and aligned. However, it would mean it will take longer to roll it out for all children and young people entitled to an IDP
- 7.5. A further tension between the aspirations of the Welsh Government and the pilots and attitudes and experiences of those charged with delivering it, related to the degree of prescription required. Prescription, such as the detailed specification of processes and ways of working,

was seen by the pilots as a way of addressing the inconsistencies in both quality and provision that bedevil the existing system²⁸. However, those charged with delivery have implemented the models in different ways, developing different ways of making them 'work'. This was most evident in the ways in which people used the PCP approach at the heart of the IDP process to inform other plans and processes and in the ways in which different stakeholders participated in the process (reflected in the distinctions drawn between participation in the process and in meetings). Flexibility enabled people to find workarounds, informal solutions to problems that made systems work, and work together, tolerably well. However, it was messy and arguably less efficient than a clean sheet approach, in which existing processes are replaced with single process.

7.6. The evidence from the robust trialling phase is that there is still a lack of clarity about how different elements of the pilots – the IDP process, QAS and ALNCo role - should be integrated and how they can and should work with other systems and processes (an issue considered further below). The recommendations therefore include the suggestion that there be further clarification and guidance on how the different elements should be integrated and how the IDP and PCP process can work with other processes and plans. This would increase consistency and minimise the need for individuals on the ground to work out how to do it themselves (a process akin to 'reinventing the wheel'). However, the evidence from the robust trialling phase also indicates that some degree of flexibility is necessary and this will inevitably lead to differences in quality and provision. The quality assurance system will therefore be vital in ensuring minimum standards are met.

7.7. Professionals from health and social care agencies were clear that it would be important to take a multi-agency approach to developing practice in this area. Therefore, any guidance and clarification on how

²⁸ These are discussed in more detail in the report on the developmental phase (Holtom & Lloyd-Jones, 2012a).

the IDP and PCP process can work with other processes and plan should be developed in collaboration with other partners. Professionals from health and social care agencies were also clear that they felt that they could not overcome the barriers they faced to partnership working on their own. The recommendations therefore include the proposal that the Welsh Government, at a national level, and local authorities, take a lead in developing collaborative working across education, health, social care and the third sector

The potential to streamline plan and process

- 7.8. It is hoped that existing plans and processes can be streamlined if the IDP process is rolled out. This reflects the Welsh Government's expectation that the process offers the opportunity to bring together a number of different plans relating to an individual through the IDP process. The evidence from the pilots provides some examples of streamlining of processes, but also indicates that, to date, for some stakeholders, the IDP has been experienced as a parallel process, that operates in addition to, rather than instead of, existing processes.
- 7.9. Alongside the difficulties in streamlining different plans and process, there is widespread support for PCP. Therefore, the recommendations include the proposal to explore the scope to use a person-centred approach wherever possible in existing planning process. Therefore, rather than the IDP simply bringing together different plans, or replacing other planning processes (as is sometimes suggested), the IDP process would become one of a number of processes using a PCP approach. As such, a PCP approach could be used as a common approach which feeds into multiple plans, including the IDP. This approach has the benefit of not being seen as originating from within education (and is therefore less vulnerable to perceptions of education 'taking over' other services' processes) and would be more achievable.

The need for further development and trialling

- 7.10. Although the robust trialling phase was effective as a piece of action research, with the benefit of hindsight, the objectives in relation to trialling proved overly ambitious. The roll out of IDP process in particular proved more challenging than anticipated and this drew time and attention away from the development and roll out of other elements. Given the need for further development work, an extension of the developmental phase to give further time to for this, before a roll out was attempted, might have been more appropriate.
- 7.11. The limited trialling, in terms of both scale (e.g. in relation to the number of settings and people using tools and approaches) and integration²⁹ of the different elements (as they were in practice, piloted in parallel) meant the evidence on impact and effectiveness was limited. The current expanded trialling phase is therefore necessary and the recommendations include the suggestion for further research and evaluation.
- 7.12. Whilst much attention has focused upon the IDP process, there has been a strong and consistent view amongst the pilots that the IDP may be a necessary, but is not a sufficient condition for addressing the weakness in the existing system such as failures to identify and address needs (Holtom and Lloyd-Jones, 2012a). At the level and individual pupil, the IDP process should provide a mechanism for improving both planning and monitoring progress (through action plans and reviews), helping ensure that action is taken where required. However, it was always envisaged that the IDP process would be underpinned by a quality assurance system that provided both a backstop, that enabled problems at the level of an individual child or young person to be spotted, and which enabled systematic weakness to be identified. At present, while the principles underpinning the provision map have received broad support, this is only one part of a broader system or framework that also includes outcome measure and

²⁹ That is to say, there was limited 'whole systems' trialling.

a self-evaluation toolkit. These have only been subject to limited trialling and without these complementary parts, the provision map may be inadequate to provide quality assurance. If, as suggested above, there needs to be less prescription, the importance of quality assurance of the system is likely to increase. The recommendations therefore also include the suggestion for further development of the quality assurance system as part of the expanded trialling phase.

The importance of systems thinking

- 7.13. In assessing the effectiveness and impact of the models that have been piloted, it is important to consider both the models or approaches and the contexts in which they operate. They are, in some ways, indivisible. For example, it is ultimately not helpful to attribute the limitations of a particular model, such as the IDP process, to the context (as this does not lessen the limitations); or to put it another way, it is important to ensure that models work in context. This is one reason why the system wide testing at scale, planned for the expanded testing phase, is so important (an issue discussed further below).
- 7.14. Understanding the relationship between models and context is also important in assessing the extent to which models can help change the contexts in which they operate. This in turn can help highlight how the context needs to change (or be changed) in order for models to work effectively. For example, the robust trialling phase strongly suggests that although the IDP process may facilitate multi-agency working, it is not a panacea that will ensure effective multi-agency working. This approach can also help highlight the implications of changes in the context, such as the likely impact of cuts in public expenditure, as the process is inevitably constrained by the range, quality and quantity of locally available provision.

Key lessons for the expanded testing phase

7.15. The robust trialling phase has some important lessons for the expanded trialling phase. For example, it illustrates the need to:

- ensure a monitoring of progress against quantitative targets (akin to an outcome evaluation) is balanced with monitoring of issues and challenges (akin to a process evaluation);
- assign clear responsibilities for addressing issues/challenges, and a clear structure for enabling issues/challenges that cannot be resolved to be 'escalated' to a higher level and
- balance vision – an ability to see the big picture (akin to systems thinking) with attention to detail (akin to project management).

Recommendations for the Welsh Government:

- Consider how additional expertise and knowledge in data security, management and information sharing can be accessed, in order to help resolve the problems the pilots have experienced.
- Consider how the Welsh Government can work with pilot local authorities to ensure the proposed ALN reforms are linked to school improvement activity at a consortia level.
- Ensure that there is clarity and agreement between the Welsh Government and pilot local authorities on the responsibility and process for addressing and resolving challenges or barriers to trialling.
- Consider how the Welsh Government can work with pilot local authorities to ensure that other services, such as health and social services, are engaged at pilot, regional and national levels.
- Consider the case for a phased approach to any future roll out of the models.

Recommendations for the Welsh Government and the pilot local authorities:

- Consider developing further guidance on how the different elements that are being piloted – the IDP process, QAS and ALNCo role should be integrated;
- Consider developing further guidance on how the IDP process can and should work with other processes and plans. This could include:
 - a focus upon sharing information across pilots and individuals;
 - developing guidance and examples of good practice; and
 - mapping the information needed by different plans and processes that the IDP process could contribute to, against the information currently collected via the IDP process.
- Consider a focus upon person-centred planning as a common or unifying planning process that can contribute to a range of different plans, including the IDP.
- Consider the balance needed between prescription – such as specifying process and outcomes (in order to promote consistency) and flexibility (in order to ensure the system works for those charged with delivering it). It may, for example be possible to specify the data settings, such as schools, should collect without requiring the adoption of a particular model (such as the provision map).
- Consider how the three strands of the quality assurance system (the provision map, outcome and capacity measures) and can be further developed, integrated and trialled.
- Ensure that there is a robust evaluation of the expanded testing phase, focusing upon both process and impact.

Recommendations for the pilot local authorities:

- Review the initial briefing and communication with stakeholders involved in piloting, given the uncertainty and at time apparent confusion about the proposed reforms amongst some stakeholders. If necessary, develop and improve this.
- Review the leadership and support for the pilots across local authority services and if necessary, take steps to strengthen it; and
- Review monitoring of progress trialling each element of the pilot and if necessary, strengthen monitoring processes.

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