



Department  
for Education

# **The SEN and Disability Pathfinder programme Evaluation: Readiness for reform and effectiveness of Pathfinder Champions**

## **Research report**

### **March 2014**

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## Acknowledgements

The authors would like to thank Peter Gibb and Angela Overington from the Department for Education (DfE) who act as the leads for the evaluation, and the Council for Disabled Children (including the EPiC group members), the National Network for Parent Carer Forums, Contact a Family, Mencap, KIDS, and the Greenwich Pathfinder, all of whom helped to facilitate the research. We would also like to extend our thanks to the Heads of SEN, Leads for Children's Social Care, Lead Children's Health Commissioners, parent carers, providers and children and young people that participated in the research.



# Executive Summary

## Background

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

This report presents the **findings from an assessment of local areas' (both pathfinder and non-pathfinder) readiness to meet the forthcoming Special Educational Needs and Disability reforms** (as of October/December 2013). The report also provides a **review of the initial effectiveness of the pathfinder champions** as of October-December 2013. Evidence is drawn from:

- A series of three **targeted** online surveys – disseminated to all Heads of SEN, Leads for Children's Social Care and Lead Children's Health Commissioners
- Two open-response online surveys – aimed at providers and parent carers
- Three focus groups undertaken with young people with additional needs.

### KEY FINDINGS

Pathfinder areas were more advanced in their developments relative to non-pathfinder areas, and had made progress across the majority of the elements of the reforms between February and October 2013. This had resulted in most pathfinder areas reporting that they had either developed or were in the process of developing most of the requirements. Conversely, although non-pathfinder areas had also continued to make progress, a large proportion of this group still have to begin working on a number of key elements, which raises a risk around them completing all the relevant requirements by September 2014.

Progress against most of the reform elements were further advanced within SEN than in social care and particularly health. This is likely to reflect the primarily SEN-based nature of the reforms, an initial lack of capacity to engage or clarity on how to contribute on the part of health and social care practitioners, along with some uncertainty around the extent to which the reforms would result in more efficient and effective processes.

By October-December 2013, a good level of progress had been made in developing certain aspects of the reforms, including the Education, Health and Care (EHC) coordinated assessment and planning pathway, EHC plan templates, the local offer, and governance of the coordinated assessment and EHC plans. However, the following elements remained at an earlier developmental stage: eligibility criteria for the EHC plan; joint commissioning arrangements between the local authority and partner Clinical Commissioning Groups (CCGs); joint resourcing arrangements; personal budgets - particularly in relation to SEN and health; and workforce development.

## Assessment of readiness to meet the SEN reforms

By October-December 2013, awareness of the SEN reforms was relatively high amongst service leads, and particularly Heads of SEN, followed by Leads for Children's Social Care and Lead Children's Health Commissioners. Providers also highlighted a good level of awareness, although this was lacking amongst parent carers, and children and young people, whose understanding was limited to one or two legislative aspects (key working and the local offer).

A good level of progress had been made in developing certain aspects of the reforms, including the coordinated assessment and planning pathway, EHC templates, the local offer, and governance of the coordinated assessment and EHC plans. However, a number of elements remain at an earlier developmental stage in many areas, notably eligibility criteria for the EHC plan, joint commissioning arrangements, joint resourcing arrangements, personal budgets and workforce development (only about a half of respondents indicated that these elements were being developed, or were already developed). In addition, progress towards most of the reform elements continued to be undertaken at a faster pace within SEN than in social care and particularly health.

Focusing on the development of nine key elements of the reforms – the EHC coordinated assessment and planning pathway, EHC templates, the local offer, governance of the coordinated assessment and EHC plans, eligibility criteria for the EHC plan, joint commissioning arrangements between the local authority and partner CCGs, joint resourcing arrangements, personal budgets and workforce development - nearly all (80%) pathfinder areas had developed or were developing 7-9 of the nine elements. Conversely the majority (51%) of non-pathfinder areas had developed or were developing only 0-3 elements. This implied that a large number of non-pathfinder areas still had a lot to do and posed a potential risk that some of these areas would not meet the requirements of the reforms within the legislative timeframe.

It was also evident that areas that had developed or were developing their EHC pathway and their EHC template were more likely to have begun the development of other elements such as joint resourcing, governance arrangements and workforce development. This implied that the development of the pathway and template often formed the basis for other developments. Similarly, the development of strategic multi-agency arrangements, including governance arrangements, joint resourcing and workforce development, appeared to be related, implying that the development of one of these elements often triggered the associated development of the other elements.

The involvement of providers in the reform process seemed to have been effective up to October-December 2013, based on the feedback provided by the 74 providers that completed the survey. Involvement in the reforms had also been positively perceived by these providers. In contrast, more work needed to be done in more effectively engaging parent carers, and children and young people. Strong relationships existed between local areas and Parent Carer Forums (PCFs) (particularly in areas where more progress had

been made towards the reforms), which could be leveraged going forwards. Where children and young people are concerned, there had been a gap in engagement, which will need to be carefully addressed. The use of 'modern' communication channels (e.g. audio-visual and online media), appeared to be particularly favoured amongst the young people consulted.

Mixed opinions were expressed in regards to the likelihood that local areas would meet the timetable for reforms, with providers showing more optimism than parent carers. What was clear was that local areas would require further support in areas including personal budgets, EHC plans and workforce development. Going forwards, the effective use of the transition funds will be important across all three service areas, including health, which had drawn the least on these funds.

## **Progress made by local areas since the previous readiness assessment**

Awareness of the SEN reforms increased between February and October 2013, with varying levels of development reported across individual elements of the reforms and between pathfinder and non-pathfinder areas.

Focusing first on pathfinder areas, it was evident that strong progress had been made in relation to the: consideration of the governance of the EHC assessment and planning pathway; development of the local offer; development of mediation information and services; facilitation of workforce development; and development of personal budgets between February and October 2013. However, further progress was still required in relation to the development of joint commissioning arrangements between the local authority and partner CCGs.

Turning now to non-pathfinder areas, progress had been more mixed, with the intention being to begin development of the reforms in the next six months in most areas (as opposed to an increase in those who had actually begun the various developments). This finding is unsurprising given that the majority of non-pathfinder areas were likely to have started their reform-related developments more recently. However, given the proposed September 2014 milestone for roll out of the reforms, it is likely that the pace of development in these areas will need to increase to ensure all the relevant requirements are achieved.

## **Initial review of the effectiveness of pathfinder champions**

Awareness of champion support was quite high amongst all three service leads, as was access to support, suggesting a good level of outreach. There had been more limited engagement of health in champion activities however, with only a half (50% (n=35)) of health leads believing they had received enough support. Going forwards it will be important to ensure more of a balance across the three service areas.

General communications, regional conferences and thematic workshops had been the most accessed types of support to date, and had been well received. Fewer respondents had accessed one-to-one support, self-evaluation tools and case studies, although this is likely to change, given that champions have delayed the roll-out of these activities to ensure they are effectively tailored. This more tailored approach will improve the effectiveness of the support provided if sufficient resources are made available to the champions. Parent carers had had more limited involvement in champion activity up to October-December 2013, but where they had been involved, the feedback was also positive.

Local areas, and particularly pathfinder areas, had sought a range of alternative support in developing the reforms, from providers including In Control, Preparing for Adulthood and the Early Support Trust. This had largely been accessed to broaden the depth and breadth of expertise, rather than to 'make up' for insufficient champion support. This is a positive finding and will strengthen the readiness of local areas to meet the reforms; however it is important that champion support is effectively aligned with support from alternative providers, in order to avoid any duplication.

## Conclusions and implications

Taken together the feedback gathered provided a mixed picture of readiness, with a number of non-pathfinders still some way off. Many of this group intended to start work on key elements in the next six months. We would assume that for many this would have meant acting sooner rather than later, given that they had in effect 10-11 months until the new approach was due to go live from the point the survey was undertaken.

On one reading of the results, many areas seemed comfortable with the timescale, with just 41% of service leads saying that they required further support. However, from the experience of the pathfinders there could be some concern that these developments usually take longer. It may be that non-pathfinders can move more quickly by building on the experience of the pathfinders, but the risk remains that they had not fully assessed the work required. Therefore, it could be appropriate to:

- Monitor progress over the next few months – which could be informed by the DfE termly readiness assessment and from the views of pathfinder champions that may be able to provide an insight into progress made by the areas they are working with
- Continue to produce materials which draw on the experience of the pathfinders, to assist and speed up non-pathfinder development – including further thematic case studies from the evaluation and good practice drawn from the pathfinder champions and pathfinder support team
- Provide a limited amount of tailored support, but only to those areas which think they require it (asking them to opt in) and building on the feedback gathered through the monitoring information.

# 1: Introduction

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

- **Stage one - evaluated the first 18 months of the programme** and focused on understanding the approaches adopted to deliver the new processes and the experiences and outcomes of the initial cohort of participating families. A series of reports detailing the findings from this stage of the evaluation are available on the government publications website<sup>1</sup>
- **Stage two – is evaluating the second 18 months of the programme** (April 2013 – September 2014) to understand the progress made by pathfinders as they roll out the new processes, and the experiences and outcomes of the second cohort of participating families. An assessment of local areas' (both pathfinder and non-pathfinder) readiness to meet the forthcoming Special Educational Needs (SEN) reforms and a review of the effectiveness of the pathfinder champions is also being undertaken.

**This report presents the findings from the readiness research, through which local areas reported on their readiness to meet the SEN reforms. The report also provides a review of the initial effectiveness of the pathfinder champions as of October-December 2013.**

## Context

By September 2014, all local areas in England will be required to implement key reforms related to the new Children and Families Bill. These changes are being made to better support children and young people with special educational needs and disabilities and their families.

The reforms include local development of:

- An improved assessment process and Education, Health and Care (EHC) plan for use with children and young people from birth to 25 years of age
- A local offer
- Appropriate mediation and services for parents and young people who want to register SEN appeals at a Tribunal
- The offer of a personal budget across all applicable services.

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<sup>1</sup> <https://www.gov.uk/government/collections/send-pathfinders#evaluation-of-the-send-pathfinders>

## Support to meet the SEN reforms

The 31 pathfinder areas have been supported by a dedicated pathfinder support team since their inception in September 2011. A suite of Green Paper support contracts were commissioned by the DfE to complement the activity of the support team in both pathfinder and non-pathfinder areas.

Both the pathfinder support team and the Green Paper support contracts were evaluated by SQW over their initial contract periods, 2011-13 and 2012-13 respectively<sup>2</sup>. The evaluation reported that the majority of areas had found the various types of support relevant, of sufficient quality and useful. It also found that most areas – both pathfinder and non-pathfinder – would benefit from additional support to meet the requirements of the forthcoming SEN reforms.

As a result, both the pathfinder support team and the majority of the Green Paper support contracts were extended to provide additional support to local areas during 2013-14. In addition, a third support mechanism – the pathfinder champions - was set up by the DfE to offer dedicated support to non-pathfinder areas over the same time period. This consisted of nine regional pathfinder champions, formed from 13 pathfinders across 20 local authority areas. The nine champions were commissioned on the basis that they had already made strong progress in meeting the reforms and had the experience and capacity to advise and support non-pathfinder areas in planning for implementation. The support they were asked to provide was to be tailored to meet the various local contexts, but at a minimum was to include:

- Regular sharing of good practice and information across each region
- One regional conference
- Workshops/seminars covering specified thematic areas
- Contributing to developing self-evaluation tools for non-pathfinders
- One to one support day with each individual non-pathfinder local authority area
- Quarterly case studies demonstrating effective approaches to implementing the SEN and Disability reforms.

Five of the nine regional pathfinder champions also served as national champions<sup>3</sup>, responsible for presenting at national conferences, providing best practice and guidance documents (e.g. draft EHC plans), and other activities as required.

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<sup>2</sup> <https://www.gov.uk/government/publications/evaluation-of-the-green-paper-support-contracts>

<sup>3</sup> These were: Hartlepool, North West (Greater Manchester Group), SE7, Southampton, and Wiltshire. Whilst the SE7 and Southampton worked independently as national Champions, at the regional level they collaborated as the South East Champion.

## Methods summary

A series of online surveys were developed, which sought to build on the previous readiness assessment undertaken as part of the SEN and Disability Green Paper Delivery Partner evaluation in February 2013. The updated surveys were designed to:

- Include a further round of readiness-related feedback (gathered in Autumn 2013)
- Target a wider audience than the original survey, which gathered the views of the Heads of SEN only
- Include an additional section to assess the effectiveness of the pathfinder champions and the coordination between champion activity and other DfE-commissioned support<sup>4</sup> (to be disseminated in full to non-pathfinders and in part to non-champion pathfinder areas).

Table 1 sets out the five target audiences, the means by which the updated surveys were disseminated and the associated number of responses or (adjusted) response rates that were achieved<sup>5</sup>.

**Table 1 Readiness surveys**

| Target audience                                | Dissemination method   | No of responses/<br>response rate | Response rates for pathfinder/non-pathfinders |
|--|--|-----------------------------------|---|
| <b>All Heads of SEN</b>                        | Targeted survey sent directly to the relevant individual   | 116 (77%)                         | Pathfinder: 81%<br>Non-pathfinder: 75%        |
| <b>All Leads for Children's Social Care</b>    | Targeted survey sent directly to the relevant individual   | 98 (64%)                          | Pathfinder: 61%<br>Non-pathfinder: 65%        |
| <b>All Lead Children's Health Commissioner</b> | Targeted survey sent directly to the relevant individual   | 97 (64%)                          | Pathfinder: 58%<br>Non-pathfinder: 65%        |
| <b>Providers<sup>6</sup></b>                   | Open call for responses, disseminated through the Council for Disabled Children's website and newsletter | 74                                | N/A   |
| <b>Parent carers<sup>7</sup></b>               | Open call for responses,   | 284                               | Pathfinder: 80                                |

<sup>4</sup> This section was prepared following a series of consultations with a number of the pathfinder champions.

<sup>5</sup> The results of the targeted surveys that were sent to all relevant service leads across England can be generalised to represent the population as a whole. Conversely, the results of the open call surveys – provider and parent carer, should be used as indicative responses for these audiences.

<sup>6</sup> Providers are defined as organisations which deliver support and service provision to young people and children with additional needs.

| Target audience | Dissemination method  | No of responses/<br>response rate | Response rates for pathfinder/non-pathfinders                             |
|-----------------|---|-----------------------------------|---|
|                 | disseminated through Contact a Family and National Network of Parent Carer Forums |                                   | responses<br>Non-pathfinder: 175 responses<br>Not disclosed: 29 responses |

Source: SQW

Additional research was undertaken to understand the views of children and young people with special educational needs and disabilities. This comprised three focus groups with 23 children and young people, which were kindly facilitated by Mencap and KIDS.

More detailed information on the methods used can be found in Annex A of the report.

This report presents the findings from the five online surveys and three focus groups, and where possible, provides a comparison to illustrate the progress made since the previous readiness assessment in February 2013.

## Structure of the report

The remainder of the report is structured as follows:

- Chapter 2: Assessment of readiness to meet the SEN reforms
- Chapter 3: Progress made by local areas since the previous readiness assessment
- Chapter 4: Initial review of the effectiveness of the pathfinder champions and wider coordination of support to meet the SEN reforms
- Chapter 5: Summary and recommendations
- Annex A: Our approach.

This report is accompanied by a separate annex, which provides the comprehensive set of data tables that underpin the analysis.

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<sup>7</sup> Very few parent carers had experienced the new SEN reforms (e.g. through involvement in the EHC pathway).



## 2: Assessment of readiness to meet the SEN reforms

### KEY FINDINGS

- Overall awareness of the SEN reforms was high across the three target services by October-December 2013, where 99% of SEN respondents, 96% of social care respondents, 99% of health respondents and 92% of responding providers stated they were either very or fairly aware. Awareness amongst parent carers, and children and young people was much lower. Less than half of parent carers (46% ) who participated in the research indicated awareness of the reforms
- Most progress had been made in developing the following reforms: coordinated assessment and planning pathways; EHC templates; the local offer; and governance of the coordinated assessment and EHC plans
- Conversely, a number of elements still required significant development, specifically eligibility criteria for the EHC plan; joint commissioning arrangements; joint resourcing arrangements; PBs; & workforce development
- SEN respondents tended to report greater progress in meeting the reforms than their social care and health counterparts. Two exceptions were governance and joint commissioning arrangements, for which Heads of SEN were more likely to report that less progress had been made (62% and 50% respectively reported either having developed or being in the process of developing the relevant elements)
- The involvement of providers in developing the reforms had been strong to date. Nearly two thirds (61%) of those who responded had been involved, primarily through their work with one or two local authorities
- In contrast, more work needed to be done in involving parent carers, and children and young people. Involvement to date had been limited, with a large number of parent carers expressing a desire to be better engaged
- Forty one per cent of service leads (n=127) suggested areas for additional support. The most common suggestions were personal budgets (28% ), followed by support to advance workforce development (13% ), health engagement (13% ), EHC plans (12% ), IT & information sharing (11% ), and joint commissioning (11%)
- Focusing on the development of nine key elements of the reforms, nearly all (80%) pathfinder areas had developed or were developing 7-9 of the elements. Conversely the majority (51%) of non-pathfinder areas had developed or were developing only 0-3 of the nine elements. A potential risk was therefore identified in non-pathfinder areas finding it challenging to meet all the requirements of the reforms by September 2014
- Areas that had developed/were developing their EHC pathway and EHC template were more likely to have developed/be developing all of the seven remaining key elements considered, implying that development of the pathway and template often formed the basis for other developments.

## Introduction

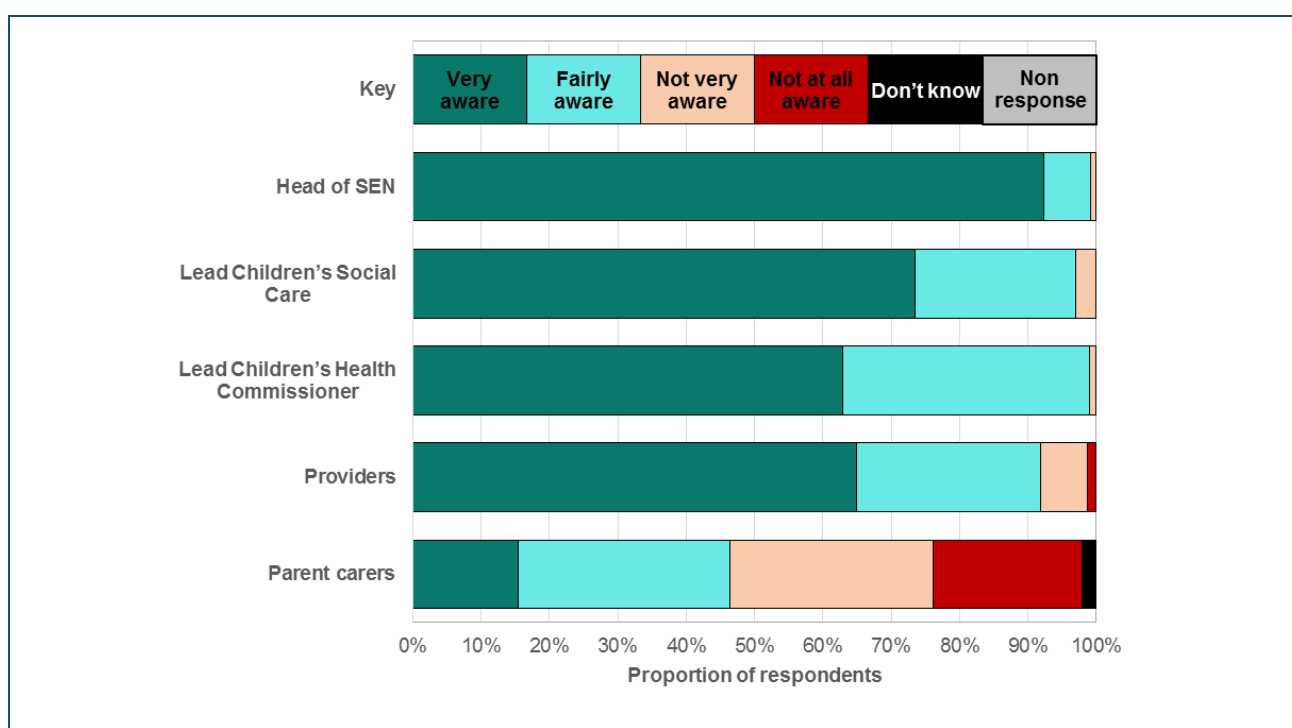
This chapter summarises the feedback on the readiness of local areas to deliver the SEN reforms. It starts by exploring overall awareness of the reforms, followed by a review of the feedback provided in relation to readiness to meet specific aspects of the reforms<sup>8</sup>. In the remainder of the chapter we draw on the responses from parent carers and providers to investigate their engagement in the reform process, and their perspectives on the level of readiness within their local areas.

Where appropriate, the analysis draws out any differences between the responses provided by pathfinder and non-pathfinder areas<sup>9</sup>. Also, where relevant, the findings are supplemented by views gathered from the focus groups undertaken with children and young people with special educational needs and disabilities.

## Awareness of the SEN reforms

By October-December 2013, overall awareness of the reforms was high across the three service areas, as presented in Figure 1 below. Nearly all respondents stated that they were either very or fairly aware of the reforms, across all three service areas (99% (n=115) of Heads of SEN; 99% (n=96) of Lead Children’s Health Commissioners; 96% (95) of Leads for Children’s Social Care).

**Figure 1 Overall awareness of the upcoming SEN reforms**



Total base n=669: Head of SEN n=116, Lead Children's Social Care n= 98, Lead Children's Health Commissioner n=97, Providers n=74, Parents n= 284. Source: SQW Readiness Survey

<sup>8</sup> The base numbers for each question vary, as some of the responses received were partial in nature, whilst others were dependent on routed questions and therefore only relevant to a sub-set of areas.

<sup>9</sup>SEN: 25 pathfinder and 91 non-pathfinder areas; social care: 18 pathfinder and 79 non-pathfinder areas; health: 19 pathfinder and 79 non-pathfinder areas.

However, there was substantial variation in the extent to which awareness varied amongst the three service areas. A much higher proportion of SEN respondents (92% (n=107)) were very aware (rather than fairly aware) of the reforms, compared to social care (73% (n=72)) and health (63% (n=61)). Pathfinder areas also had higher levels of awareness than non-pathfinder areas, particularly in the case of social care (where 84% (n=16) of pathfinder respondents indicated that they were very aware, compared to 71% (n=56) non-pathfinder respondents).

Nearly all of the providers who participated in the survey were very or fairly aware of the overall reforms (92% (n=68)), and many had a good level of awareness of individual legislative requirements. EHC plans and the local offer were two aspects for which awareness was particularly high. Eighty-eight per cent (n=65) of providers highlighted awareness of EHC plans (very aware or fairly aware), while 82% (n=61) were aware of the local offer (very or fairly aware). The least well known aspect of the reforms were personal budgets, although 72% (n=54) of providers still reported awareness of them.

In terms of parent carers, and children and young people, the evidence suggested that greater awareness-raising was required. Less than half (46% (n=132)) of parent carers demonstrated awareness (very or fairly aware), a finding that was also reflected in the focus groups with children and young people, as discussed further below.

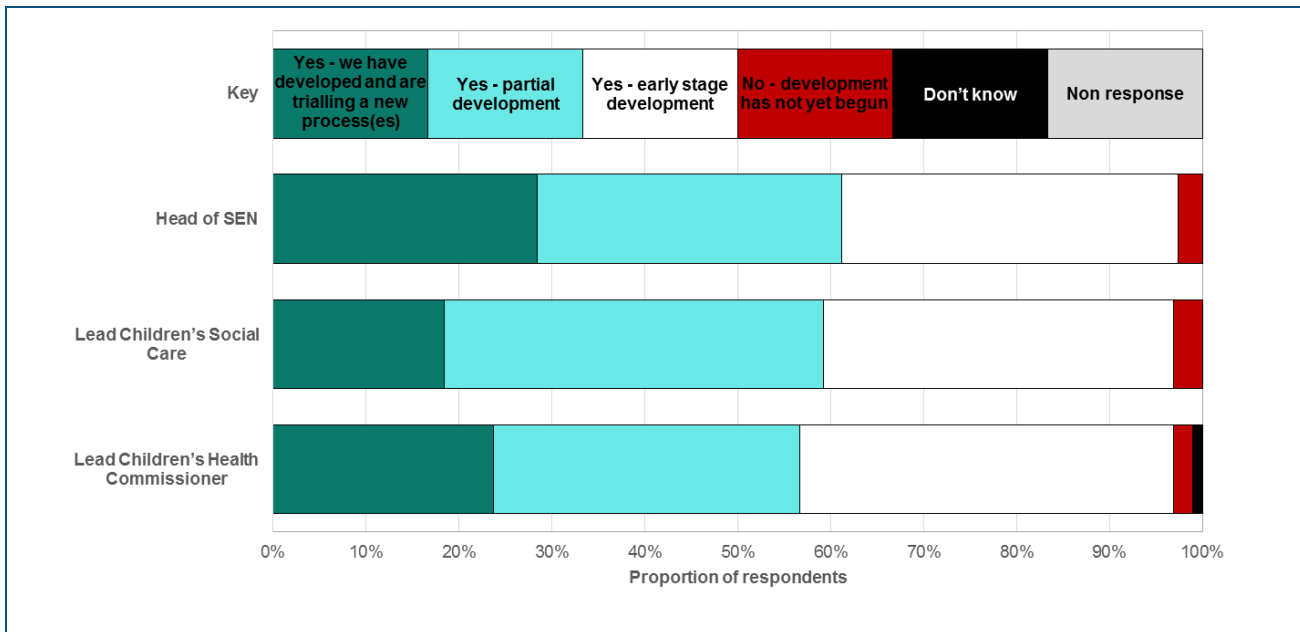
It was therefore evident that awareness of the reforms was highest amongst those that were leading the reforms, i.e. service heads, and lower amongst those who sat outside of this core group, i.e. providers and parent carers.

## **Development of new processes and supporting infrastructure**

Figure 2 illustrates that the development of new processes and supporting infrastructure had begun across all three services in the majority of local areas. This included 61% (n=71) of SEN respondents, 57% (n=55) of health respondents and 59% (n=58) of social care respondents reporting that they had either fully developed and were trialling the new processes and supporting infrastructure, or that they had partially developed their processes and infrastructure. However, many respondents also perceived themselves to be at early stage development, implying that some still had a way to go.

Differences were also clear in respect to the level to which pathfinder areas had progressed vis-à-vis non-pathfinder areas. In the case of SEN for example, 92% (n=23) of pathfinder respondents stated that they had developed and were trialling new processes and infrastructure, compared to 11% (n=11) in non-pathfinder areas, implying progress still needed to be made in non-pathfinder areas.

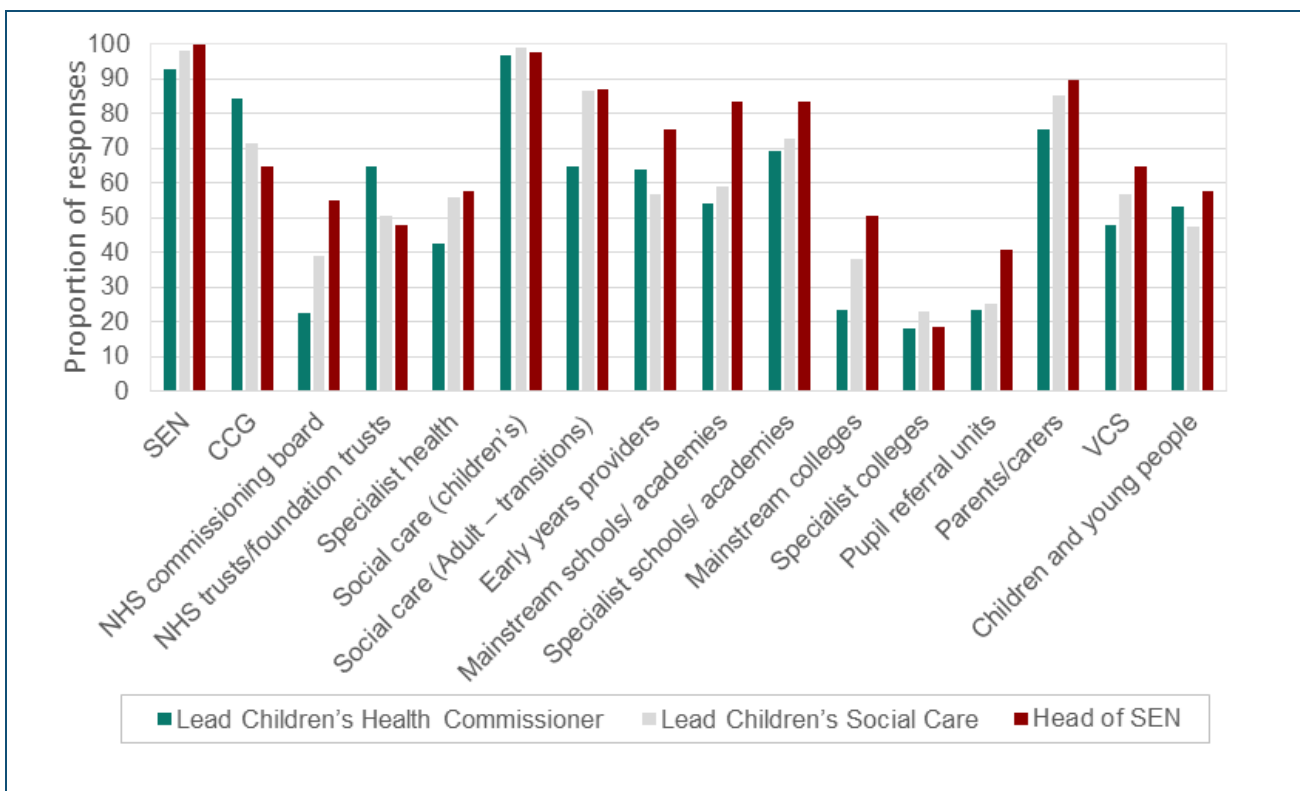
**Figure 2 Development of new process and supporting infrastructure**



Total base n=311: Head of SEN n=116, Lead Children's Social Care n= 98, Lead Children's Health Commissioner n=97. Source: SQW Readiness Survey

A large number of stakeholders had been involved in developing the new processes and infrastructure by October-December 2013, notably SEN, Children's Social Care, Adult Social Care, Early Years Providers, Parent Carers, Mainstream Specialist Schools and Specialist Schools/Academies and CCGs. Specialist Colleges and Pupil Referral Units' (PRU) involvement had been more limited.

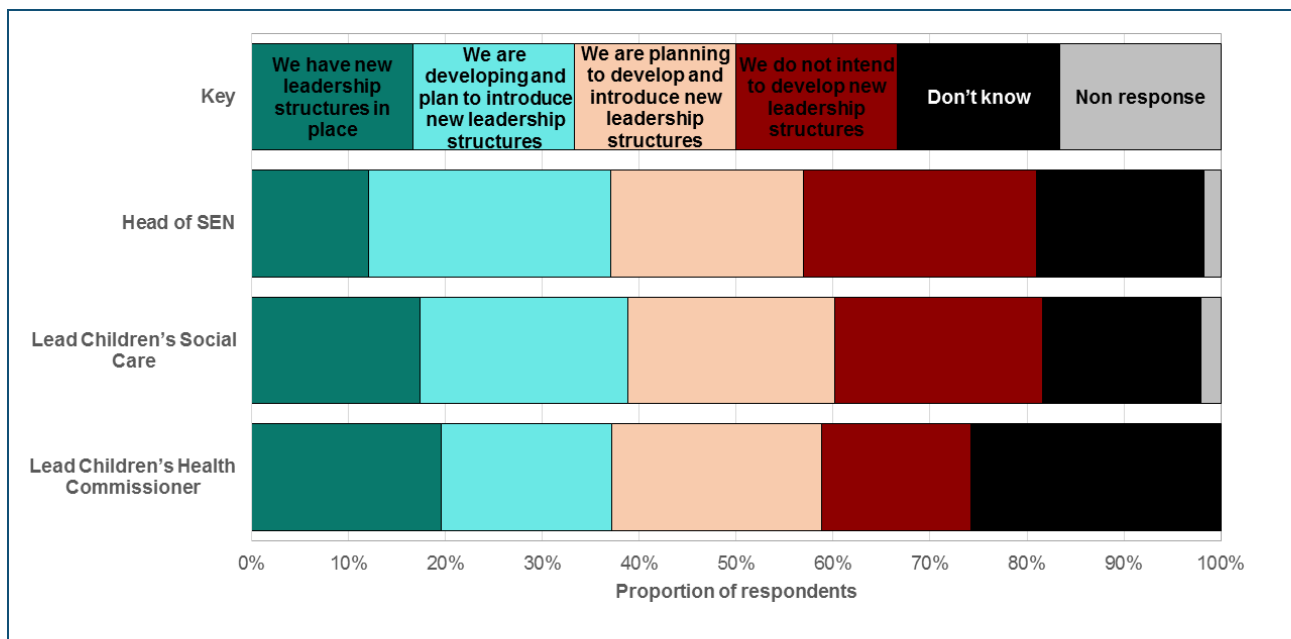
**Figure 3 Involvement of specific organisations in development of new processes and infrastructure**



Total base n=302: Head of SEN n=113, Lead Children's Social Care n= 94, Lead Children's Health Commissioner n=95. Source: SQW Readiness Survey

In terms of progress made towards the development of new leadership structures (see . Figure 4 ), just over a third of respondents indicated that these were either already or partially developed in their area (37% (n=43) for SEN; 39% (n=38) for social care; 38% (n=36) for health). A notable number also indicated, however, that there was no intention for these to be developed (24% (n=28) for SEN; 21% (n=21) for social care; 15% (n=15) for health), which is interesting and likely to reflect the extent to which local areas intend to mainstream the reforms into existing infrastructure.

**Figure 4 Development of new leadership structures**



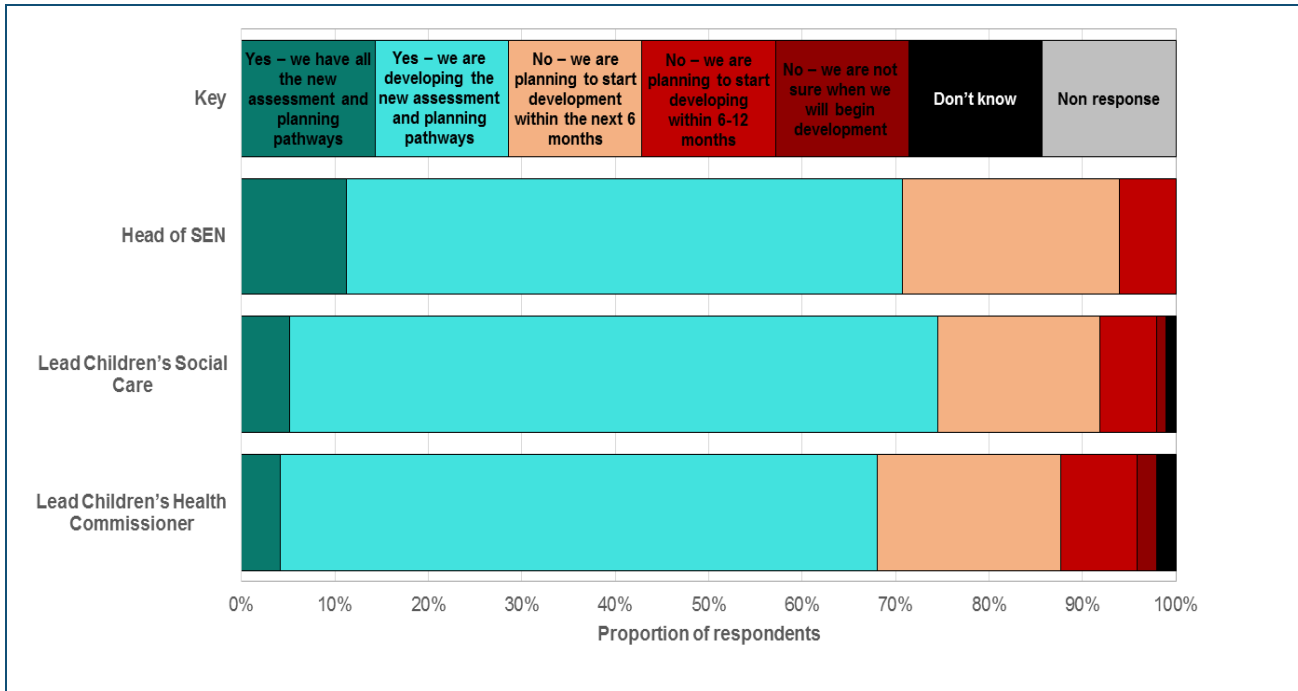
Total base n= 311: Head of SEN n=116 (incl. two non-respondents), Lead Children's Social Care n= 98 (incl. two non-respondents), Lead Children's Health Commissioner n=97. Source: SQW Readiness Survey

## Development of a new coordinated assessment and EHC planning pathway

As Figure 5 illustrates, strong progress had been made in developing new coordinated assessment and EHC planning pathways. Over two thirds of respondents across SEN (70% (n=82)), social care (74% (n=73)) and health (68% (n=66)) reported that they were at the very least in the process of developing a new pathway. Where development had not yet begun, it was planned to start within six months (i.e. before April/May 2014), with the exception of a few cases, primarily in health.

Respondents from pathfinder areas were more likely than those from non-pathfinder areas to report having already developed their pathway. As an example, 44% (n=11) of Heads of SEN in pathfinder areas reported that they already had a pathway in place, compared with 2% (n=2) in non-pathfinder areas.

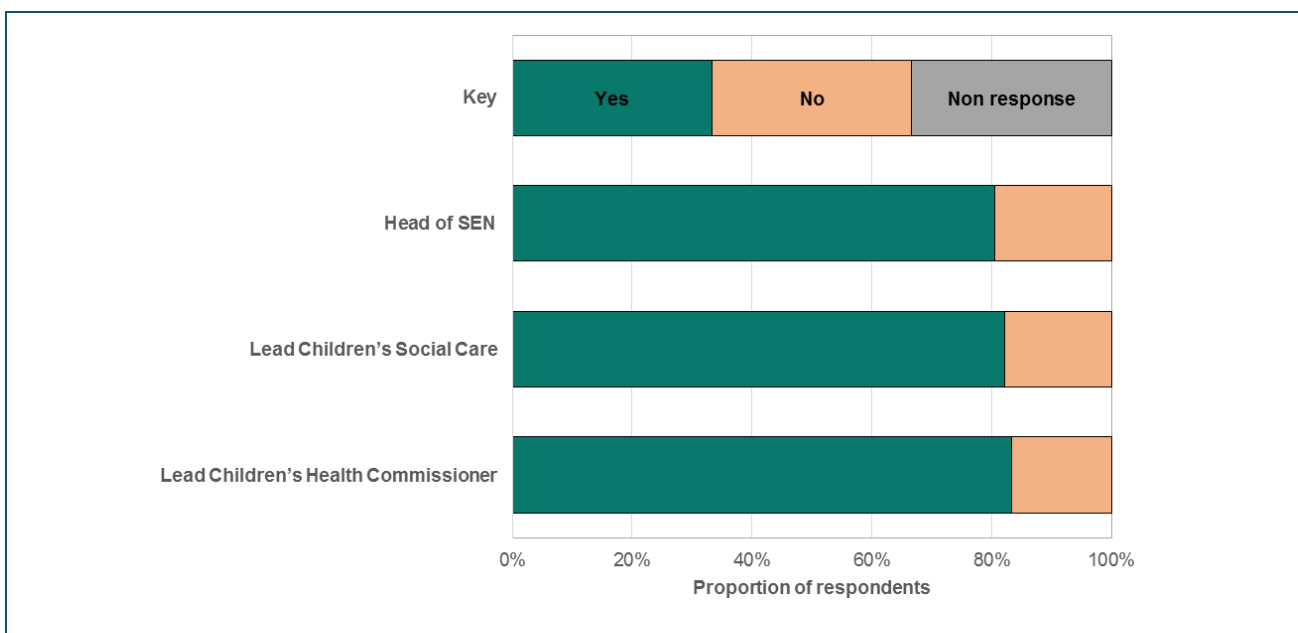
**Figure 5 Development of the new coordinated assessment and EHC planning pathway**



Total base n= 311: Head of SEN n=116, Lead Children's Social Care n= 98, Lead Children's Health Commissioner n=97. Source: SQW Readiness Survey

Where a pathway was either already in place or being developed, it was more likely to be a universal coordinated pathway across the 0-25 age range, rather than a series of pathways for specific age groups or different pathways to accommodate the different education transition stages. That is, 80% (n=66) of Heads of SEN, 82% (n=60) of Leads for Children's Social Care and 83% (n=55) of Lead Children's Health Commissioners reported a universal pathway being developed in their area by October-December 2013 (see Figure 6). The preference for universal pathways was widespread across both pathfinder and non-pathfinder areas.

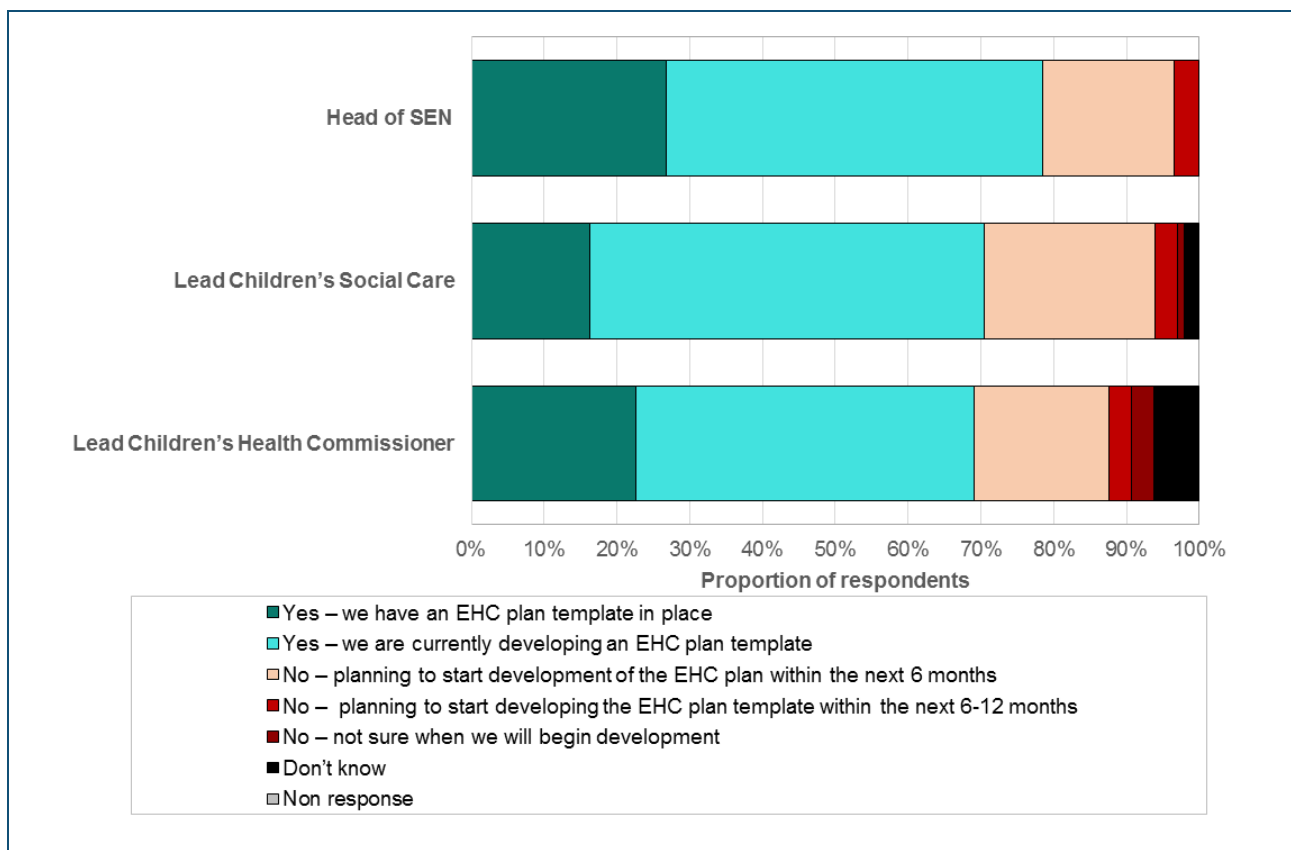
**Figure 6 Development of a universal pathway across the 0-25 age range**



Total base n= 221: Head of SEN n=82, Lead Children's Social Care n= 73, Lead Children's Health Commissioner n=66. Source: SQW Readiness Survey

In terms of initial developments, the data also showed that strong progress had been made in terms of EHC plan templates (see Figure 7), with over two thirds of respondents reporting them already being in place or being developed across all three service areas (79% (n=91) for SEN; 70% (n=69) for social care; 69% (n=67) for health). Again, where development had not yet started, it was intended for the next six months in the vast majority of cases (i.e. before April/May 2014).

**Figure 7 Development of an Education, Health and Care plan (EHC plan) template**



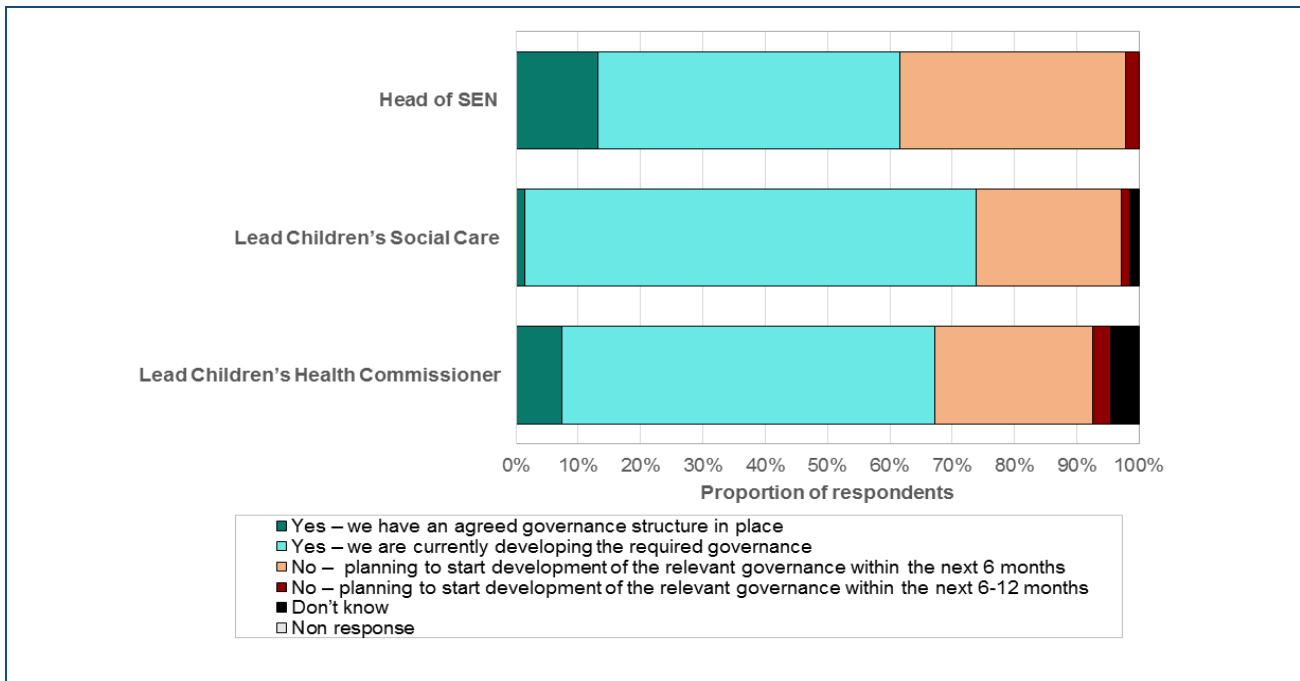
Total base n= 311: Head of SEN n=116, Lead Children's Social Care n= 98, Lead Children's Health Commissioner n=97. Source: SQW Readiness Survey

The development of governance arrangements for the coordinated assessment and EHC plans was under way in most areas (see Figure 8). For example, 62% (n=56), 73% (n=51) and 67% (n=45) SEN, social care and health respondents respectively reported that they were either developing or had developed their governance arrangements.

Looking at the differences across the three services, it was evident that more SEN (36% (n=33)) than social care (23% (n=16)) and health (25% (n=17)) respondents intended to start developing their governance structures in the next six months. This is likely to be a result of SEN acting as the lead agency for the reforms, and therefore having a greater understanding of the scale of changes required.

A much greater proportion of pathfinder (89% (n=56)) than non-pathfinder areas (39% (n=96)) indicated that they were already in the process of developing governance arrangements.

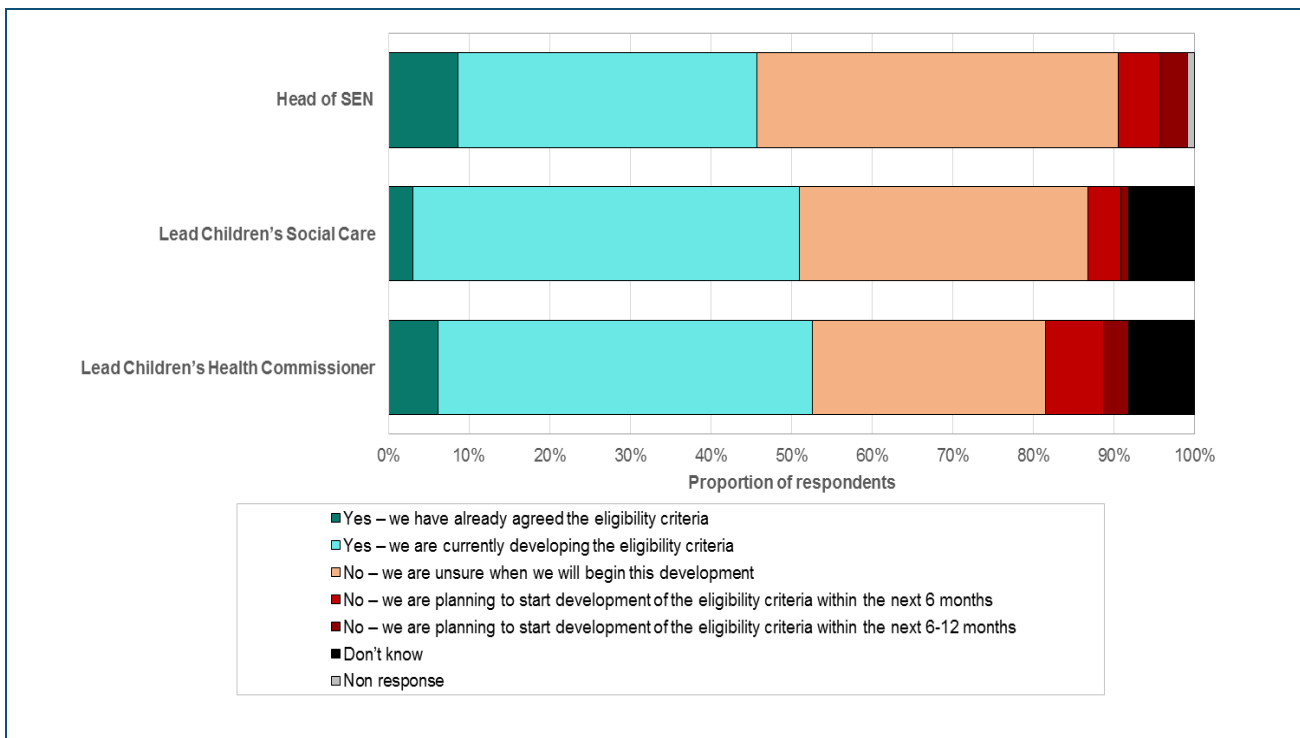
**Figure 8 Development of governance arrangements for the coordinated assessment and EHC plans**



Total base n= 227: Head of SEN n=91, Lead Children's Social Care n= 69, Lead Children's Health Commissioner n=67. Source: SQW Readiness Survey

In terms of developing eligibility criteria (see Figure 9), less progress had been made, although development was planned in nearly all local areas within the next six months (i.e. before April/May 2014). Heads of SEN were slightly less likely to report that eligibility criteria were being developed or were already in place (46% (n=53)), compared to health (52% (n=51)) and social care (51% (n=50)). In addition, eligibility criteria had only been developed in pathfinder areas to date, with the exception of two cases.

**Figure 9 Development of eligibility criteria for the EHC plan**



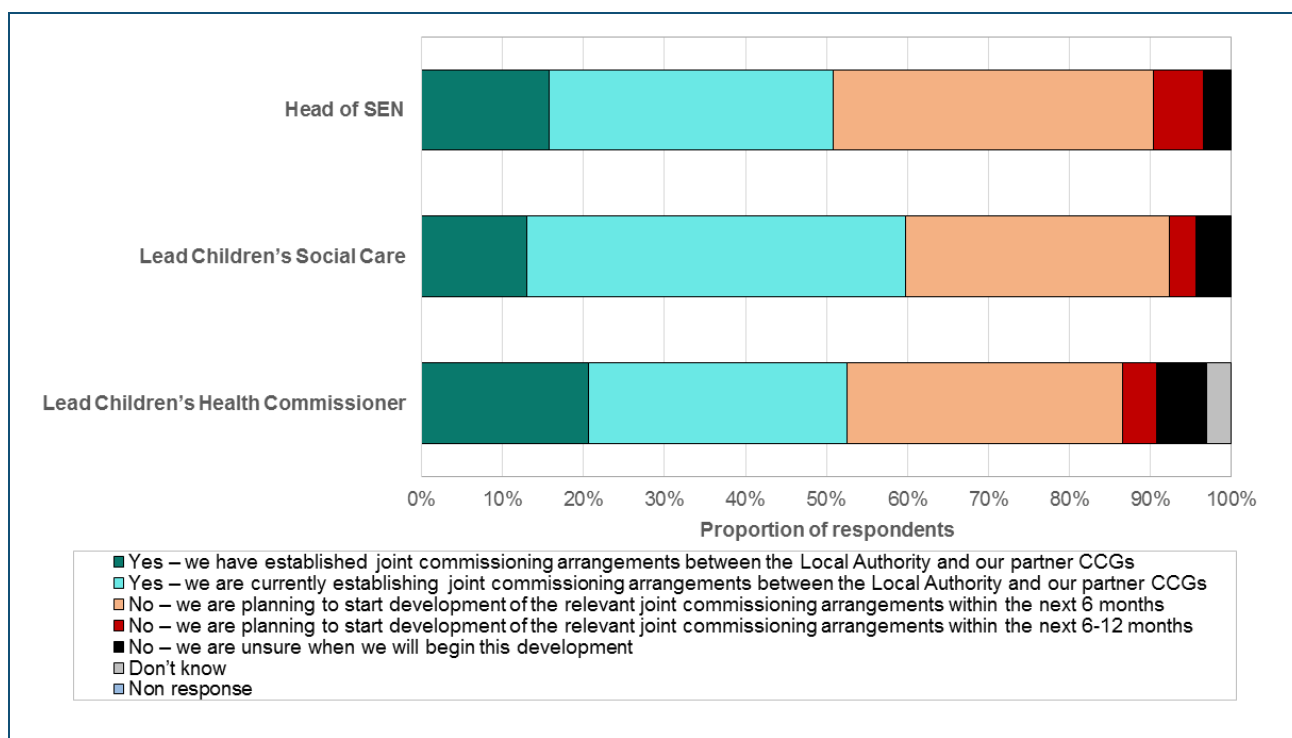
Total base n= 311: Head of SEN n=116 (incl. one non-respondent), Lead Children's Social Care n= 98, Lead Children's Health Commissioner n=97. Source: SQW Readiness Survey



## Development of joint commissioning arrangements

Joint commissioning remained an area in which further development was still required by October-December 2013, as illustrated in Figure 10. Progress in developing joint commissioning arrangements was only reported by about half of respondents (50% (n=58) for SEN; 56% (n=55) for social care; 53% (n=51) for health).

**Figure 10 Development of joint commissioning arrangements**

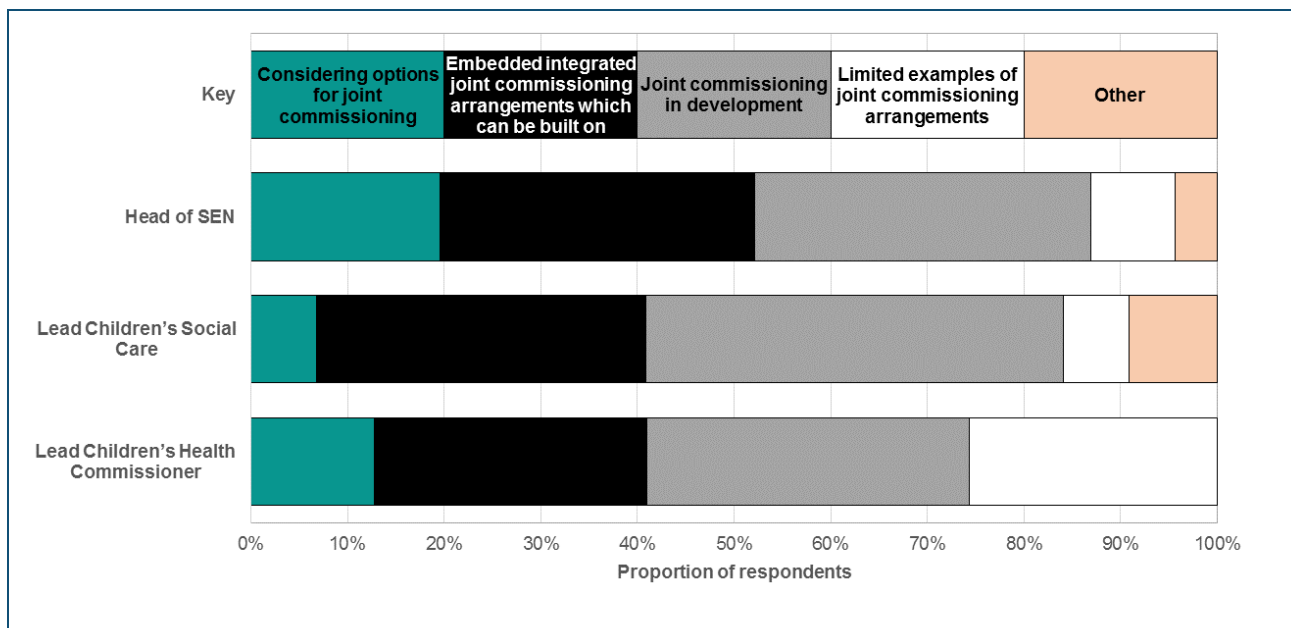


Total base n= 311: Head of SEN n=116, Lead Children's Social Care n= 98, Lead Children's Health Commissioner n=97. Source: SQW Readiness Survey

Further details were provided about joint commissioning arrangements by those who confirmed that they were either in place or being developed (129 respondents in total):

- Approximately a third (31% (n=41)) of the total 129 respondents described the arrangements as being effectively embedded, with the presence of joint commissioning teams or posts, pooled budgets, and/or joint commissioning arrangements already being provided to families
- Approximately a third (35% (n=48)) of the total 129 respondents described development as being effectively underway, with examples provided of joint commissioning boards being established across the local authority and CCG, or a joint commissioning strategy being drafted
- Other respondents noted that they had more limited arrangements in place, or were considering a range of options for implementation.

**Figure 11 Types of joint commissioning arrangements in place**



Total base n= 129: Head of SEN n=46, Lead Children's Social Care n= 44, Lead Children's Health Commissioner n=39.  
Source: SQW Readiness Survey

## Development of resourcing mechanisms and personal budgets

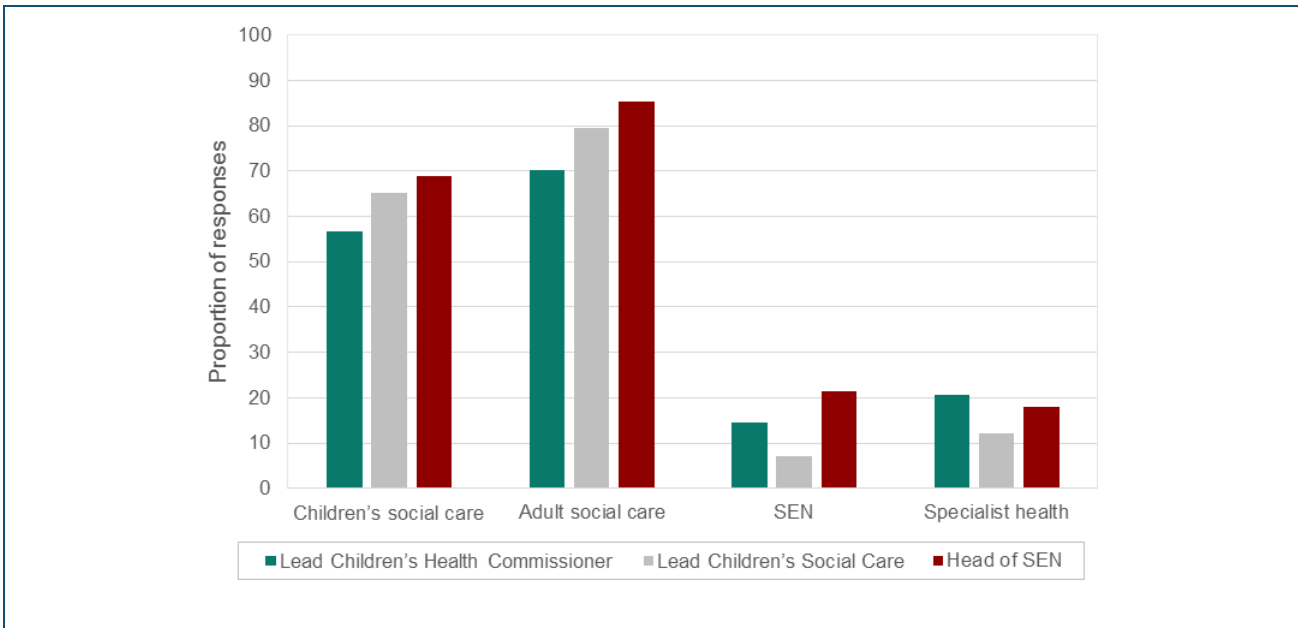
As detailed in

, further work to implement joint resourcing mechanisms and PBs was required in a large number of areas, with the exception of Adult and Children's Social Care. Over two thirds of respondents reported that personal budgets were being offered in Adult Social Care (85% (n=99) for SEN; 80% (n=78) for social care; 70% (n=68) for health). In contrast, much fewer reported that personal budgets were being provided through Specialist Health, i.e. Personal Health Budgets (18% (n=21); 12% (n=12); 21% (n=20)). Similar findings were also gathered for SEN (22% (n=25); 7% (n=7); 14% (n=14) respectively).

While the development of personal budgets in SEN was behind that in other service areas, in pathfinder areas, progress was stronger. For example, 72% (n=18) of Heads of SEN from pathfinder areas were offering SEN personal budgets, compared to 8% (n=7) in non-pathfinder areas. This trend was unsurprising given only pathfinder areas were able to offer SEN Direct Payments at the time the survey was undertaken.

Clearly, by October-December 2013, progress still needed to be made in implementing personal budgets, and ensuring their coverage across all three service areas. The needs and interests of young people also needed to be factored into this process, as the focus groups with young people revealed a number of concerns relating to personal budgets (including the potential for financial mismanagement and confusion in understanding what services and activities they would cover).

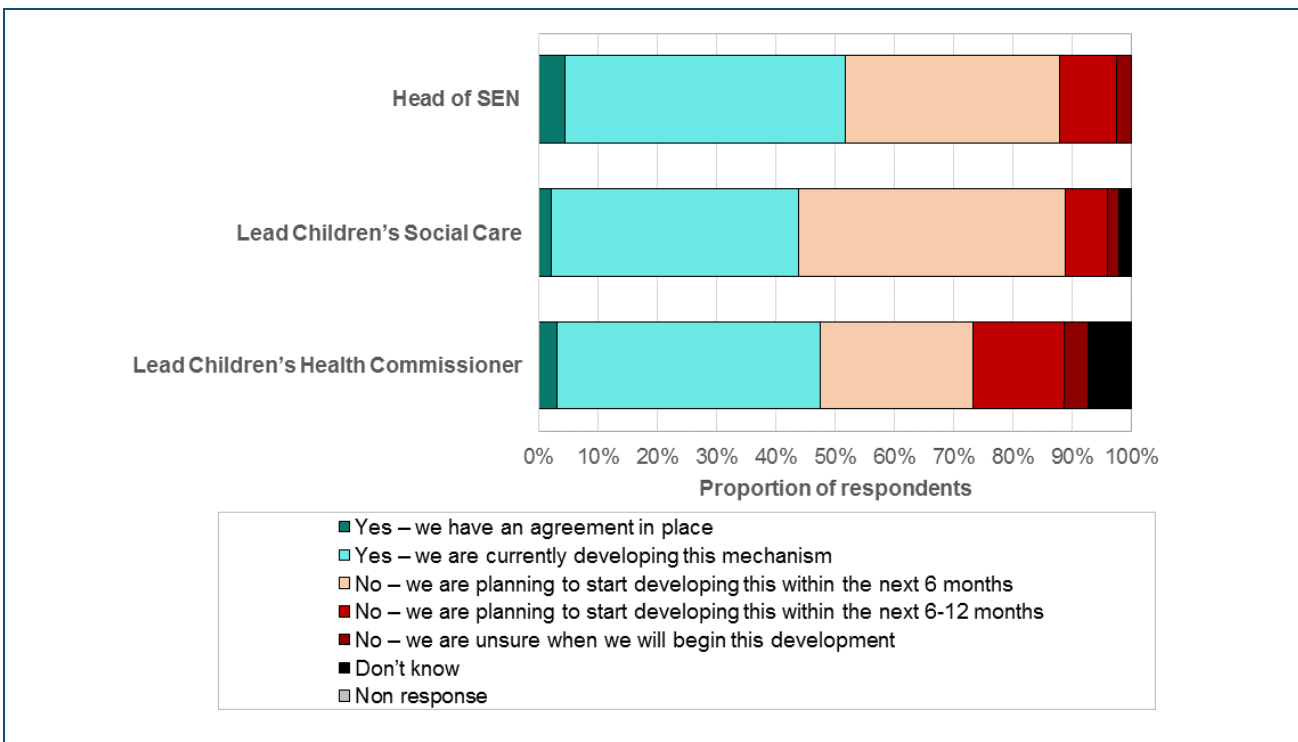
**Figure 12 Provision of personal budgets**



Total base n= 311: Head of SEN n=116, Lead Children's Social Care n= 98, Lead Children's Health Commissioner n=97. Source: SQW Readiness Survey

Limited progress had also been made towards developing joint resourcing arrangements. Only in around half of cases was there an established means to bring resources together across agencies to deliver EHC plans, or plans underway to develop such means, (SEN at 51% (n=60); social care at 44% (n=43); health at 47% (n=46)). Moreover, only 2-5% of respondents already had arrangements in place (SEN at 4% (n=5); social care at 2% (n=2); health at 3% (n=3)), as detailed in Figure 13 below. This makes clear the considerable work that was still required in this area.

**Figure 13 Development of means to bring together resources from individual agencies**



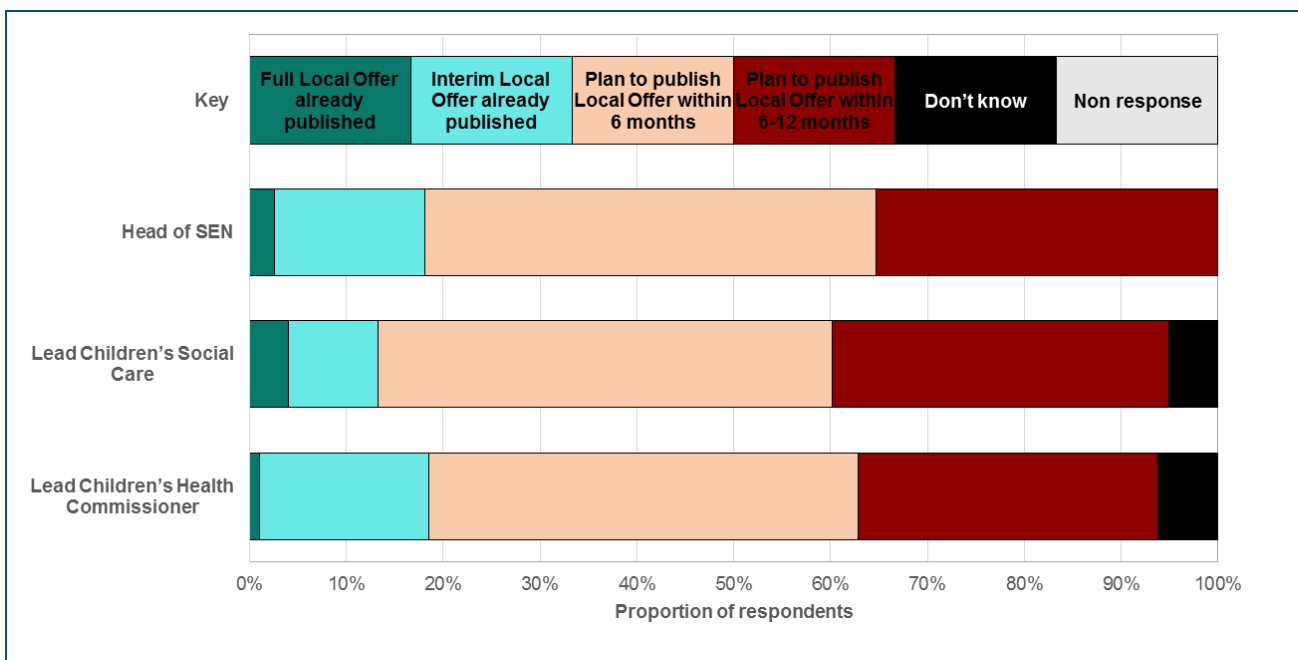
Total base n= 311: Head of SEN n=116, Lead Children's Social Care n= 98, Lead Children's Health Commissioner n=97. Source: SQW Readiness Survey

In areas where multi-agency resourcing mechanisms were either already in place or being established, a personal budget was offered in approximately 50% of cases, suggesting that where progress had been made, personal budgets were being integrated into EHC plan resourcing arrangements. Lead Children’s Health Commissioners were most likely to report a personal budget being offered as part of the multi-resourcing package (63% (n=29), followed by Leads of Children’s Social Care (52% (n=22) and Heads of SEN (46% (n=27).

## Development of the local offer

As shown in Figure 14, a low proportion of respondents from across the service areas reported that they had a full local offer or an interim version published as at October-December 2013 (SEN at 19% (n=21); social care at 13% (n=13); health at 19% (n=18)). Approximately half of respondents (SEN at 47% (n=54); social care at 47% (n=46); health at 44% (n=43)) confirmed that they were planning to publish a local offer in six months’ time, suggesting that they would be working close to the legislative deadline.

**Figure 14 Development of local offer**

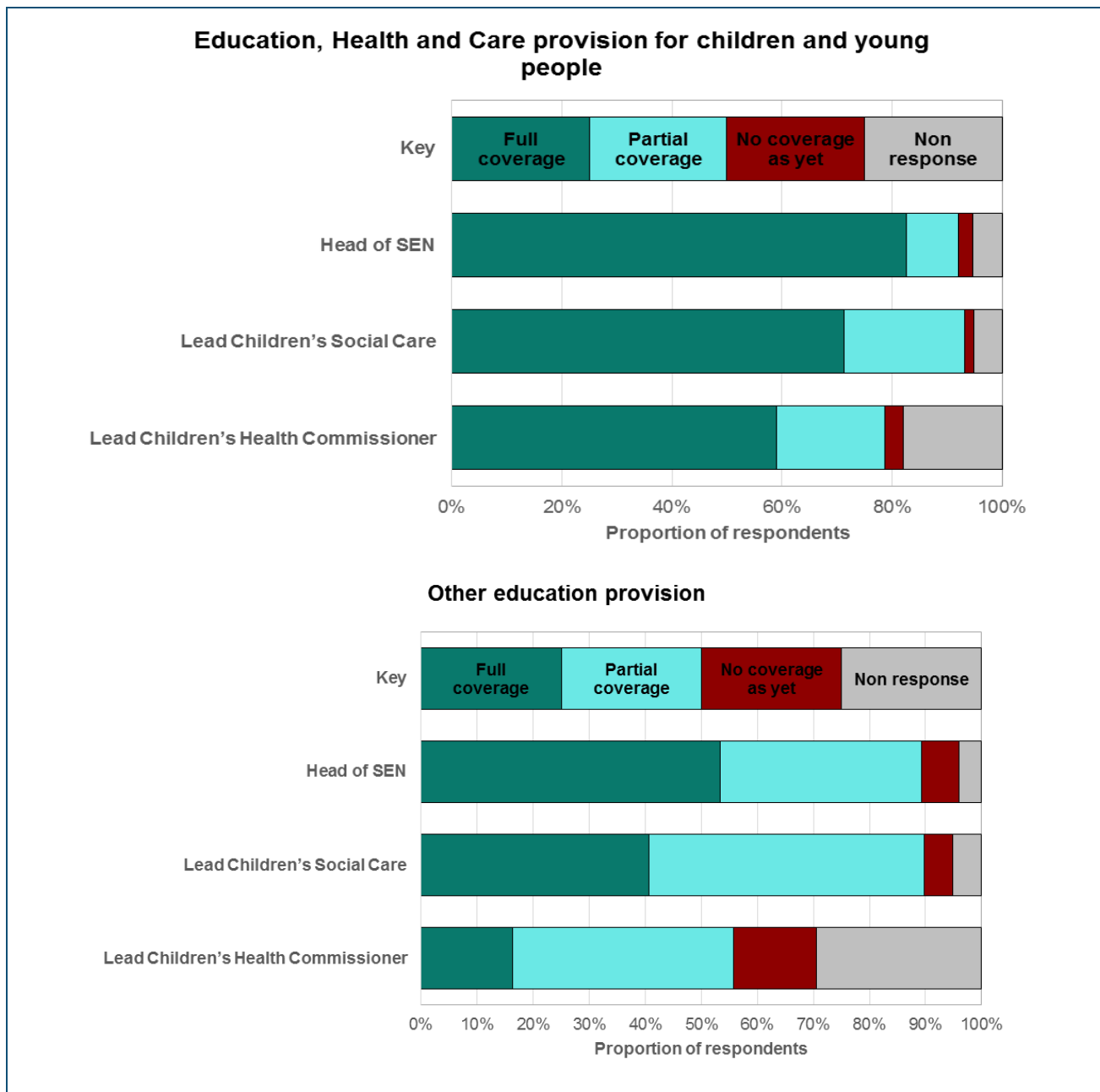


Total base n= 311: Head of SEN n=116, Lead Children's Social Care n= 98, Lead Children's Health Commissioner n=97. Source: SQW Readiness Survey

The most commonly reported service for inclusion in the local offer was education, health and care provision (SEN at 83% (n=62); social care at 71% (n=42); health at 59% (n=36)), which is not unexpected given these arrangements underpin the EHC planning approach. Arrangements for identifying and assessing children and young people with SEN were also commonly included in the local offer (83% (n=62) for SEN; 71% (n=42) for social care; 59% (n=36) for health).

The least likely service to be incorporated was other education provision (56% (n=40); 43% (n=24); 23% (n=10) respectively), which is defined in the Draft SEN Code of Practice<sup>10</sup> as including ‘mainstream’ services such as arts or sport provision, support for young offenders, and local arrangements for collaboration between institutions. Training provision was also less likely to be incorporated, cited by 41% (n=31) of SEN, 44% (n=26) of social care respondents and 21% (n=13) of health respondents (see Figure 15).

**Figure 15 Services most and least likely to be included in the local offer**



Total base n= 195: Head of SEN n=75 (incl. four non-respondents), Lead Children's Social Care n= 59 (incl. three non-respondents), Lead Children's Health Commissioner n=61 (incl. 11 non- respondents)  
 Source: SQW Readiness Survey

10

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/251839/Draft\\_SEN\\_Code\\_of\\_Practice\\_-\\_statutory\\_guidance.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/251839/Draft_SEN_Code_of_Practice_-_statutory_guidance.pdf)

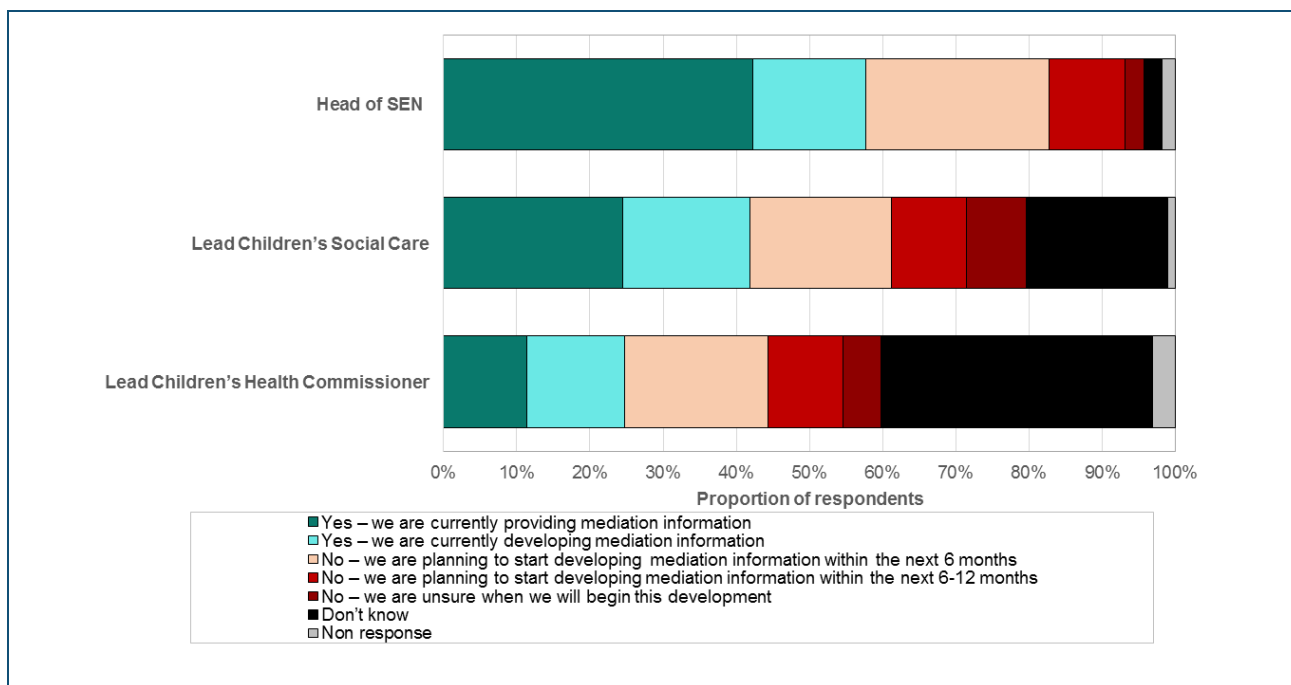
In terms of service-specific responses, Heads of SEN were more likely to specify that the local offer would include full coverage for travel arrangements to and from school and other institutions (73% (n=55)), which is not surprising given that such travel is funded and managed through SEN. In contrast, social care and health leads were more likely to highlight education, health and care provision for children and young people (71% (n=42) for social care; 59% (n=36) for health). This is a more ‘general’ response, perhaps indicating that social care and health respondents had a less detailed understanding of all aspects of the reforms.

Other examples of services to be included, which were outside of the options suggested in the Draft SEN Code of Practice, included transition services (e.g. employment, study, independent living) and short breaks.

## Development of appropriate mediation and associated services

As Figure 16 shows, more SEN (42% (n=49)) than social care (24% (n=24)) and health (11% (n=11)) respondents reported providing mediation information and services for parents and young people who want to register SEN appeals at a Tribunal. Social care and health respondents were also less likely to know whether their local area was considering such arrangements (19% (n=19) for social care; 37% (n=36) for health), which likely reflects the focus on SEN Tribunals.

**Figure 16 Development of mediation information and arrangements**



Total base n= 311: Head of SEN n=116 (incl. two non-respondents), Lead Children's Social Care n= 98 (incl. one non-respondents), Lead Children's Health Commissioner n=97 (incl. three non-respondents).

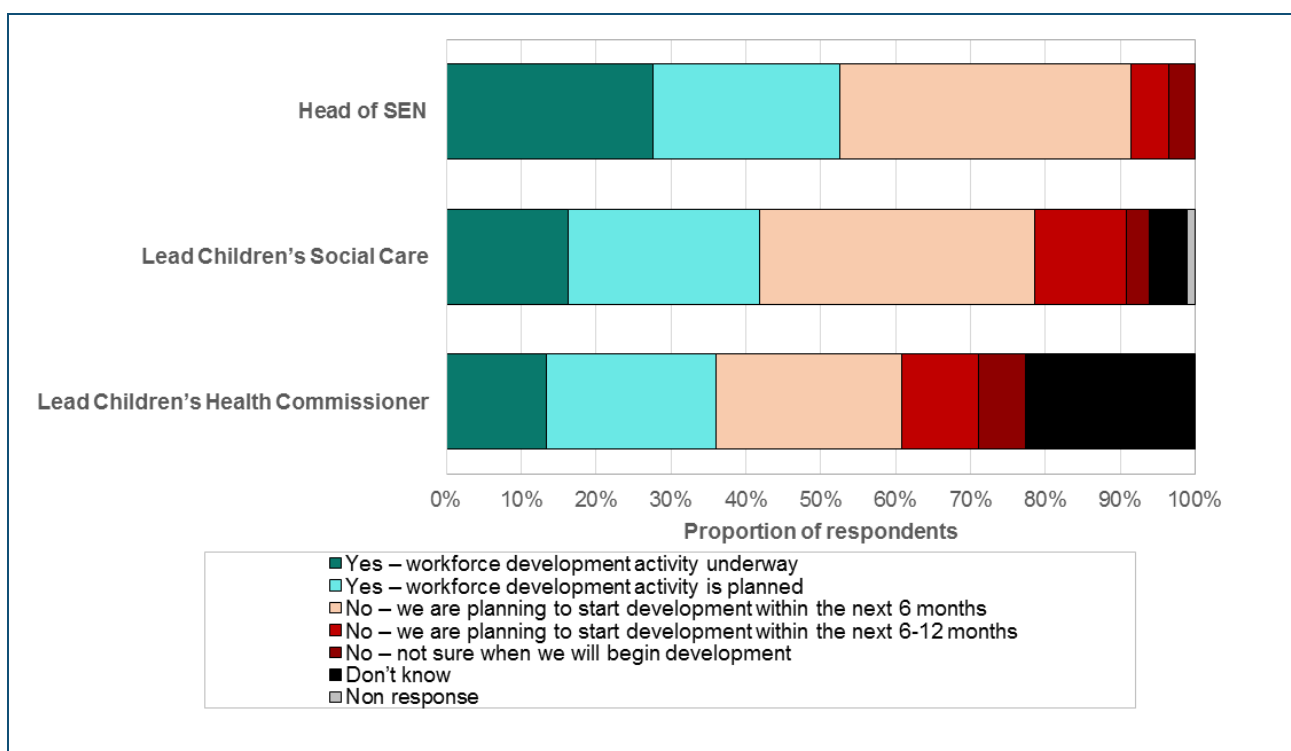
Source: SQW Readiness Survey

## Workforce development

Workforce development was another element of the reforms where progress still needed to be made (see Figure 17). That is, just over half of the Heads of SEN reported workforce development being underway or planned by October-December 2013 (53% (n=61), followed by 42% (n=41) of Children’s Social Care Leads and 36% (n=35) of Children’s Health Leads.

On the whole, the workforce development activity that had been undertaken included awareness-raising activities (e.g. workshops on the Draft SEN Code of Practice, presentations at school forums), information sessions and briefings (e.g. person-centred planning training to staff, information on the local offer), and planning activities, based around infrastructure that was already in place.

**Figure 17 Workforce development**



Total base n= 311: Head of SEN n=116, Lead Children's Social Care n= 98 (incl. one non-respondent), Lead Children's Health Commissioner n=97.  
Source: SQW Readiness Survey

For those areas where workforce development was not yet underway, action needed to be taken quickly. As the findings of SQW’s Thematic Report on key working<sup>11</sup> highlighted, considerable workforce development activity is required to implement the SEN reforms. There was therefore a danger that if areas did not start such activity soon, the required processes and systems would not be in place by September 2014.

<sup>11</sup> <https://www.gov.uk/government/publications/send-pathfinder-programme-evaluation-working-and-workforce-development-part-1>

# Engagement of parent carers and children and young people in the development of the new processes and supporting infrastructure

## Awareness of the SEN reforms

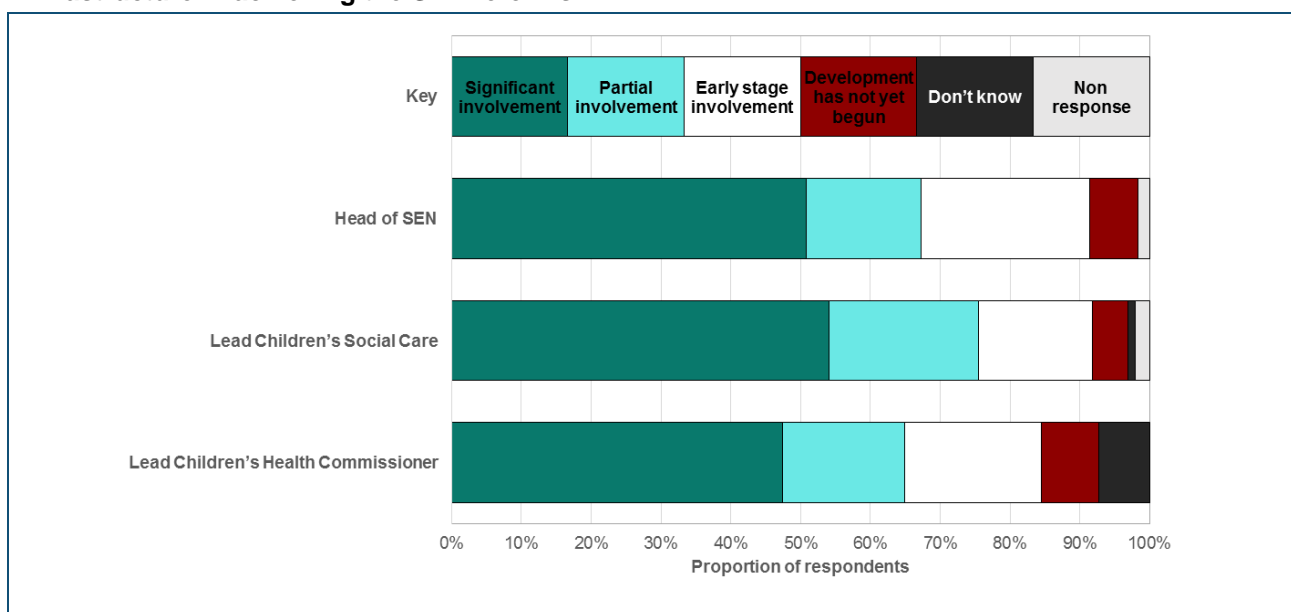
In October-December 2013, over half of the 284 parent carers that participated in the research (52% (n=146) were not very or not at all aware of the reforms. Parents had most knowledge of EHC plans and the local offer, although awareness was still limited, with 45% (n=120) and 33% (n=33) very or fairly aware of EHC plans and the local offer.

## Involvement of parent carers in the reform process

Opinions varied between the service leads and parent carers in relation to parent carer involvement in developing the reforms. Around half of respondents across SEN (51% (n=59)), social care (54% (n=53)) and health (47% (n=46)) reported significant involvement of parent carers, with a clear distinction between pathfinder and non-pathfinder areas<sup>12</sup>. Conversely, nearly three quarters of responding parent carers (73% (n=206) had not been involved in the reform process (see Figure 18). Anecdotal evidence from the pathfinder areas suggested that although most areas had involved parent carers in developing the reforms, engagement had not been wide-scale, which may provide a reason for the noted discrepancy.

Slightly more parent carers had been involved in pathfinder (26% (n=21) than non-pathfinder areas (22% (n=39), but the difference was minimal.

**Figure 18 Involvement of parent carers in developing the new processes and supporting infrastructure in achieving the SEN reforms**



Total base n= 311: Head of SEN n=116 (incl. two non-respondents), Lead Children's Social Care n= 98 (incl. two non-respondents), Lead Children's Health Commissioner n=97. Source: SQW Readiness Survey

<sup>12</sup> Taking health as an example, 89% (n=17) of Lead Children's Health Commissioners in pathfinder areas reported significant involvement, compared to 37% (n=29) in non-pathfinder areas.

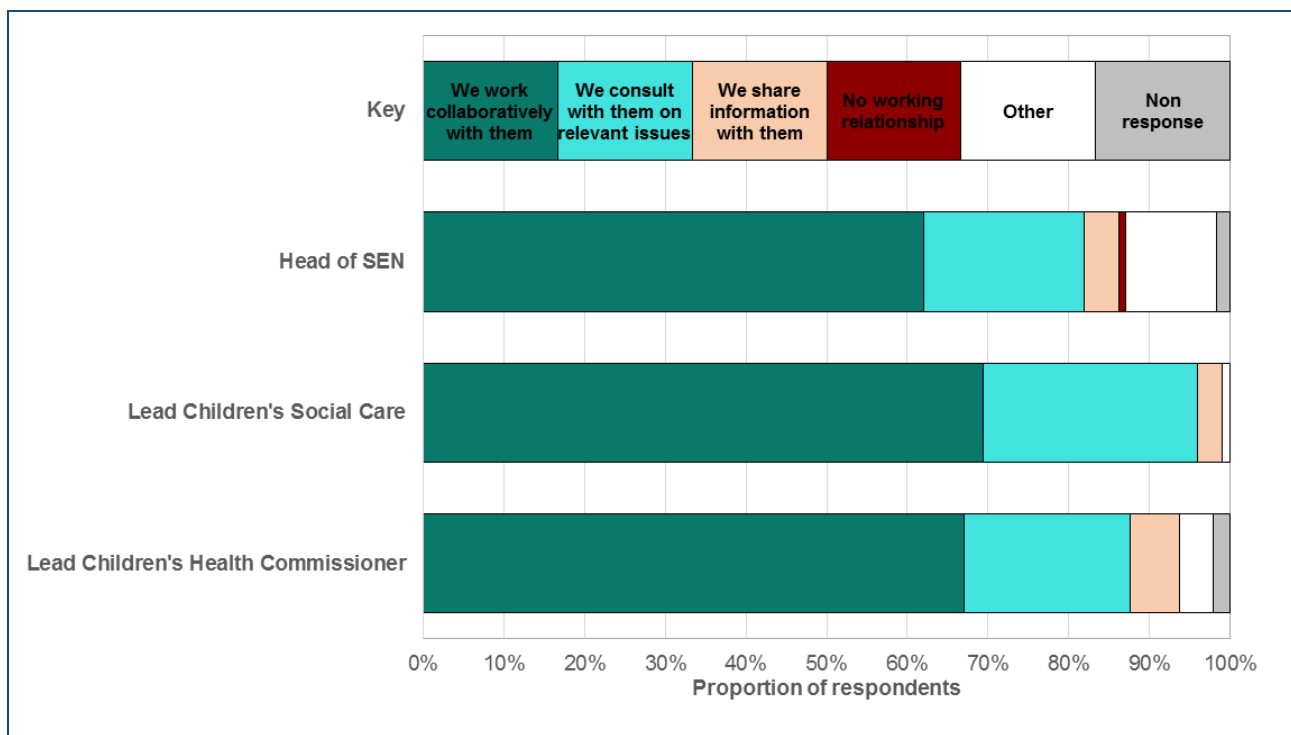


Where parent carers had been involved, a large number (84% (n=56)) had done so through Parent Carer Forums (PCF), as well as through representation on local offer groups and other committees (e.g. Personal Health Budget Committees).

The importance of PCFs as a means of engaging with parents was also highlighted by the service leads. Parent carer involvement was most likely in areas where a strong relationship existed with the PCF. When asked to rate the extent to which parent carers had been involved in developing new infrastructure and processes, 70% of those that defined the involvement as significant also indicated that they worked collaboratively with the local PCF.

More broadly, positive accounts were provided by service leads about their relationship with PCFs (Figure 19), with approximately two thirds (62% (n=72) for SEN; 69% (n=68) for social care; 67% (n=65) for health) describing a collaborative working relationship.

**Figure 19 Relationship with the Parent Carer Forum**



Total base n= 311: Head of SEN n=116 (incl. two non-respondents), Lead Children's Social Care n= 98, Lead Children's Health Commissioner n=97 (incl. two non-respondents).  
Source: SQW Readiness Survey

## Involvement of parent carers in specific aspects of the reforms

Parents had been most involved in the design of EHC plans (42% (n=28) and the local offer (48% (n=32)), and least involved in staff and workforce development activities (12% (n=8))<sup>13</sup>. Their involvement had ranged from providing feedback on documentation (e.g.

<sup>13</sup> EHC plans and the local offer were also the two aspects for which parent carers had the greatest awareness.

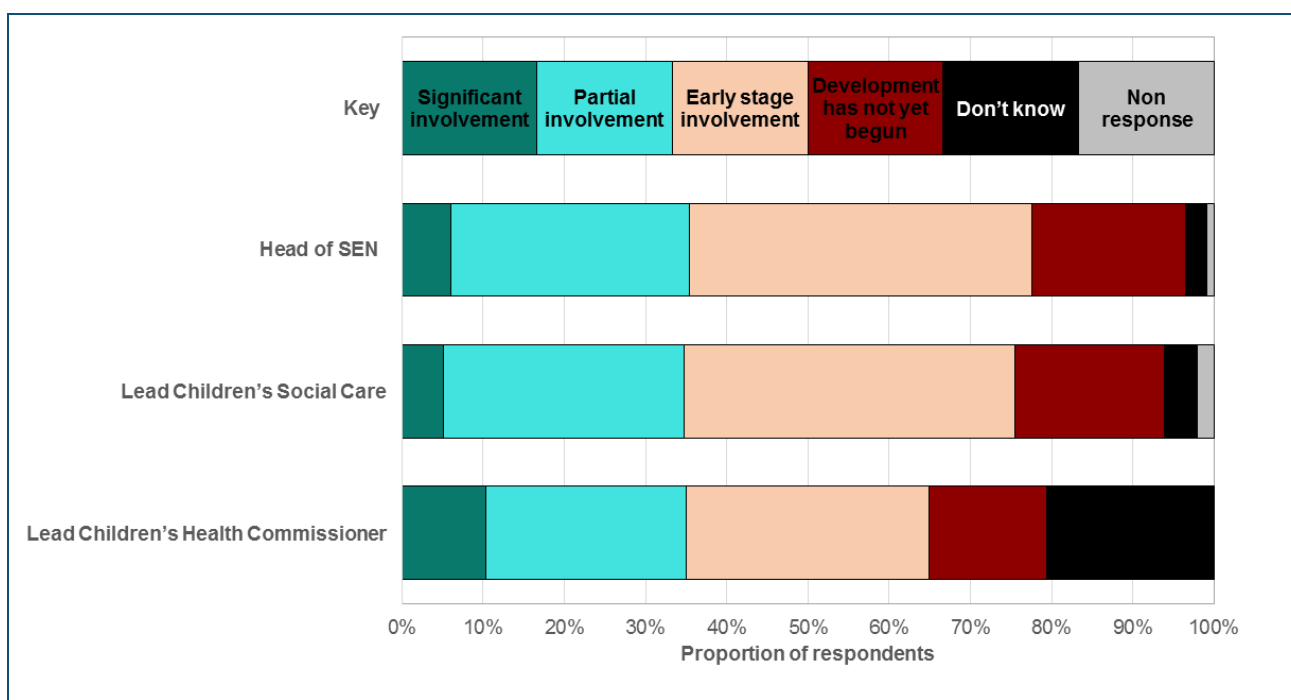
EHC plan templates), to helping to design the coordinated assessment and planning process.

Where they had been involved in the reforms, a large proportion believed that their views had been listened to. For example, 82% per cent (n=26) of those who had worked on the local offer believed that their views had been fully or partly listened to. However, some did raise concerns about the engagement process, suggesting that *[the local area] didn't like what I was saying* or that *proposals had been agreed outside of the meetings*.

## Involvement of children and young people

The majority of children and young people that participated in the three focus groups had not been involved in developing the reforms, and had very limited understanding of them, with the exception of key working and personal budgets, of which over half had knowledge of. This was confirmed by the service leads, in that only 6% (n=7) of SEN respondents, 5% (n=5) of social care respondents and 10% (n=10) of health respondents reported significant involvement of children and young people in development activities by October-December 2013.

**Figure 20 Involvement of children and young people in specific aspects of the reforms**



Total base n= 311: Head of SEN n=116 (incl. one non-respondent), Lead Children's Social Care n= 98 (incl. two non-respondent), Lead Children's Health Commissioner n=97.  
Source: SQW Readiness Survey

During the focus groups, the children and young people outlined a few channels through which they had heard of the reforms (in the few cases). The most common sources were parents, schools and social workers, as well as local engagement groups.

Where they had heard of the reforms, the feedback was generally positive. There was general consensus that the promotion of a personalised approach was positive, and that

key working support was beneficial. However, some concerns were also expressed, such as the belief that developing EHC plans would enable professionals from education or care backgrounds to gain access to their medical history.

Going forwards, it will be important to ensure that engagement is improved, in order to allay any concerns that families may have. Potential engagement mechanisms may include short films, online platforms (e.g. Facebook, Twitter) and audio-visual resources, all of which were identified by the young people. These were seen as being free from 'jargon' and not requiring large amounts of reading. Learning about the reforms through face-to-face contact (e.g. via the JobCentre Plus and VCS organisations) was also favoured, with a preference for schools to play a role in dissemination and engagement.

## **Engagement of providers in the development of new processes and supporting infrastructure**

Most of the providers that responded to the survey worked for public or voluntary sector clients, providing a range of services including social care (adult and children's), early years provision, specialist health and specialist education. The provision of support and guidance to families, leisure services (e.g. arts services) and short breaks were provided as other examples of provider specialisms.

As discussed, awareness of the reforms was high amongst providers. Particular aspects that they were most familiar with included:

- EHC plans – 88% (n=75) of providers stated they were very or fairly aware
- Local offer – 82% (n=61) of providers stated they were very or fairly aware.

Awareness was lowest in regards to personal budgets, although 72% (n=54) of providers were still very or fairly aware. This is encouraging and most likely linked to the fact that many of the providers that responded to the survey had been involved locally in developing the reforms (61% (n=45)), primarily with one or two local authorities (83% (n=29)).

Unsurprisingly, providers had been most involved in developing the local offer (67% (n=30) and EHC plans (56% (n=25)), and least involved in developing personal budgets (33% (n=15) (for which they also had the least awareness). This likely reflects the fact that local areas have made the least progress in developing personal budgets generally.

Provider involvement had ranged from participating on task and finish groups and piloting some services, to delivering workforce development training and providing support to parents. Going forward, it will be important that momentum for provider involvement is expanded to the least covered aspects of the reforms (e.g. personal budgets), and more focused on piloting and implementation (rather than more strategic involvement).

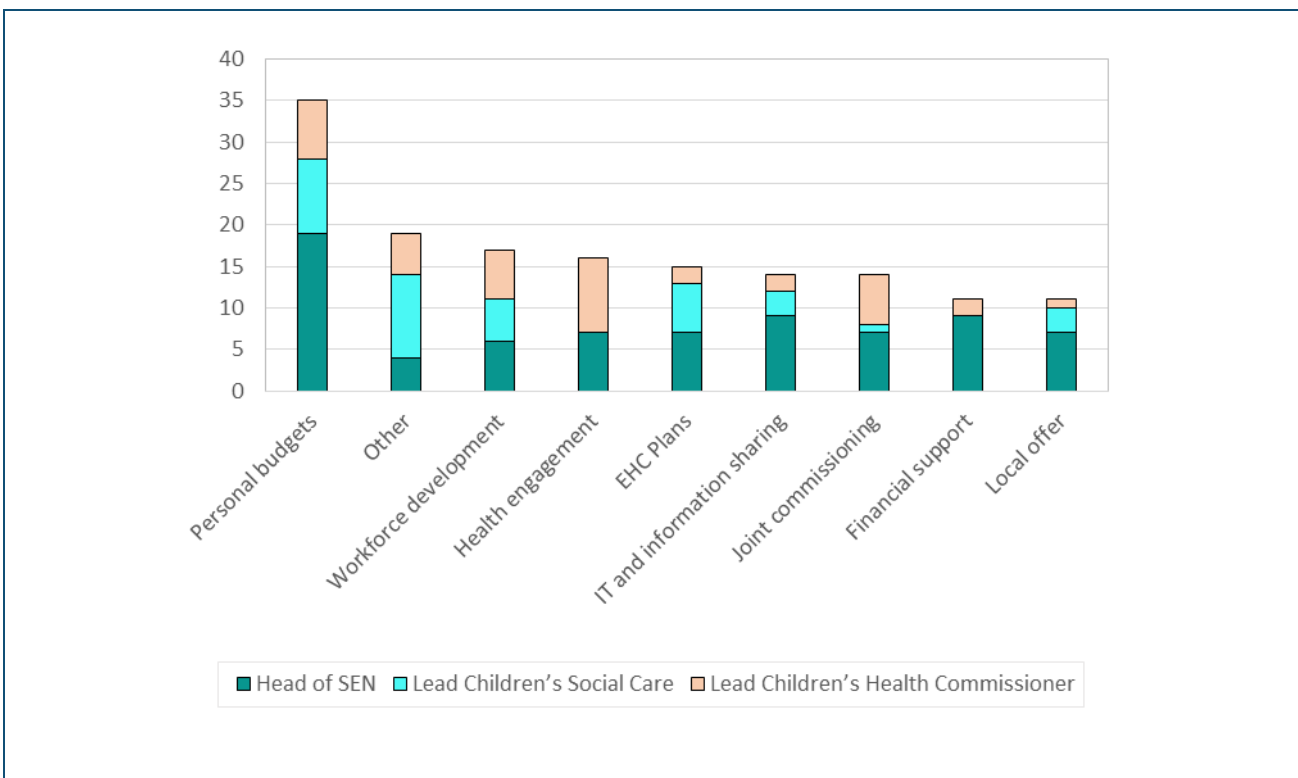
## Suggested areas of additional support to help prepare for the SEN reforms

When asked whether their local areas required additional support, 189 service leads responded, of which 21% (n=39) stated that they did not require any additional support and 12% (n=23) either did not specify or did not know. The main reason cited for why additional support was not required was that sufficient support was already being provided by the local pathfinder champion.

Of the 189 service leads who responded, 67% (n=127) stated that additional support was required, with broad consensus as to the specific areas where support was required (see Figure 21).

The areas most commonly suggested as requiring further development work were also the areas where the least progress had been reported. Personal budgets (28%) were most commonly identified by respondents. Support to advance workforce development, health engagement, EHC plans, IT and information-sharing, and joint commissioning were also suggested by between 11-13% of respondents. These suggestions aligned with the elements that respondents had reported as the least developed. 'Other' suggested areas that were not classified, included support in developing linkages between early support and SEN and Disability, scaling up pilots, and communicating with families about the reforms.

**Figure 21 Suggested areas for additional support**



Total base n= 127  
Source: SQW Readiness Survey

These responses varied between pathfinder and non-pathfinders. Workforce development and EHC plans were only highlighted as areas for additional support by non-pathfinder respondents, for example, whereas IT and information-sharing, joint commissioning, financial support and the local offer were cited by a mix of pathfinder and non-pathfinder respondents.

The overwhelming majority of providers (86% (n=51)) highlighted the need for additional support, both for their local area generally, and specifically as a provider. Providers' perspectives on the type of additional support required by their local areas differed from those provided by the service leads. By far the main area highlighted by providers was the need for greater levels of financial resources (n=14), followed by greater information and awareness-raising (n=6). In terms of additional support required as a provider, greater information and awareness-raising was again raised (n=5), as was training and workforce development (n=1) and funding (n=2).

Differences of opinion were expressed by providers and parent carers when asked whether they believed that their local area would be ready to implement the reforms. On the whole, providers were much more confident that the reforms would be met. Thirty three per cent (n=11) believed that the local areas they were working with were likely to meet the requirements reforms, although some did raise concerns:

*“Work on the [local offer] is continuing, but I would say that more is needed in terms of staff and funding... there have been multiple pilots for the local offer... maybe it would have been better to run just a couple” (Private sector representative)*

Parent carers were less optimistic. Only 10% (n=28) were confident (very or fairly confident) that the reforms would be met, with a number of concerns raised, including lack of capacity, limited progress, lack of communication, and perceived lack of competency. Of those that provided further information (n=93), 16% (n=15) stated that insufficient progress had been made locally by October-December 2013 to make them confident that the reforms would be met, and 16% (n=15) felt that communication about the reforms had been insufficient. A further 12% (n=11) believed that their local area did not have the capacity (in terms of human or financial resources) to manage the required changes.

Only 38 parent carers provided feedback on what further support they required in the context of the reforms, making it difficult to draw any firm conclusions. However, the need for greater information and awareness-raising was raised by 13 respondents, as illustrated in the following quote:

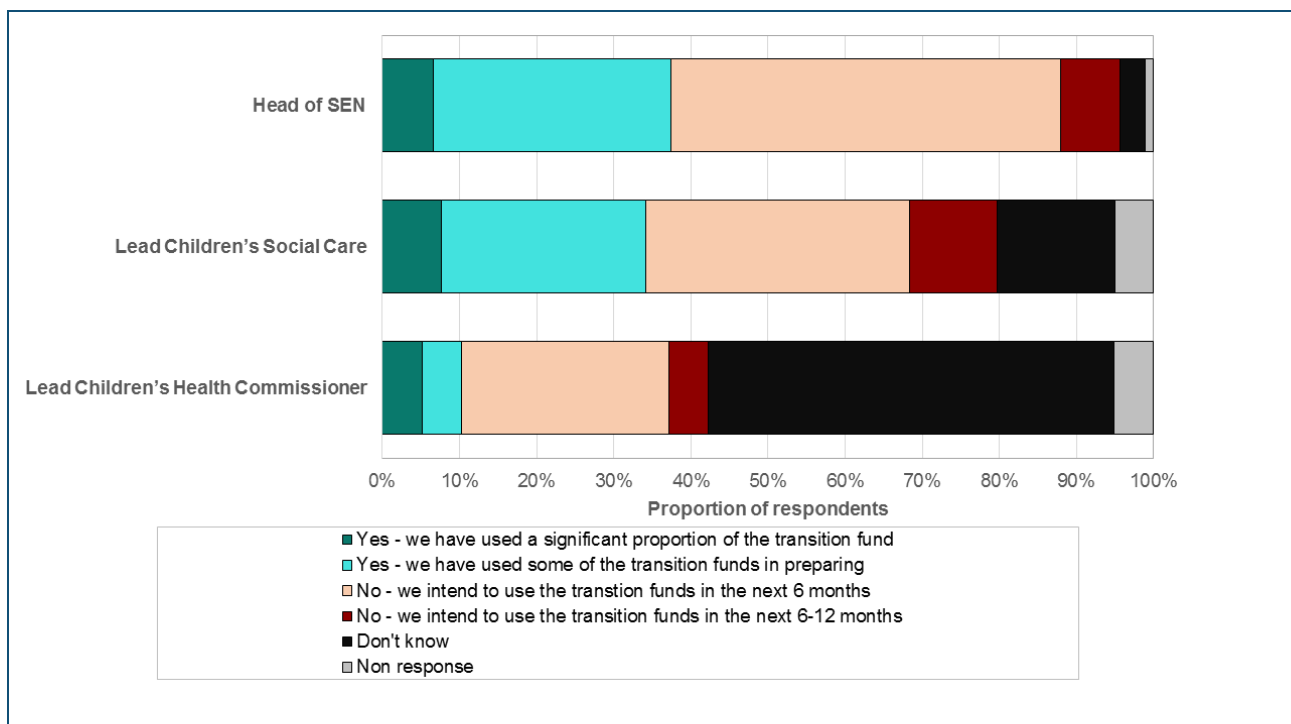
*“We need more tailored reports and events; we are a large authority and are unable to get to the various events. It would be easier to have smaller cluster group information days” (Parent carer)*

Finally, it appears that the transition funds allocated to non-pathfinders had been used most by SEN and social care (see

). That is, 38% (n=34) of Heads of SEN and 35% (n=27) of social care leads reported having used at least some of the funds, contrasting with 22% (n=8) in the case of health. A large number of areas intended to use the funds in the next six months (51% (n=46) for

SEN; 34% (n=27) for social care; (27% (n=21) for health), although over half of health respondents (53% (n=41)) also stated that they did not know when the funds would be used.

**Figure 22 Use of transition funds**



Total base n=248: Head of SEN n=91 (incl. one non-respondent), Lead Children's Social Care n= 79 (incl. four non-respondents), Lead Children's Health Commissioner n=78 (incl. four non-respondents).  
Source: SQW Readiness Survey

## Overarching assessment of readiness and interdependencies

In order to gain an overarching understanding of the distribution of readiness to meet the reforms across local areas, the Heads of SEN responses<sup>14</sup> to the following nine questions were assessed by area:

- EHC coordinated assessment and planning pathway
- EHC plan templates
- The local offer
- Governance of the coordinated assessment and EHC plans
- Eligibility criteria for the EHC plan
- Joint commissioning arrangements between the local authority and partner CCGs
- Joint resourcing arrangements
- Personal budgets - particularly in relation to SEN and health
- Workforce development.

<sup>14</sup> The Head of SEN responses were used as a proxy to represent each local area's readiness, as this group of respondents were likely to hold the greatest understanding of local developments.

Each area was subsequently ‘banded’ into one of three categories to illustrate their progress, following which the results were aggregated to provide a distribution of the number and proportion of areas that were located in each band:

- Band 1: Areas that had developed or were developing 0-3 of the elements
- Band 2: Areas that had developed or were developing 4-6 of the elements
- Band 3: Areas that had developed or were developing 7-9 of the elements.

All other responses, i.e. ‘we are planning to start development in the next 6 months’, ‘we are planning to start development in the next 6-12 months’ and ‘we are not sure when we will begin development’ were allocated into the ‘no – not yet developing’ category.

Table 2 sets out the results of this analysis, which has been split to illustrate the difference between pathfinder and non-pathfinder areas. This shows that nearly all (80%) of the pathfinder areas were located in band 3 in October 2013, i.e. areas that had developed or were developing 7-9 of the nine elements. Conversely the majority (51%) of non-pathfinder areas were located in band 1, i.e. areas that had developed or were developing only 0-3 of the nine elements.

**Table 2: Distribution of readiness to meet the reforms by area**

|                  | <b>BAND 1: 0-3 elements</b> | <b>BAND 2: 4-6 elements</b> | <b>BAND 3: 7-9 elements</b> |
|------------------|-----------------------------|-----------------------------|-----------------------------|
| Pathfinder N     | 0                           | 5                           | 20                          |
| Pathfinder %     | 0                           | 20                          | 80                          |
| Non-Pathfinder N | 46                          | 32                          | 13                          |
| Non-Pathfinder % | 51                          | 35                          | 14                          |

Total base: Head of SEN n =116, Source: SQW Readiness Survey

Table 3 illustrates an additional cross-tabulation of the readiness distribution against those areas that indicated they would benefit from additional support to meet the reforms. This shows that the non-pathfinder areas that had made the least progress and the pathfinders that had made the most progress were more likely to report needing additional support. Although this finding appears contradictory, it may reflect a recognition of the significant ground that needed to be made up on the part of the non-pathfinder areas, and the remaining prevalence of a small number of challenging developments on the part of the pathfinder areas.

**Table 3: Heads of SEN that indicated they would benefit from additional support**

|                  | <b>BAND 1: 0-3 elements</b> | <b>BAND 2: 4-6 elements</b> | <b>BAND 3: 7-9 elements</b> |
|------------------|-----------------------------|-----------------------------|-----------------------------|
| Pathfinder N     | 0                           | 2                           | 13                          |
| Pathfinder %     | 0                           | 8                           | 52                          |
| Non-Pathfinder N | 28                          | 24                          | 9                           |
| Non-Pathfinder % | 31                          | 26                          | 10                          |

Total base: Head of SEN n= 116 (incl. 10 pathfinder & 30 non-pathfinder non-responses)  
Source: SQW Readiness Survey

Looking across the findings as a whole, it was evident that a large number of non-pathfinder areas still had a lot of work to do prior to the roll out of the reforms in September 2014. Although a number of these areas recognised that they would benefit from additional support, their limited progress highlighted a potential risk that a number of this group would not meet the requirements in time.

Analysis of the responses to the nine questions set out above (as reported by the Heads of SEN) also exhibited a number of likely interdependencies, i.e. if element x had been developed/was being developed, it was more likely that element y had also been developed/was being developed. This included a high likelihood (75% or above) of the following interdependencies:

- Areas that had developed or were developing their EHC pathway and their EHC plan template were more likely to have developed or be developing many of the seven remaining elements considered – implying that the development of the pathway and template often formed the basis for other developments

*And in addition...*

- Areas that had developed or were developing governance arrangements for the coordinated assessment and EHC plans, were more likely to have begun developing or to have developed their joint resourcing arrangements and workforce development – suggesting a link between the development of strategic multi-agency arrangements
- Areas that had developed or were developing their local offer were more likely to have begun developing or to have developed governance arrangements, eligibility criteria, joint resourcing and workforce development – implying much of the strategic groundwork and arrangements may need to be in place to develop a comprehensive local offer
- Areas that were offering personal budgets were more likely to have begun to develop or to have developed joint resourcing arrangements, governance structures and eligibility criteria for the EHC plans – suggesting that the development of personal budgets may in some instances have acted as a catalyst for the development of other strategic multi-agency arrangements.

## Summary

By October-December 2013, awareness of the SEN reforms was relatively high amongst service leads, and particularly Heads of SEN, followed by Leads for Children's Social Care and Lead Children's Health Commissioners. Providers also highlighted a good level of awareness, although this was lacking amongst parent carers, and children and young people, whose understanding was limited to one or two legislative aspects (key working and the local offer).

A good level of progress had been made in developing certain aspects of the reforms, including the coordinated assessment and planning pathway, EHC plan templates, the local offer, and governance of the coordinated assessment and EHC plans. However, a



number of elements remain at an earlier developmental stage in many areas, notably eligibility criteria for the EHC plan, joint commissioning arrangements, joint resourcing arrangements, personal budgets and workforce development (where about half of respondents indicated that these elements were being developed, or were already developed). In addition, progress towards most of the reform elements continued to be undertaken at a faster pace within SEN than in social care and particularly health.

Focusing on the development of nine key elements of the reforms – the EHC coordinated assessment and planning pathway, EHC plan templates, the local offer, governance of the coordinated assessment and EHC plans, eligibility criteria for the EHC plan, joint commissioning arrangements between the local authority and partner CCGs, joint resourcing arrangements, personal budgets and workforce development - nearly all (80%) pathfinder areas had developed or were developing 7-9 of the nine elements. Conversely the majority (51%) of non-pathfinder areas had developed or were developing only 0-3 elements. This implied that a large number of non-pathfinder areas still had a lot to do and posed a potential risk that some of these areas would not meet the requirements of the reforms within the legislative timeframe.

It was also evident that areas that had developed or were developing their EHC pathway and their EHC plan template were more likely to have begun the development of other elements such as joint resourcing, governance arrangements and workforce development. This implied that the development of the pathway and template often formed the basis for other developments. Similarly, the development of strategic multi-agency arrangements, including governance arrangements, joint resourcing and workforce development appeared to be related, implying that the development of one of these elements often triggered the associated development of the other elements.

The involvement of providers in the reform process seems to have been effective as at October-December 2013, based on the feedback provided by the 74 providers that completed the survey. Involvement in the reforms had also been positively perceived by these providers. In contrast, more work needed to be done in effectively engaging parent carers, and children and young people. Strong relationships existed between local areas and PCFs (particularly in areas where more progress had been made towards the reforms), which could be leveraged going forwards. Where children and young people were concerned, there had been a gap in engagement, which will need to be carefully addressed. The use of 'modern' communication channels (e.g. audio-visual and online media), appeared to be particularly favoured amongst the young people consulted.

Mixed opinions were expressed in regards to the likelihood that local areas would meet the reforms, with providers showing more optimism than parent carers. What was clear was that local areas would require further support in the run up to implementation in areas including personal budgets, EHC plans and workforce development. Going forwards, the effective use of the transition funds will be important across all three service areas, including health, which had drawn the least on these funds by October-December 2013.

### 3: Progress made by local areas since the previous readiness assessment

#### KEY FINDINGS

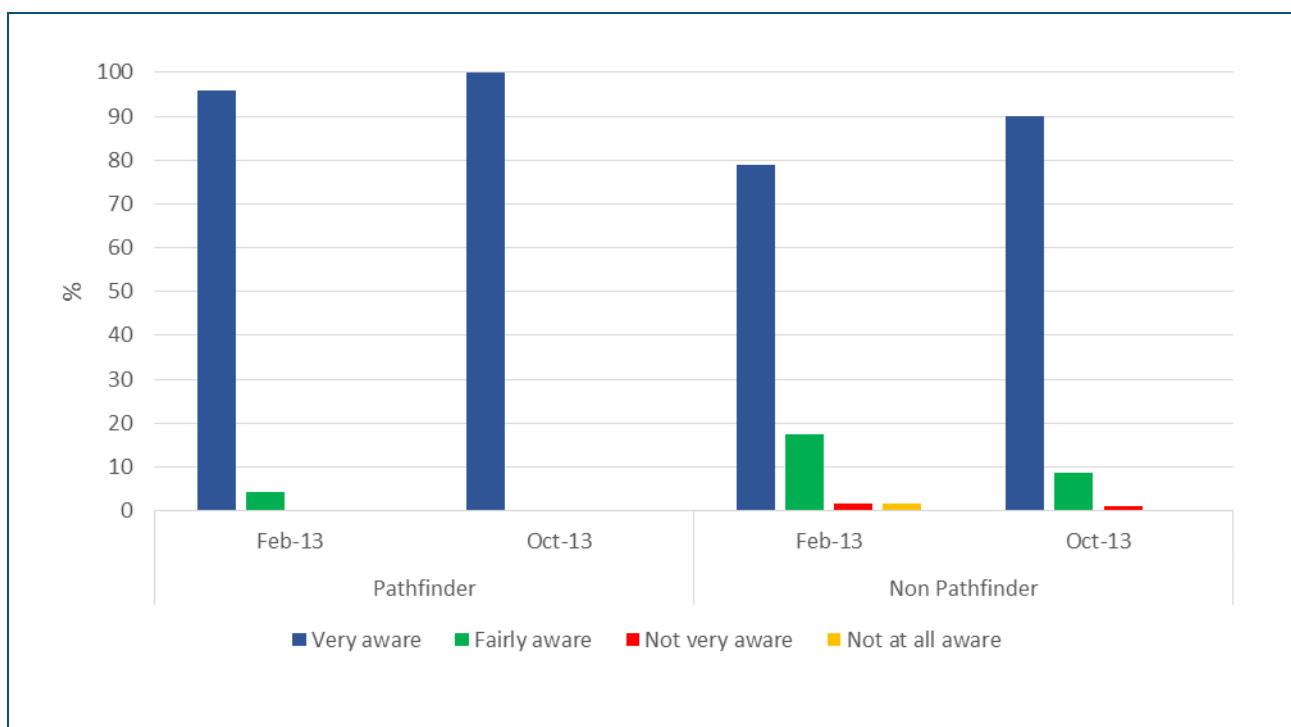
- Awareness of the SEN reforms increased between February and October 2013, from 96% of pathfinder and 79% of non-pathfinder areas stating they were very aware to almost all areas (100% of pathfinders and 90% of non-pathfinders) reporting being very aware
- The pathfinder areas reported being at a similar stage in developing an EHC assessment and planning pathway in February and October 2013. Conversely, considerable progress had been made by non-pathfinder areas, with the majority reporting they were developing their pathway by October 2013
- Both pathfinder and non-pathfinder areas had continued to make progress in relation to: consideration of the governance of the EHC assessment and planning pathway; development of the local offer; development of mediation information and services; and facilitation of workforce development between February and October 2013. This included more pathfinders reporting they had (or were) established/published/delivering the relevant activity, and more non-pathfinders indicating they had firm plans to begin the relevant development
- Mixed progress had been made in relation to the development of joint commissioning arrangements between the local authority and partner CCGs between February and October 2013. This included little to no movement in pathfinder areas, and an increase in the proportion of non-pathfinder areas stating an intention to begin this form of development over the next six months
- Pathfinder areas had made strong progress in their development of personal budgets across children's social care, adult social care, specialist health and SEN between February and October 2013. However, although similar levels of progress had been made by non-pathfinder areas in relation to children's social care and adult social care, very limited progress had been made in relation to the development of SEN and specialist health personal budgets
- Heads of SEN suggested that areas still felt they required assistance to meet the personal budgets and workforce development aspects of the reforms in October 2013.

The Heads of SEN were asked to provide their views on their local area’s awareness and readiness to meet the SEN and Disability reforms in both February 2013 (as part of the SEN and Disability Green Paper Delivery Partner Evaluation<sup>15</sup>) and in October-December 2013. This chapter presents a comparative analysis of the two sets of responses to illustrate the perceived progress that has been made by areas over the 8-9 month time period. It also provides a breakdown of data by pathfinder and non-pathfinder areas to illustrate differences between the two groups over time.

## Awareness of the SEN reforms

Awareness of the SEN reforms was high in February 2013, where 96% (n= 23) of pathfinder and 79% (n=45) of non-pathfinder areas stated they were very aware. A further increase in awareness was reported in October 2013 by both pathfinder and non-pathfinder areas, with almost all respondents (100% (n=25) of pathfinders and 90% (n=82) of non-pathfinders) reporting being very aware of the reforms (see Figure 23). This illustrates almost universal acknowledgement of the forthcoming legislative changes from the Heads of SEN.

**Figure 23 Comparison over time - overall awareness of the SEN reforms**



Feb 13 pathfinder n=24, Feb 13 non-pathfinder n=57, Oct 13 pathfinder n=25, Oct 13 non-pathfinder n=91  
Source: SQW Readiness Surveys Feb 2013 and Oct 2013.

However, although progress had been made by the pathfinders in developing the new overarching processes and supporting infrastructure over the 8-9 month time period, progress was reported to be more mixed for non-pathfinder areas (see Figure 24). That

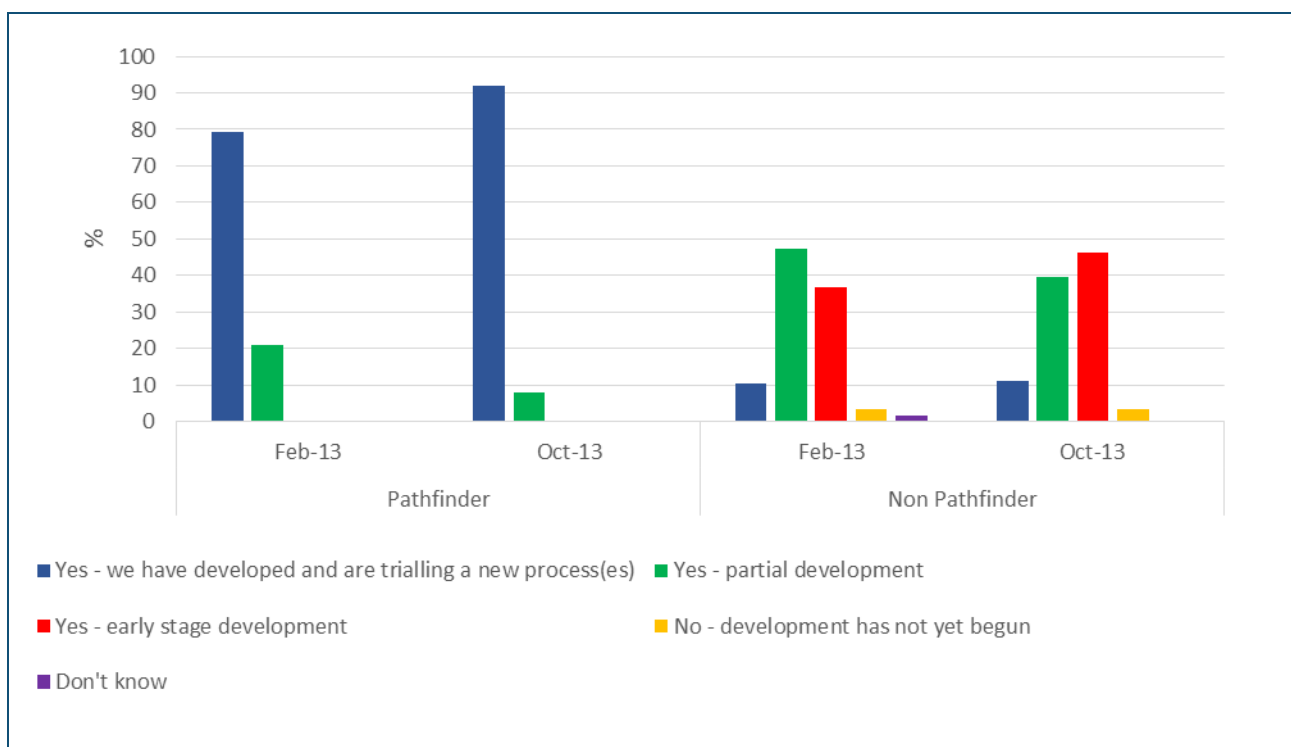
<sup>15</sup> <https://www.gov.uk/government/publications/evaluation-of-the-green-paper-support-contracts>

is, nearly all (92% (n=23)) pathfinder areas reported having developed and being in the process of trialling new approaches in October 2013, an increase from 79% (n=19) in February 2013. Conversely, non-pathfinder areas appeared to have become more cautious in their reporting over time, with:

- More areas perceiving themselves to be at early stage development in October than in February 2013 (46% (n=42) and 37% (n=21) respectively)
- Fewer areas perceiving themselves to be at partial development in October than in February 2013 (40% (n=36) and Feb 40% (n=27) respectively).

This is in part likely to be the result of an increase in the numbers of non-pathfinder areas completing the survey in October, implying the more recent data presents a more representative illustration of progress. It may also reflect the fact that some overestimated their progress in February 2013, and have now better understood the scale of change required.

**Figure 24 Comparison over time – development of new processes and supporting infrastructure**



Feb 13 pathfinder n=24, Feb 13 non-pathfinder n=57, Oct 13 pathfinder n=25, Oct 13 non-pathfinder n=91  
Source: SQW Readiness Surveys Feb 2013 and Oct 2013.

The remainder of the chapter presents a more detailed account of the progress made in relation to individual elements and requirements of the reforms.

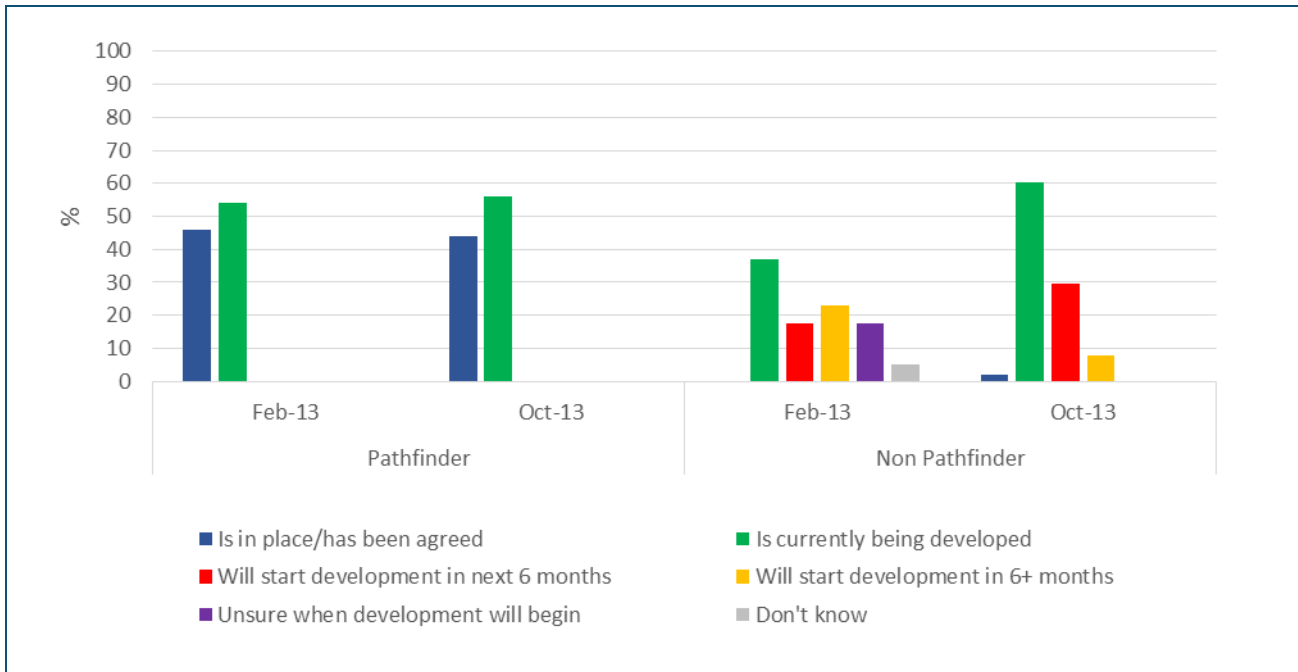
## Development of the EHC assessment and planning pathway

The pathfinder areas reported being at a similar stage in developing an EHC assessment and planning pathway in February and October 2013. A similar proportion of areas reported that they had a pathway in place (46% (n=11) and 44% (n=11) respectively) or

were currently developing one (54% (n=13) and 56% (n=14) respectively) (see Figure 25).

By comparison, considerable progress had been made by non-pathfinder areas, which reported an increase from 37% (n=21) to 60% (n=55) in relation to those currently developing an EHC assessment and planning pathway (see Figure 25).

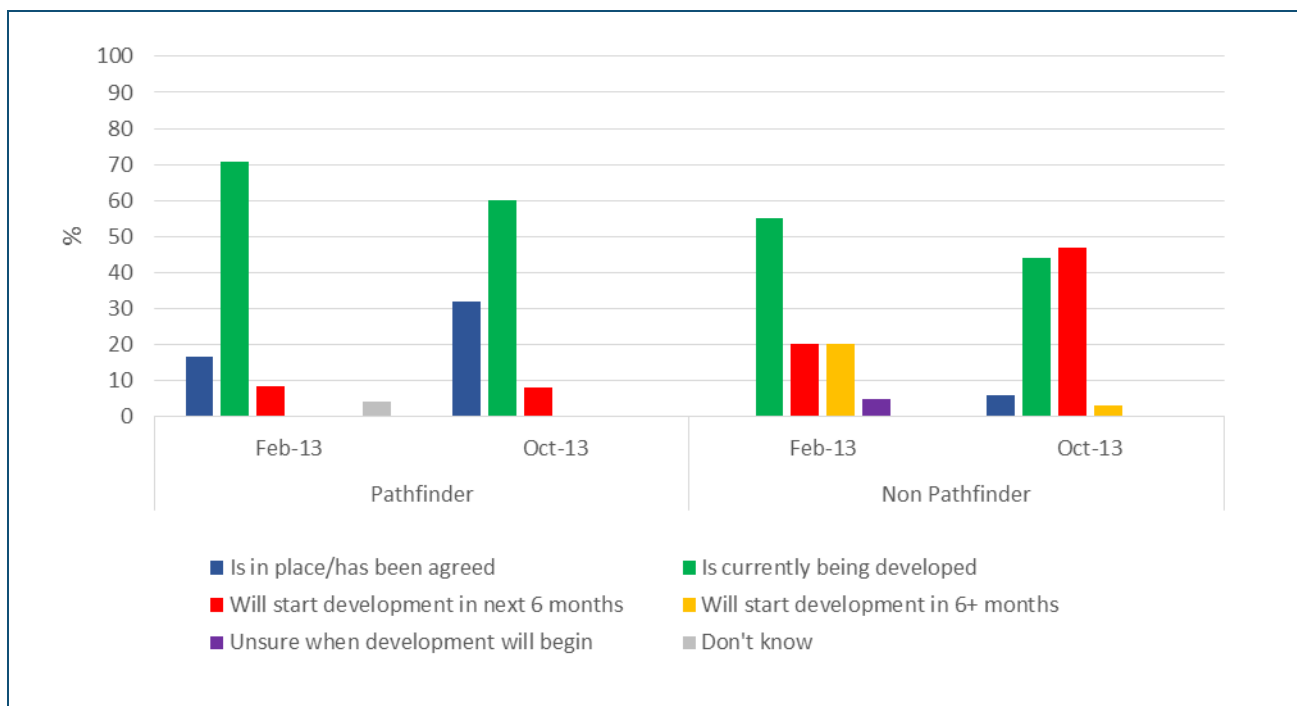
**Figure 25 Comparison over time – the EHC assessment and planning pathway**



Feb 13 pathfinder n=24, Feb 13 non-pathfinder n=57, Oct 13 pathfinder n=25, Oct 13 non-pathfinder n=91  
Source: SQW Readiness Surveys Feb 2013 and Oct 2013.

Turning now to the consideration of governance of the EHC assessment and planning pathway, both pathfinder and non-pathfinder areas had made progress between February and October 2013 (see Figure 26). This included an increase from 17% (n=4) to 32% (n=8) of pathfinder areas reporting their governance structures were in place and an increase in the proportion of non-pathfinder areas (20% (n=4) to 47% (n=31) stating they expected to begin this development over the next six months, rather than over the longer timescale as suggested previously.

**Figure 26 Comparison over time – consideration of governance of the EHC assessment and planning pathway**

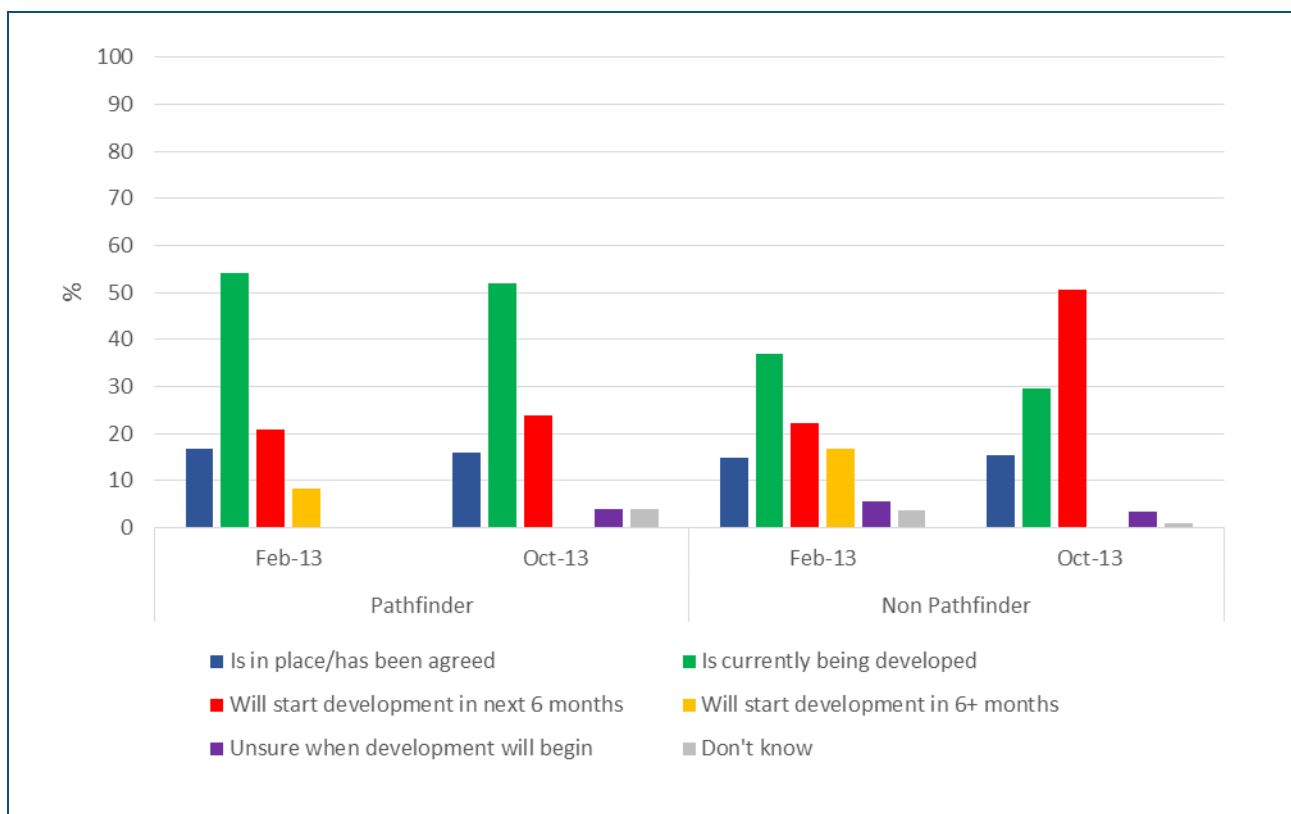


Feb 13 pathfinder n=24, Feb 13 non-pathfinder n=20, Oct 13 pathfinder n=25, Oct 13 non-pathfinder n=66  
Source: SQW Readiness Surveys Feb 2013 and Oct 2013.

## Development of joint commissioning arrangements

Mixed progress had been made in relation to the development of joint commissioning arrangements between the local authority and partner CCGs between February and October 2013 (see Figure 27). This included little to no movement in pathfinder areas, and an increase from 22% (n=12) to 51% (n=46) in the proportion of non-pathfinder areas stating an intention to begin this work over the next six months. It therefore appeared as though areas were prioritising the development of other elements, for example, the EHC planning pathway, prior to the development of joint commissioning, which mirrors the development pattern of the pathfinder areas.

**Figure 27 Comparison over time – development of joint commissioning arrangements**



Feb 13 pathfinder n=24, Feb 13 non-pathfinder n=54, Oct 13 pathfinder n=25, Oct 13 non-pathfinder n=91  
 Source: SQW Readiness Surveys Feb 2013 and Oct 2013.

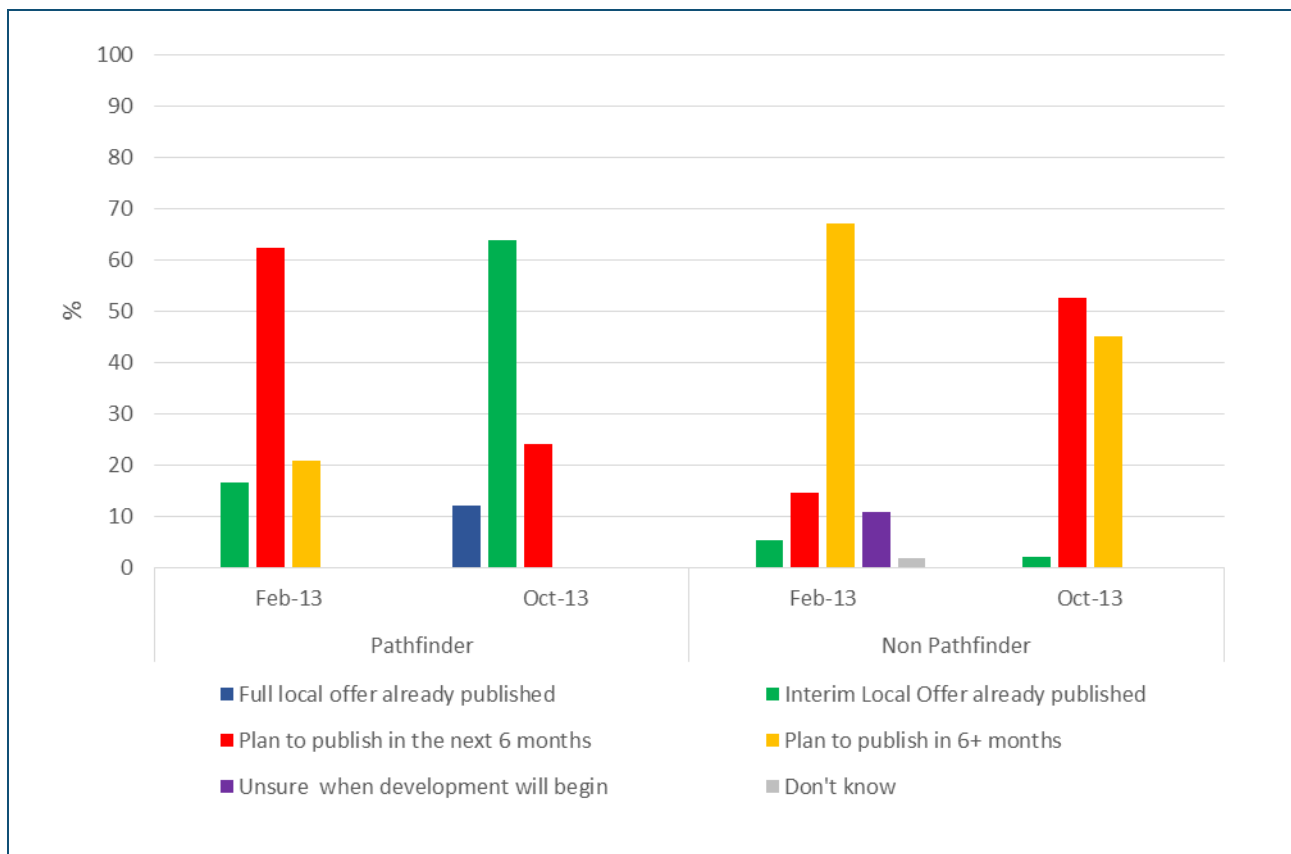
## Development of the local offer

Figure 28 illustrates the development profile of the local offer between February and October 2013. It shows that strong progress had been made by pathfinder areas, whilst the majority of non-pathfinder areas were yet to publish a local offer:

- An increase from 17% (n=4) to 76% (n=19) of pathfinder areas reporting they had either published a full or interim local offer
- An increase from 15% (n=8) to 53% (n=48) of non-pathfinder areas reporting they planned to publish their local offer in the next six months
- All areas indicating they had established a timeline within which they intended to develop and publish their local offer (implied by no respondents stating they were either unsure when development would begin or providing a don't know response).

The observed progress is likely to reflect the more limited time that local authorities now have to meet the requirements of the Bill, and the post-February 2013 publication of the indicative and draft SEN codes of practice, which contained detailed guidance on the requirements of the local offer and therefore provided clarity on how to take forward this element of the reforms.

**Figure 28 Comparison over time – development of the local offer**



Feb 13 pathfinder n=24, Feb 13 non-pathfinder n=54, Oct 13 pathfinder n=25, Oct 13 non-pathfinder n=91  
 Source: SQW Readiness Surveys Feb 2013 and Oct 2013.

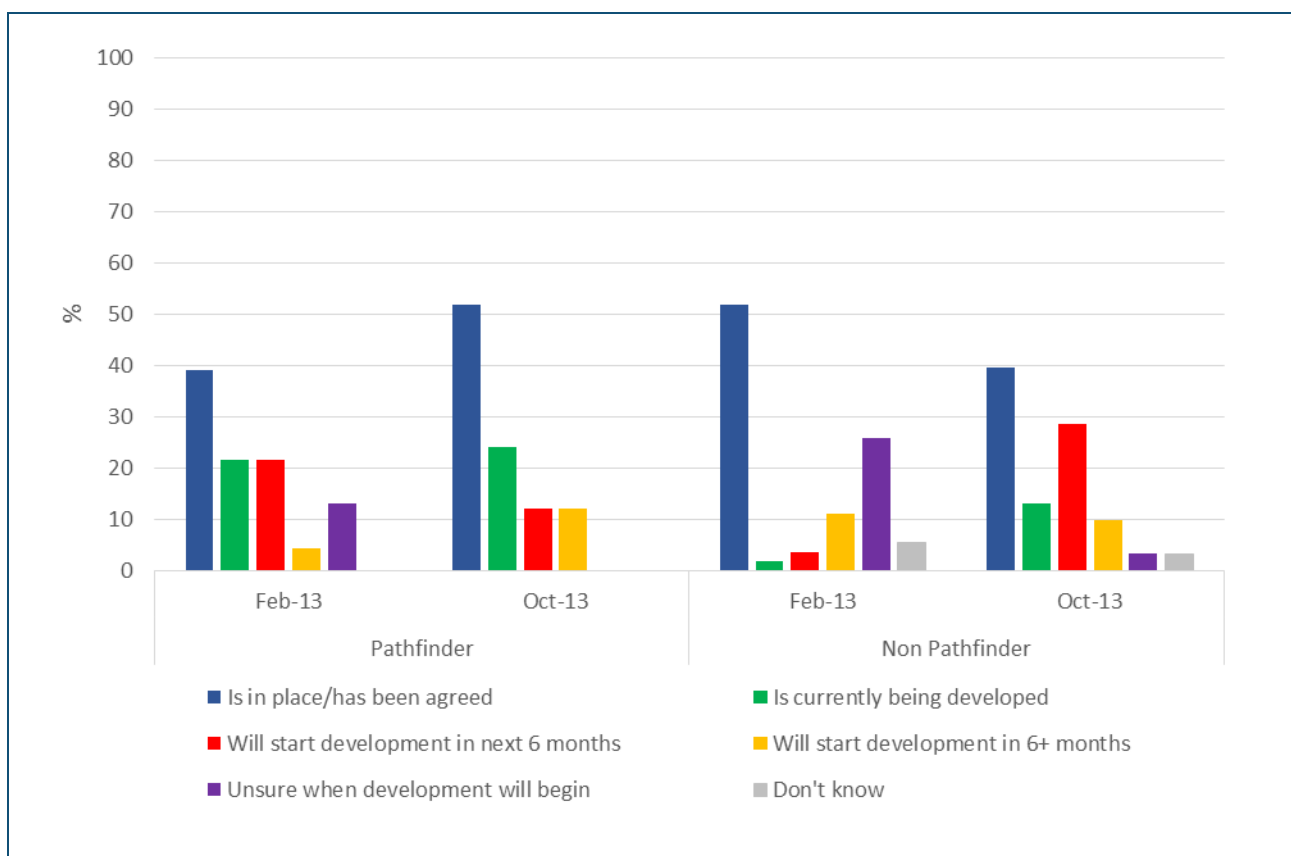
## Development of mediation information and services

Pathfinder areas continued to make steady progress in relation to the development of mediation and information services for parent carers and young people who want to register SEN appeals at a Tribunal (see Figure 29). This included an increase from 39% (n=9) to 52% (n=13) of pathfinder areas stating they had the relevant mediation services in place and confirmation of a timeframe in which all the remaining pathfinder areas intended to achieve this development.

Non-pathfinder areas indicated a growing awareness of the need to act in this area by committing to a timeframe to develop their mediation information and services (implied through lower proportions of areas reporting being either unsure when they would begin or don't know).



**Figure 29 Comparison over time – consideration of the introduction of mediation and information services for parent carers and young people who want to register SEN appeals at a Tribunal**



Feb 13 pathfinder n=23, Feb 13 non-pathfinder n=54, Oct 13 pathfinder n=25, Oct 13 non-pathfinder n=91  
Source: SQW Readiness Surveys Feb 2013 and Oct 2013.

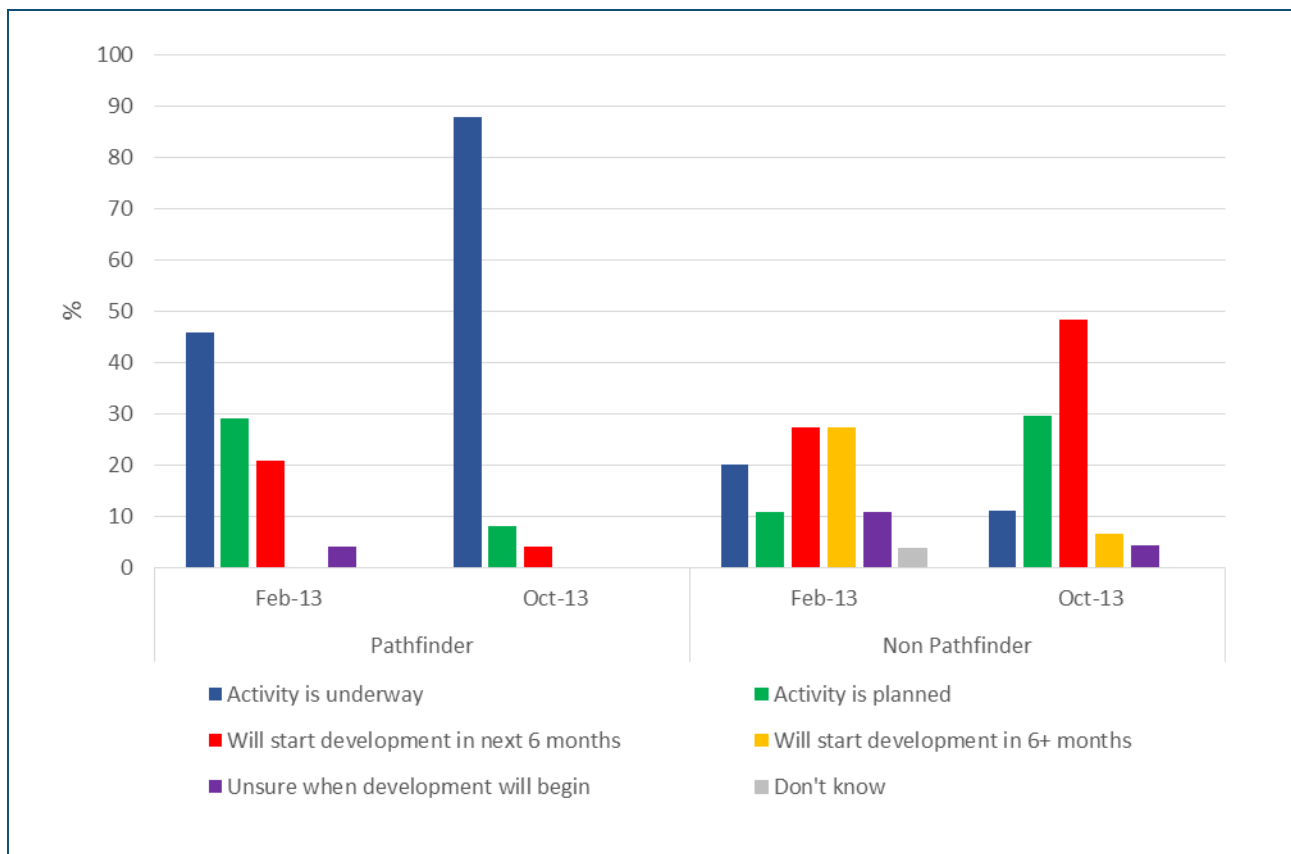
## Workforce development

Figure 30 illustrates the progress that had been made in relation to workforce development activity to prepare for the SEN reforms between February and October 2013. This shows good that progress had been made by pathfinder areas, while slightly more limited progress had been made non-pathfinder areas, including:

- An increase from 46% (n= 11) to 88% (n=22) in the proportion of pathfinder areas reporting their workforce development activity was underway
- An increase from 31% (n=17) to 41% (n=37) in the proportion of non-pathfinder areas indicating they had either begun or were developing their workforce development.

Anecdotal evidence from the pathfinder areas indicates that effective workforce development will be required to achieve the SEN reforms, and in turn that it remains one of the largest challenges to address. Monitoring of the types of workforce development activities that are underway and subsequent sharing of good practice will therefore be vital in the run up to the roll out of the reforms.

**Figure 30 Comparison over time – workforce development activity to prepare for the SEN reforms**



Feb 13 pathfinder n=24, Feb 13 non-pathfinder n=55, Oct 13 pathfinder n=25, Oct 13 non-pathfinder n=91  
Source: SQW Readiness Surveys Feb 2013 and Oct 2013.

## Development of Personal Budgets

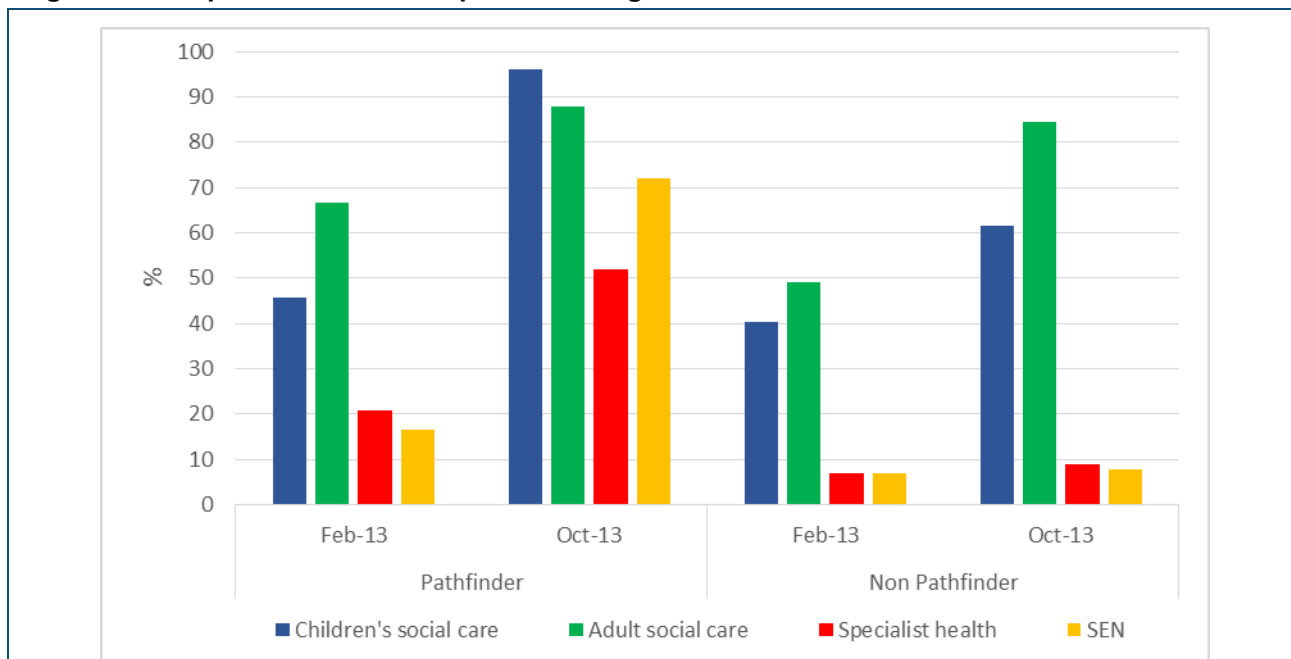
Figure 31 illustrates that pathfinder areas had made strong progress in their development of personal budgets across children’s social care (increase from 46% (n=11) to 96% (n=24) offering this form of PB), adult social care (increase from 67% (n=16) to 88% (n=22)), specialist health (increase from 21% (n=5) to 52% (n=13)) and SEN (increase from 17% (n=4) to 72% (n=18)) between February and October 2013. However, although similar levels of progress had been made by non-pathfinder areas in relation to children’s social care (increase from 40% (n=23) to 62% (n=56)) and adult social care (increase from 49% (n=28) to 85% (n=77)), very limited progress had been made in relation to the development of SEN and specialist health personal budgets. This implies that more work needed to be undertaken across non-pathfinder areas to develop a comprehensive personal budgets offer.

Moving forwards, it will be important for areas to not only further develop their personal budget offers, but to consider how these will align and join up across services<sup>16</sup>. This will

<sup>16</sup> Evidence gathered as part of the [EHC planning pathway for newcomers to the SEN system](#) thematic case study showed that this integration was yet to be developed in the participating pathfinder areas.

help to ensure that families who are eligible to access all forms of a personal budget can easily navigate this part of the process.

**Figure 31 Comparison over time – personal budget offer**



Feb 13 pathfinder n=24, Feb 13 non-pathfinder n=57, Oct 13 pathfinder n=25, Oct 13 non-pathfinder n=91  
Source: SQW Readiness Surveys Feb 2013 and Oct 2013.

## Suggested areas of additional support to help prepare for the SEN and Disability reforms

The Heads of SEN suggested several areas where it was felt they may benefit from additional support to better meet the requirements of the SEN reforms in both February and October 2013. Table 4, which lists the most commonly cited forms of support, illustrates that areas still felt they required assistance to meet the personal budget and workforce development aspects of the reforms. Conversely, the comparative evidence suggested that the Heads of SEN now felt more confident in developing joint commissioning arrangements and governance structures, as they no longer featured in the suggested areas for additional support.

**Table 4 Suggested areas for additional support – comparative responses**

| Feb-13  | Oct-13                |
|---|-----------------------|
| Development of a new integrated assessment and planning process               | Personal budgets      |
| Workforce development   | Workforce development |
| Personal budgets  | Financial support     |
| Governance structures to deliver the new EHC assessment and planning process  |                       |
| Joint commissioning arrangements between the local authority and partner CCGs |                       |

Source: SQW Readiness Survey

## Summary

Awareness of the SEN reforms increased between February and October 2013, which translated into varied advances in the development of individual elements of the reforms across pathfinder and non-pathfinder areas.

Focusing first on pathfinder areas, it was evident that strong progress had been made in relation to the: consideration of the governance of the EHC assessment and planning pathway; development of the local offer; development of mediation information and services; facilitation of workforce development; and development of personal budgets between February and October 2013. However, further progress was still required in relation to the development of joint commissioning arrangements between the local authority and partner CCGs.

Turning now to non-pathfinder areas, progress had been more mixed, with the intention being to begin development of the reforms in the next six months in most areas (as opposed to an increase in those who had actually begun the various developments). This finding is unsurprising given that the majority of non-pathfinder areas were likely to have started their reform-related developments more recently. However, given the proposed September 2014 milestone for roll out of the reforms, it is likely that the pace of development in these areas will need to increase to ensure all the relevant requirements are achieved.

## 4: Initial review of the effectiveness of the pathfinder champions

### KEY FINDINGS

- By October-December 2013, awareness of champion support was relatively high amongst SEN (91% (n=93) stated they were very or fairly aware) and social care (79% (n=68)), suggesting a good level of outreach. The engagement of health (65% (n=55)) had been more limited however, which champions may wish to address going forwards
- Only a small proportion of respondents had not accessed any champion support (n=18), due largely to geographical constraints or slow progress made locally (and hence the perception that it was too soon to reach out for support)
- General communications, regional conferences and thematic workshops had been the most accessed types of support, particularly by SEN. Comparative uptake of these activities was lower amongst health and social care respondents
- The uptake of one-to-one support, self-evaluation tools and case studies had been more limited, although this was likely to increase, as in many cases the champions had been awaiting feedback from local areas before planning and implementing this activity
- Feedback provided by SEN and social care on the support that they had received had been generally positive, however more mixed opinions were reported by health respondents
- 'Creative' methods had been adopted by pathfinder champions to maximise the resources available for champion support, including the pooling of 'one-to-one' days. Strong recognition of the need to tailor support to local needs and interests was also evident amongst the champions
- Parent carers had been less involved in champion activity by October-December 2013s than 40 parent carers), but where they had, the feedback was positive
- Local areas, and particularly pathfinder areas, had sought a range of alternative support in developing the reforms from providers including In Control, Preparing for Adulthood and the Early Support Trust. This had largely been accessed to broaden the depth and breadth of expertise, rather than to 'make up' for insufficient champion support. This is a positive finding and will only strengthen the readiness of local areas to meet the reforms; however it is important that future champion support is effectively aligned with support from alternative providers, in order to avoid any duplication.

This chapter presents a summary of feedback gathered in relation to the initial support provided by pathfinder champions to help local areas prepare for the reforms. Given that the champions had only been delivering support for about six months when the surveys were undertaken, the research focused on understanding local areas' awareness of the support being offered, as well as their take-up and levels of satisfaction.

The chapter presents:

- A summary of awareness of the support and activities being undertaken by the pathfinder champions by October-December 2013
- Analysis of the take up and satisfaction with the support – from the perspective of SEN, specialist health and children's social care, and parent carers
- Analysis of the take up of alternative support – including the extent to which other support had been procured and the reasons for this
- Suggestions for additional support which may be effective in helping local areas prepare for the reforms.

Where possible, the analysis draws out any differences between the responses provided by pathfinder and non-pathfinder areas<sup>17</sup>, noting that not all questions were asked of pathfinder respondents given that they had not been offered all components of champion support. The pathfinder champions themselves were not asked to participate in this component of the research.

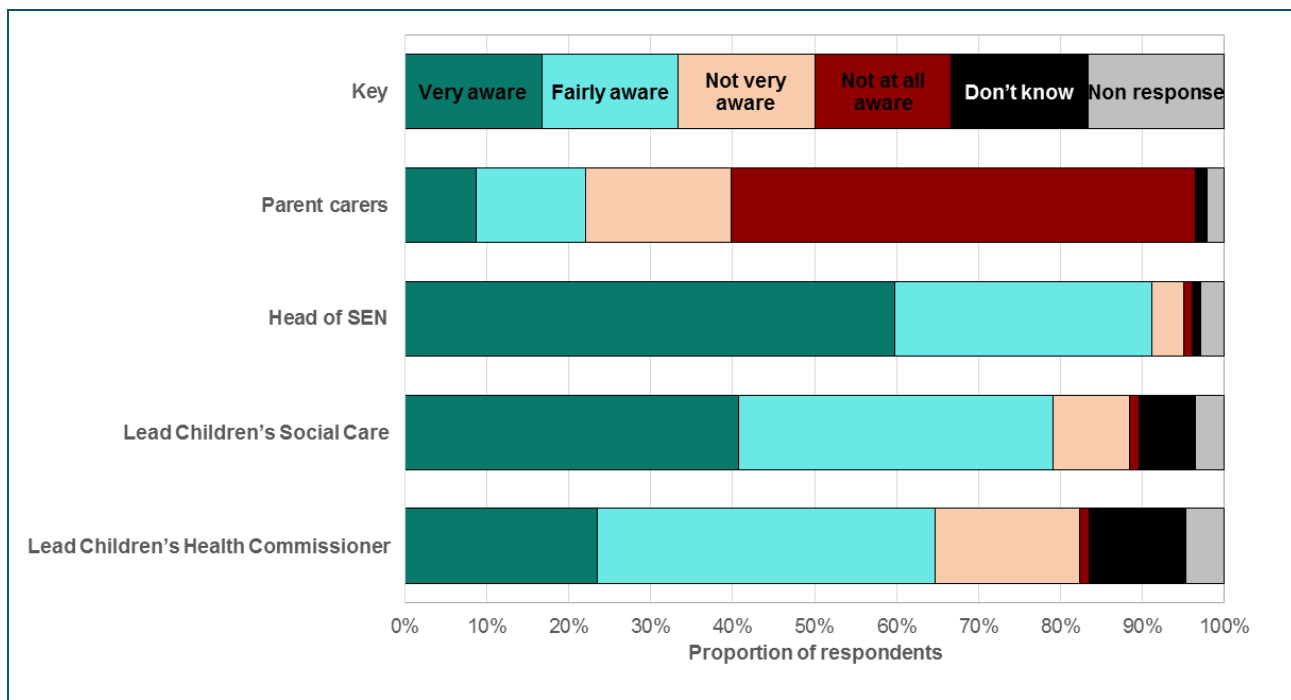
## **Awareness of the pathfinder champions**

Awareness of the support being provided by the pathfinder champions was high amongst the service leads, although differences were apparent across SEN, health and social care. Heads of SEN (91% (n=93)) were most likely to be aware of champion support (either very or fairly aware), followed by Leads for Children's Social Care (79% (n=68)) and Lead Children's Health Commissioners (65% (n=55)); reflecting the trend in awareness levels about the reforms more broadly (see Figure 32).

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<sup>17</sup> 273 (88%) of the 311 respondents to the Heads of SEN, children's health and social care were eligible to participate in this component of the research. Of these 273 responses, 9% were non-champion pathfinders and 91% were non-pathfinders.

**Figure 32 Awareness of pathfinder champion support and activities**



Total base n=559: Head of SEN n=102 (incl. three non-respondents), Lead Children's Social Care n= 86 (incl. three non-respondents), Lead Children's Health Commissioner n=85 (incl. four non-respondents), Parent Carers n=286 (incl. six non-respondents)  
 Source: SQW Champions Survey

On the whole, greater awareness of champion support was demonstrated in non-pathfinder areas. In respect to SEN, for example, 63% (n=7) of respondents from pathfinder areas were very or fairly aware of the reforms, compared to 95% (n=86) in non-pathfinder areas. This is unsurprising given that the champions have targeted their work towards non-pathfinder areas, which are in greater need of support.

Parent carers' awareness of champion support was more limited, with 22% (n=63) being very aware or fairly aware. Again, this is unsurprising as communication about champion support has tended to be channelled through Heads of SEN in the first instance. As engagement has now been established, it is likely that the involvement of 'wider' groups in champion activities will increase.

## Take up of support

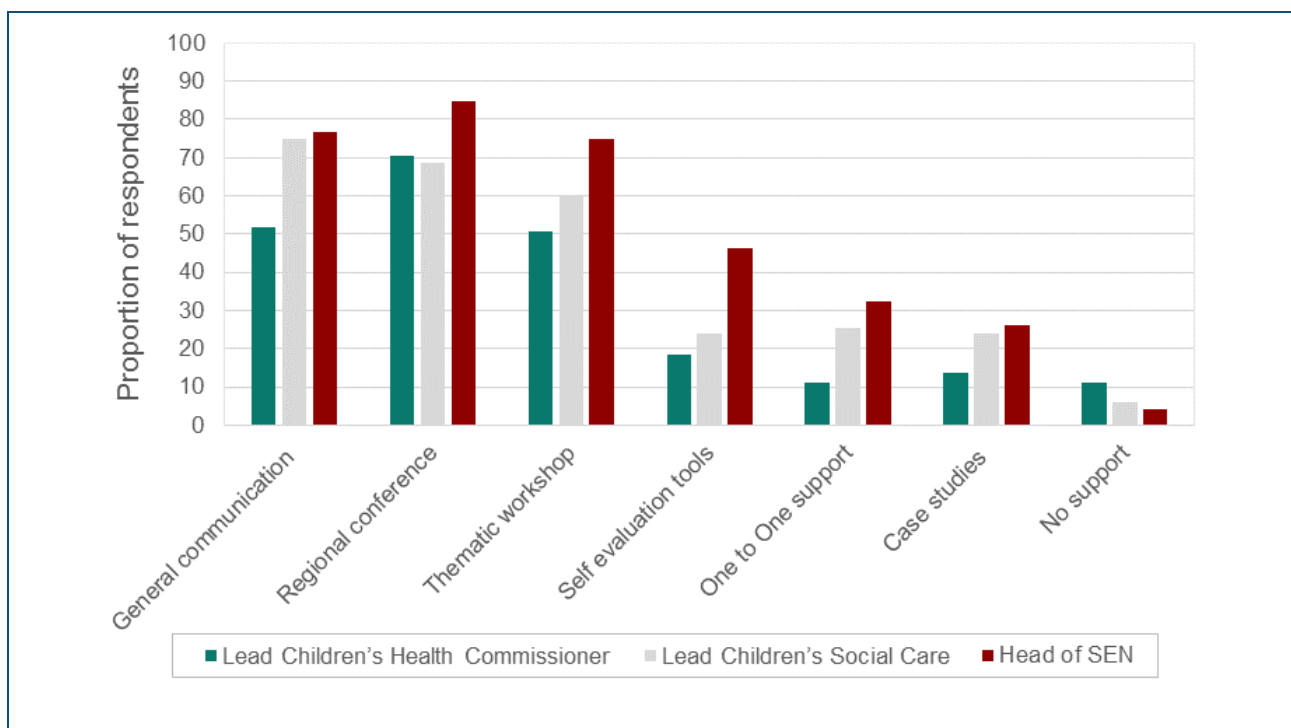
### SEN, specialist health and children's social care

Only a small proportion of respondents had not accessed any form of support by October-December 2013 (n=18), for reasons including practical difficulties accessing events and slow progress made locally (and hence the belief that it was too soon to receive support). Consultation with the champions illustrated that due consideration had been paid to ensuring that events were accessible, with audio-visual technologies being utilised, as well as a 'roadshow' approach being taken in some areas (e.g. events

scheduled in different locations to maximise access). The champions had also invested considerable resources in identifying the relevant contacts with which to engage, made challenging at times due to complex local authority structures. That only one respondent commented that they had not been contacted by their pathfinder champions suggested that efforts in this area had been effective.

General communication, regional conferences and thematic workshops were the most accessed forms of support (see Figure 33). Eighty-five per cent (n=84) of Heads of SEN reported attendance at a regional conference, and 75% (n=74) stated that they had been to at least one thematic workshop, illustrating a good level of outreach. Comparative uptake of these activities was lower amongst health and social care respondents however. That is, while a relatively large proportion of health (70% (n=57)) and social care (69% (n=57)) respondents reported attending a regional workshop, fewer had been to a thematic workshop (51% (n=41) and 60% (n=50) respectively).

**Figure 33 Support accessed from pathfinder champions by October-December 2013**



Total base n=273: Head of SEN n=99, Lead Children's Social Care n= 83, Lead Children's Health Commissioner n=81

Source: SQW Champions Survey

The uptake of one-to-one support and case studies had been more limited, with 32% (n=32) of SEN, 25% (n=21) of social care, and 11% (n=9) of health respondents accessing one-to-one support. In terms of case studies, 26% (n=26) of SEN leads had accessed such support, and 24% (n=20) of social care and 14% (n=11) of health leads. Discussions with the pathfinder champions offered some potential reasons for this, namely that many of the champions were seeking insight from areas before providing support. While this may have delayed the delivery of this type of support, the more collaborative approach taken should strengthen its effectiveness.

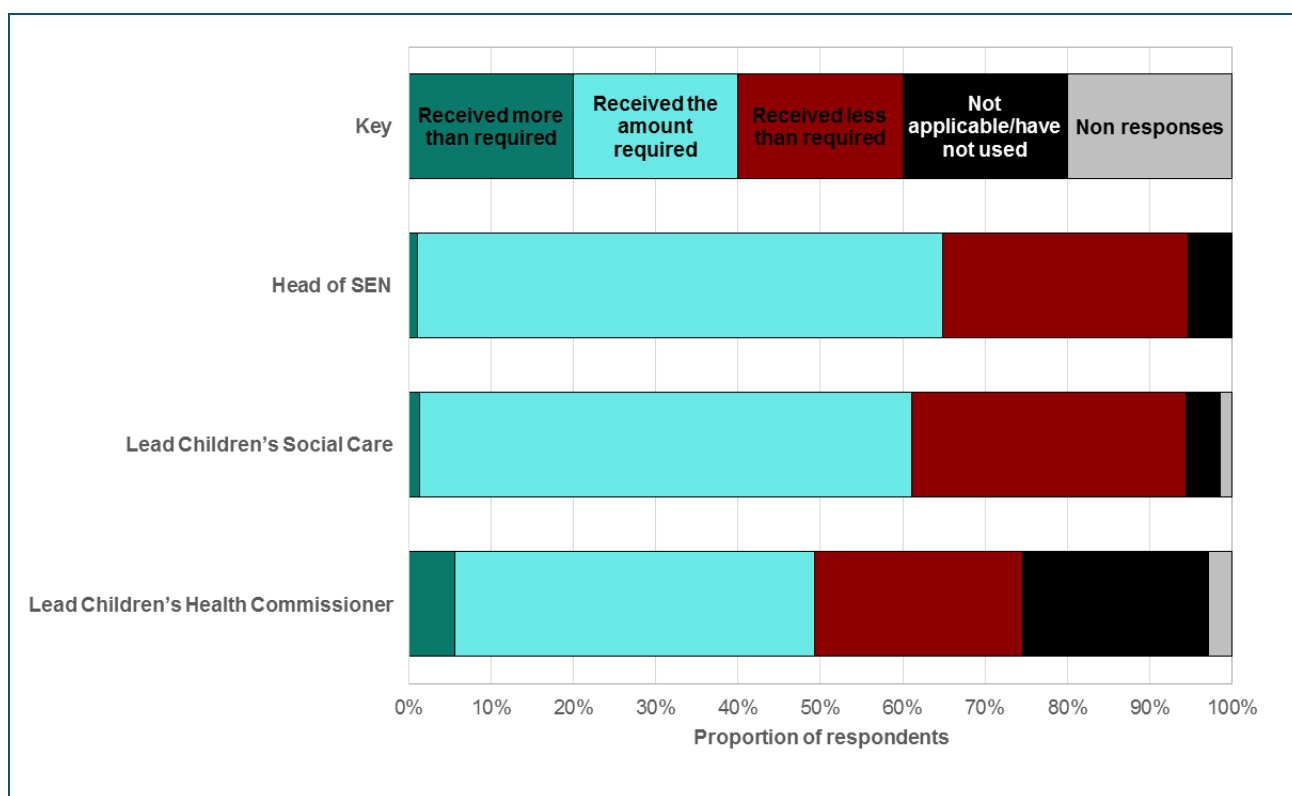


## Satisfaction with the support

### SEN, specialist health and children's social care

Respondents were asked about their satisfaction with the quantity of support provided by their pathfinder champion. As shown in Figure 34, 65% (n=61) of SEN respondents and 61% (n=44) of social care respondents stated that this had either met or exceeded their expectations. On the other hand, fewer health respondents (50% (n=35)) felt that they had received the appropriate quantity of support. The relatively limited resources available to the champions will undoubtedly have influenced these figures, as may the level of health expertise of the champions, and/or the more limited engagement of health more broadly in the reform process to date. Nevertheless, it will be important that focus continues to be placed on ensuring balanced engagement across all service areas going forwards.

**Figure 34 Quantity of support provided by pathfinder champions by October-December 2013**



Total base n=273: Head of SEN n=99, Lead Children's Social Care n= 83, Lead Children's Health Commissioner n=81

Source: SQW Champions Survey

Respondents also reported having been generally satisfied with both the *relevance* and to a slightly lesser extent, the *quality* of the support that they had received by October-December 2013. In the case of *relevance*, 50-100% of respondents stated that they were either very or fairly satisfied with the support, depending on the type of support provided. In terms of quality, 40-100% of respondents stated they were very or fairly satisfied (again taking out the responses for pathfinders who had not accessed support).

Satisfaction levels were particularly high for the more 'practical tools' offered:

- Self-evaluation tools: 93% (n=42) of non-pathfinder Heads of SEN, 79% (n=15) of social care leads, and 100% (n=15) of health leads stated they were very or fairly satisfied with the *relevance* of the case studies. Eighty-five per cent (n=39), 68% (n=13) and 100% (n=15) respectively marked them similarly in terms of *quality*
- Case studies: 80% (n=20) of non-pathfinder Heads of SEN, 79% (n=15) of social care leads, and 60% (n=8) of health leads stated they were very or fairly satisfied with the *relevance* of the case studies provided. Eighty-eight per cent (n=22), 79% (n=15) and 70% (n=7) respectively marked them similarly in terms of *quality*.

Further feedback provided by the respondents provided some insight into how the champions may want to develop their activity going forwards. There was an interest in ensuring materials were tailored to the particular audience/geographic area, more evidence-based and practical. The desire to have more specific examples was also commonly reported, including examples of what to 'look out for' based on lessons learnt:

*"Toolkits are useful, but the content is very positive and does not present the challenges or mistakes that have been made... which are as useful for learning and change processes". SEN Respondent*

One-to-one days and case studies provided a good opportunity to tailor support to local areas, although the champions had been limited in the resources they had available to provide this type of support. 'Creative' ways were being found to maximise resources however, including the pooling of one-to-one days across areas in cases where there were common interests or needs.

## Parent carers

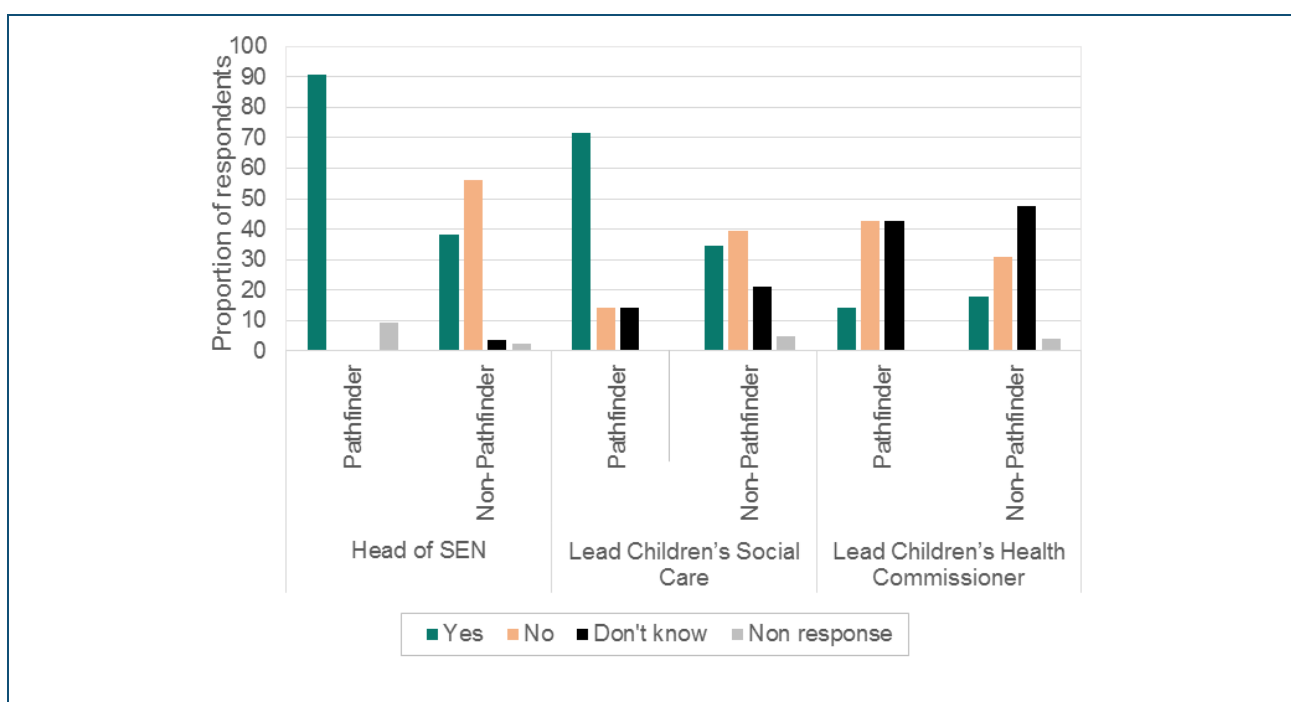
Awareness amongst parent carers of champion support was lower than amongst the service leads, with only 22% (n=63) stating that they were very or fairly aware (over half (57% (n=162)) were not aware at all). Fewer than 40 parents had accessed champion-related support, which had been taken up primarily through the three main engagement channels utilised by the service leads (general communication (n=26), regional conferences (n=29) and thematic workshops (n=28)). The least commonly accessed forms of support were one-to-one support (n=6) and self-evaluation tools (n=6). These were also the two areas in which they believed that their local area had had the least level of involvement.

Where parent carers had been involved, the feedback was generally positive. Seventy-seven per cent (n=20) described the general communications they had accessed as useful (very or fairly useful) and 65% (n=19) said the same for regional conferences. In terms of their involvement in the thematic workshops, opinions were more varied, with 42% (n=14) stating they were useful (very useful or fairly useful), and 24% (n=8) that they were not useful at all.

## Take up of alternative support

Approximately a third of respondents had accessed alternative support, ranging from 44% (n=44) of respondents in the case of SEN, to 38% (n=33) in social care and 35% (n=15) in health (see Figure 35). With the exception of health, more pathfinder than non-pathfinder respondents had accessed alternative support, which is not surprising given pathfinder areas were more advanced in their developments and therefore more likely to have identified additional support requirements. A large number of respondents in social care and health did not know whether such support had been accessed (20% (n=18) for social care; 47% (n=40 for health), and as such these findings should be treated with caution.

**Figure 35 Take up of alternative support**



Source: SQW Champions Survey

The greatest source of alternative provision had been provided by In Control, which was mentioned by 37 respondents (out of 90). Other alternative providers frequently referenced were:

- Neighbouring authorities (pathfinder status not specified) – noted by 27 out of 90 respondents
- Early Support Trust – noted by 12 out of 90 respondents
- SEN and Disability Pathfinders – noted by 12 out of 90 respondents
- Preparing for Adulthood – noted by 10 out of 90 respondents
- Independent consultants – noted by nine out of 90 respondents
- Pathfinder Support Team – noted by six out of 90 respondents.

The majority of examples given of alternative providers were provided by non-pathfinder areas, with only 15 respondents from the pathfinders citing examples. SEN and social care respondents were also much more likely than their health counterparts to provide examples of alternative providers that they had worked with.

While a few respondents mentioned that their local champion did not have enough resource to provide the level of support required, the most common reasons for seeking alternative support were: to gain a larger breadth and depth of information and to expand collaborative opportunities through the take-up of alternative provision. A small number of respondents also suggested that the geographic 'profile' of their pathfinder champion did not fit that of their own area (e.g. a small area providing champion support to a larger Shire County).

While it is encouraging that local areas recognised the importance of drawing on a wide range of expertise, it is critical that this compliments and adds value to the support provided by the champions. The data did show that alternative support had been provided in isolation from champion activities to date, which may increase the risk of duplication, or reduce the effectiveness of the support received. That is, only 9% (n=4) of Heads of SEN stated that alternative support had been provided in conjunction with champion support, with similar trends observed for social care (0% (n=0)) and health (20% (n=3)). Providers therefore have a role in ensuring that the support they are delivering is coordinated and delivered in collaboration with the local champion.

## **Suggested areas of additional support to help prepare for the SEN reforms**

As discussed above, the initial support provided by the pathfinder champions had generally been well received by October-December 2013. Moreover, approximately a third of service leads indicated that they would like additional support from their pathfinder champion (34% (n=35) for SEN; 36% (n=31) for social care; 26% (n=22) for health), which was also corroborated by parent carers.

The key areas of additional support suggested by respondents included:

- Specific legislative aspects – personal budgets, local offer, eligibility criteria, preparing for adulthood
- Strategic support – both in raising awareness and buy-in amongst senior management in local areas, and facilitating greater joint-working with local CCGs
- Tailored support – to better reflect local infrastructure, needs and interests, including more one-to-one support
- Practical guidelines and tool-kits – including EHC plans and assessment forms

While the champions had proved a useful resource for local areas, the feedback suggested that this could be more effectively targeted and tailored in future.

## Summary

Awareness of champion support was quite high amongst all three service leads, as was access to support, suggesting a good level of outreach. There had been more limited engagement of health in champion activities however, with only a half (50% (n=35)) of health leads believing they had received enough support. Going forwards it will be important to ensure more of a balance across the three service areas.

General communications, regional conferences and thematic workshops had been the most accessed types of support, and had been well received. Fewer respondents had accessed one-to-one support, self-evaluation tools and case studies, although this was likely to change, given that champions had delayed the roll-out of these activities to ensure they were effectively tailored. This more tailored approach will improve the effectiveness of the support provided, although it must be noted that this will still be constrained by the relatively limited amount of resources available to the champions. Parent carers had had more limited involvement in champion activity, but where they had been involved, the feedback was also positive.

Local areas, and particularly pathfinder areas, had sought a range of alternative support in developing the reforms, from providers including In Control, Preparing for Adulthood and the Early Support Trust. This had largely been accessed to broaden the depth and breadth of expertise, rather than to 'make up' for insufficient champion support. This is a positive finding and will strengthen the readiness of local areas to meet the reforms; however it is important that future champion support is effectively aligned with support from alternative providers, in order to avoid any duplication.

## 5. Conclusions and implications

The final chapter draws together the evidence from the study to reflect where the most and least progress has been made in relation to type of area (i.e. pathfinder/non-pathfinder), service and elements of the reforms. It also reflects on the effectiveness of the pathfinder champions up to October–December 2013 and provides a set of implications and recommendations on where future resource and support could be directed to improve the readiness of areas to meet the SEN reforms.

### Readiness to meet the reforms

#### Differences by type of area

Pathfinder areas were unsurprisingly more advanced in their developments relative to non-pathfinder areas, and had made progress across the majority of the elements of the reforms between February and October 2013. This had resulted in most pathfinder areas reporting that they had either developed or were in the process of developing most of the requirements. Conversely, although non-pathfinder areas had also continued to make progress, a large proportion of this group still had to begin working on a number of key elements (see Tables 5 and 6), which raises a risk around them completing all the relevant requirements by September 2014. It may therefore be sensible to direct future resource and support towards non-pathfinder areas, given they have more ground to cover to meet the requirements of the reforms.

**Table 5: Head of SEN readiness to meet the nine primary elements of the reforms, %**

| Theme element                         | Pathfinder               |                          | Non-Pathfinder           |                          |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                                       | Yes-developing/developed | No - not yet developing* | Yes-developing/developed | No - not yet developing* |
| EHC planning pathway                  | 100                      | 0                        | 63                       | 37                       |
| EHC plan template                     | 100                      | 0                        | 73                       | 27                       |
| The local offer                       | 76                       | 24                       | 2                        | 98                       |
| Governance of EHC plan pathway        | 92                       | 8                        | 50                       | 50                       |
| Eligibility criteria for the EHC plan | 80                       | 20                       | 36                       | 63                       |
| Joint commissioning                   | 68                       | 32                       | 45                       | 55                       |
| Joint resourcing arrangements         | 88                       | 12                       | 42                       | 58                       |
| Personal budgets                      | 44                       | 56                       | 18                       | 82                       |
| Workforce development                 | 96                       | 4                        | 41                       | 59                       |

Total base n =116 Source: SQW Readiness Survey

\* NOTE: 'No – not yet developing' category includes 'we are planning to start development in the next 6 months' or 'next 6-12 months' and 'we are not sure when we will begin development'

**Table 6: Distribution of readiness to meet the reforms by area relative to nine primary elements<sup>18</sup>, n, %**

|                  | <b>BAND 1: had begun development* of 0-3 of 9 primary elements</b> | <b>BAND 2: had begun development* of 4-6 elements of 9 primary elements</b> | <b>BAND 3: had begun development* of 7-9 of 9 primary elements</b> |
|------------------|--|---|--|
| Pathfinder N     | 0  | 5   | 20   |
| Pathfinder %     | 0  | 20  | 80   |
| Non-Pathfinder N | 46   | 32  | 13   |
| Non-Pathfinder % | 51   | 35  | 14   |

Total base: Head of SEN n =116

NOTE: An area was assessed as having begun development of an element if they provided either a 'yes we have element x in place' or 'yes we are developing element x' response. All other responses, i.e. 'we are planning to start development in the next 6 months' or 'next 6-12 months' and 'we are not sure when we will begin development' were categorised as 'no – not yet developing'

Source: SQW Readiness Survey

## Differences by type of service

Progress against most of the reform elements were further advanced within SEN than in social care and particularly health. This is likely to reflect:

- The nature of the reforms, which are primarily SEN-based, and have therefore presented a need for this service to move more quickly
- A lack of capacity on the part of health practitioners to sufficiently engage in the required developments, caused by whole-scale reorganisation of the health service
- A lack of clarity on the part of both health and social care practitioners about how they should contribute to meeting the SEN reforms, which was in part addressed by the introduction of a new legal duty on CCGs to contribute to the EHC planning process and subsequent delivery of services
- Uncertainty around the extent to which certain elements of the reforms would result in more efficient and effective processes, for example, whether the EHC plan could meet the requirements of all agencies and therefore act as a multi-agency plan that replaced traditional health and social care plans.

However, improved multi-agency working is one of the primary objectives of the reforms, which places a heavy reliance on drawing together the skills and expertise from across SEN, social care and health. Therefore, it will be important for all three services to work

<sup>18</sup> The nine elements comprised - the EHC coordinated assessment and planning pathway, EHC templates, the local offer, governance of the coordinated assessment and EHC plans, eligibility criteria for the EHC plan, joint commissioning arrangements between the local authority and partner CCGs, joint resourcing arrangements, personal budgets and workforce development.

together over the coming months to ensure the required developments are achieved across all three services.

## **Differences by element of the reforms**

A good level of progress had been made in developing certain aspects of the reforms, including the EHC coordinated assessment and planning pathway, EHC plan templates, the local offer, and governance of the coordinated assessment and EHC plans. However, a number of elements remained at an earlier developmental stage (see Table 7 above). This included:

- Eligibility criteria for the EHC plan
- Joint commissioning arrangements between the local authority and partner CCGs
- Joint resourcing arrangements
- Personal budgets - particularly in relation to SEN and health
- Workforce development.

This list largely mirrors the least developed elements identified in the previous readiness assessment (February 2013), and the elements that were identified by the respondents in the more recent assessment (October 2013) as those in which they felt that more support would be beneficial. This implied that areas had not yet turned their full attention to these developments and/or that they were the most challenging of the elements to achieve. It may therefore prove helpful if future support focused on the development of these elements, to ensure the pace of progress is sufficient to meet the legislative timeframe and that identified challenges are addressed.

## **Pathfinder champions**

Support provided by October-December 2013 by the pathfinder champions had been accessed by nearly all survey respondents and had generally been well received. However, take-up across the different forms of support had varied by service area, with SEN most commonly accessing all forms of support, whilst health had accessed the least. In addition, satisfaction with both the quantity and quality/relevance of the different forms of support had varied across the services areas, where again SEN tended to report the highest levels of satisfaction and health the lowest. Potential reasons for these differences were likely to include:

- The limited resources available to the champions, which could have restricted what was offered
- The knowledge that had been accumulated by the champions to that point, which was likely to include the more SEN-focused aspects of the reforms
- Limited capacity on the part of health to engage in all champion-related support combined with limited opportunities for them to engage given challenges faced by champions in identifying the appropriate health contacts in individual areas.



Further feedback provided by the respondents illustrated that a range of alternative support had also been accessed by areas, which had focused on adding value to specific aspects of the reforms, for example, the development of personal budgets. Respondents also provided some insight into how the champions may want to develop their activity going forwards, with a keen interest in ensuring materials were tailored to the particular audience/geographic area, more evidence-based and practical.

## Implications arising

The feedback gathered provides a mixed picture of readiness as of October-December 2013, with a number of non-pathfinders still some way off. Many of this group intended to start work on key elements in the next six months. We would assume that for many this would mean acting sooner rather than later given that they had in effect 10-11 months until the new approach was due to go live from the point the survey was undertaken.

On one reading of the results, many areas seemed comfortable with the timescale, with just 41% of service leads saying that they required further support. However, from the experience of the pathfinders there could be some concern that these developments usually take longer. It may be that non-pathfinders were assuming that they could move more quickly by building on the experience of the pathfinders, but the risk remains that they had not fully assessed the work required. Therefore, it could be appropriate to:

- Monitor progress over the next few months ) –informed by the DfE termly readiness assessment and by the views of pathfinder champions that may be able to provide an insight into progress made by the areas they are working with
- Continue to produce materials which draw on the experience of the pathfinders, to assist and speed up non-pathfinder development – including further thematic case studies from the evaluation and good practice drawn from the pathfinder champions and pathfinder support team
- Provide a limited amount of tailored support, but only to those areas which think they require it (asking them to opt in) and building on the feedback gathered through the monitoring information.

## Annex A: Our approach

### Original methodology

The original methodology that was proposed for this strand of the evaluation was broadly similar to that used in the Green Paper Support Contract, and incorporated:

- 1 Qualitative consultations with each of the pathfinder champions to understand their remit, and the types and levels of support being provided (locally, and nationally in the case of the national champions)
- 2 A series of online surveys, distributed via Key Survey software, to measure readiness to meet the reforms locally, with six different target groups:
  - Heads of SEN in all local authorities in England, including pathfinder areas (targeted survey)
  - Leads for Children’s Social Care in all local authorities, including pathfinder areas (targeted survey)
  - Lead Children’s Health Commissioners in all local authorities, including pathfinder areas (targeted survey)
  - Service providers (national open call for responses directed at the Voluntary and Community Sector (VCS))
  - Parent carers (national open call for responses)
  - Children and young people (national open call for responses).

During the scoping phase to ‘test’ the viability of the proposed methodology, feedback was provided on the appropriateness and inclusiveness of using an online survey to gain feedback from children and young people. Through discussions with the Council for Disabled Children (CDC), it was established that a series of focus groups would be more effective in engaging with children and young people, and the methodology was correspondingly adjusted. All other aspects of the research methodology have remained the same.

The online survey targeted at the leads for SEN, social care and health was versioned, to ensure that the non-pathfinder areas and the ‘non-champion’ pathfinders were asked questions on the effectiveness of champion support, whilst the surveys distributed to the pathfinder champions did not include this element.

### Qualitative fieldwork – Champions

Scoping consultations were held with all nine regional pathfinder champion leads (one lead for the SE7 area) in August 2013, and covered three principle areas:

- Remit of the champions, in terms of objectives, responsibilities, funding and staffing arrangements

- Development of their Champion Implementation Plan, which set out their planned activities, the sequencing of their support, and the involvement of the pathfinder support team in champion support
- Delivery of the Champion Implementation Plan, including areas of progress and challenges (already faced and anticipated).

Prior to conducting the consultations, a review was undertaken of Champion Implementation Plans, to understand the activities and timeframes that the individual champions had set out. Interviews were conducted over the telephone, lasting approximately an hour and following a semi-structured topic guide. Notes were taken during the consultations. The information provided through the consultations and background documents was used to inform the design of the champions section of the survey.

## Approach to survey design and distribution

In order to maximise the response rates to the surveys we sought to ensure that the questionnaire length would not be too onerous for those completing it. With this in mind, the targeted surveys (SEN, social care and health) were designed to include primarily closed questions, requiring approximately 20-25 minutes to complete. The survey for providers and parent carers comprised a mix of open and closed questions, but was shorter (approximately 10-15 minutes in length).

The distribution list used in the Green Paper Support Contract was refreshed to provide updated contact details for Heads of SEN. In many instances, the previous respondent had moved on, or the contact details were no longer accurate, and so it was necessary to speak to other colleagues within SEN teams to ascertain the appropriate contact.

A twin-track approach was used when constructing the distribution list for the Leads for Children's Social Care and Health:

- A referral was obtained from Heads of SEN, who had already been contacted
- Web search and direct telephone contact with relevant agencies.

Aside from the need to update a large number of the original Heads of SEN contact details, a few other challenges were faced when collating contact details. In many instances, there was not a specific Head of SEN, Lead for Children's Social Care or Lead Children's Health Commissioner role, either because of restructuring or because the role was split across more than one post. In these cases we explained the nature of the survey and requested advice on the most appropriate person to complete the questionnaire.

In some areas, individuals were responsible for more than one service or geographic area, as was particularly the case for health. In these cases we sought to identify another colleague, who was not the lead *per se*, but was in a senior position and had enough oversight to be able to effectively complete the survey. Where this was not possible, we explained the importance of ensuring individualised responses for each

service/geographic area, and asked the contact to complete more than one survey. If this was required, surveys were distributed via a 'bespoke' email, rather than automatically through Key Survey software, to avoid confusion and ensure we received separate survey submissions from each area, or service, managed under a joint post.

We endeavoured to make contact with each designated SEN, health and social care respondent to obtain verbal agreement regarding completion of the online survey. Given that two months were required to confirm all of the contacts, a notification was sent to respondents a week before the survey was distributed to remind them of their agreed participation. The targeted surveys for SEN, social care and health were distributed by email via the Key Survey software (alongside 48 bespoke emails) between 23 and 25 October 2013, with a unique link to the online questionnaire and a letter to introduce the survey.

At the same time, we issued an open call for responses to gain the perspectives of provider organisations and parent carers, disseminated through partner organisations including CDC, NNPCF and Contact a Family.

All respondents were given approximately three weeks to complete the survey. One week before the specified deadline, we sent targeted reminder emails out to those who had started but not submitted their survey, to encourage completion, as well as automated reminder emails to those who had not started the survey. A further email was sent out to both sets of non-respondents just after the advertised deadline, advising them that we would keep the survey open for a further week to enable final responses. Where no responses across the three target audiences had been received in a local area, a follow-up call was undertaken (where possible) to encourage completion of the survey. The five surveys were closed at the beginning of December 2013.

## Characteristics of respondents to the online surveys

### Targeted survey – SEN, social care and health

In total, after filtering and removing responses that did not provide sufficient data to be considered<sup>19</sup>, 311 submissions were analysed across the SEN, social care and health targeted readiness surveys. We received a set of fully completed responses for all three services from 42 local authority areas, representing 28% of all areas. Encouragingly, the vast majority of local areas engaged in the research, with only four failing to respond at all. Of the 311 submissions analysed, 273 were eligible to complete the champion effectiveness survey<sup>20</sup>.

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<sup>19</sup> In total 334 responses were received for the Heads of SEN, Children's Health and Social Care targeted readiness surveys; 23 responses only provided very basic information and did not complete any readiness questions, so were removed from the data spreadsheet prior to the analysis stage (leaving 311 survey submissions for analysis).

<sup>20</sup> The remainder were pathfinder champion areas so were not able to comment on their own performance

Overall, responses were fairly well balanced across the three services (SEN, social care and health). As illustrated in Table 7 below, the response rate from Heads of SEN was highest at 76% compared to 64% for both health and social care. The table also shows that 81% of the Heads of SEN from the 31 pathfinder areas provided a response to the survey, and comparatively less than two thirds of pathfinder social care and health respondents participated (61% and 58% respectively).

**Table 7: Service responses to the SEN and Disability readiness survey**

| <b>Service</b> | <b>Type of area (Pathfinder/ Non-Pathfinder)</b> | <b>No of respondents</b> | <b>Response rate</b> |
|----------------|--|--------------------------|----------------------|
| SEN            | Non-Pathfinder                                   | 91                       | 75%                  |
|                | Pathfinder                                       | 25                       | 81%                  |
|                | Total number of surveys from SEN Leads           | 116                      | 76%                  |
| Health         | Non-Pathfinder                                   | 79                       | 65%                  |
|                | Pathfinder                                       | 18                       | 58%                  |
|                | Total number of surveys from Health Leads        | 97                       | 64%                  |
| Social Care    | Non-Pathfinder                                   | 79                       | 65%                  |
|                | Pathfinder                                       | 19                       | 61%                  |
|                | Total number of surveys from Social Care Leads   | 98                       | 64%                  |
| <b>TOTAL</b>   |  | <b>311</b>               |                      |

NOTE: Total no of local areas = 152, Total no of pathfinder areas = 31, Total no of non-pathfinder areas = 121

Source: SQW Readiness Survey

Table 8 below shows the proportion of responses received from each service in each region. The East Midlands displayed the greatest level of imbalance in responses from the three services, with an 89% response rate from the Heads of SEN, compared to 33% from the leads for social care and health. There was a good balance between submissions from SEN, social care and health in the South East, South West, and the North East. In Yorkshire and the Humber, the response rate for health leads was the highest at 93%, while for social care leads it was just 53%.

**Table 8: Response rates for Heads of SEN, Social Care and Health Leads in the regions**

| Region                   | Heads of SEN response rate | Health leads response rate | Social care leads response rate |
|--------------------------|----------------------------|----------------------------|---------------------------------|
| East Midlands            | 89%                        | 33%                        | 33%                             |
| East of England          | 82%                        | 64%                        | 55%                             |
| London                   | 79%                        | 55%                        | 76%                             |
| North East               | 67%                        | 67%                        | 58%                             |
| North West               | 78%                        | 61%                        | 78%                             |
| South East               | 68%                        | 68%                        | 63%                             |
| South West               | 75%                        | 69%                        | 69%                             |
| West Midlands            | 79%                        | 64%                        | 57%                             |
| Yorkshire and the Humber | 73%                        | 93%                        | 53%                             |
| Total                    | 76%                        | 64%                        | 64%                             |

Source: SQW Readiness Survey

### Provider and parent carer surveys

In total, 74 submissions were received for the provider survey and 284 for the parent carer survey, after removing responses which did not provide enough data to be considered for analysis purposes<sup>21</sup>.

The majority of provider responses (57%) were received from public sector organisations, which mainly provided services to the public sector and services or support directly to families (for example, Parent Partnership Service hosted by a local authority or NHS specialist health provider). Responses from the voluntary and community sector amounted to 34%, while only 5% were received from private sector providers. Provider responses were fairly evenly distributed across specialist education and health service providers, although social care was less represented. The vast majority of providers were delivering services locally, with three quarters stating their service provision was limited to one or two local authority areas.

In terms of parent carers, most of those who responded to the survey were female (84%) and White British (83%). Just over one quarter lived in pathfinder areas and 62% in non-pathfinder areas (a further 10% did not disclose their location), and over half were members of a Parent Carer Forum (54%).

<sup>21</sup> In total, 92 submissions were received for the provider survey and 305 for the parent carers survey.

The employment status of the parent carers who responded to the survey is broken down in Table 9 below. This illustrates there was a fairly even split between the proportion of respondents who were in work or training<sup>22</sup> (37%) and those who were not in employment<sup>23</sup> (the majority of whom fell into category C). Of those who selected 'other', 37 (82% of this group) stated that they were full time carers.

**Table 9: Employment status of parent carer respondents**

| <b>Employment status</b>                                       | <b>Number of responses</b> | <b>% of total responses</b> |
|--|----------------------------|-----------------------------|
| A I am a student   | 6                          | 2%                          |
| B I am not working as I am long term sick or disabled          | 15                         | 5%                          |
| C I am not working as I look after my family home and children | 85                         | 30%                         |
| D I am retired   | 4                          | 1%                          |
| E I am unemployed  | 4                          | 1%                          |
| F I work full time (30 hours a week or more)                   | 22                         | 8%                          |
| G I work part time (less than 30 hours per week)               | 77                         | 27%                         |
| H Other  | 45                         | 16%                         |
| I No response provided   | 26                         | 9%                          |
| Total  | 284                        | 100%                        |

Source: SQW Readiness Survey

Of the parent carers that responded, 62% had one child with additional needs, and 23% said they have two children with additional needs. A further 4% had three children with additional needs and a single respondent had four<sup>24</sup>. Looking at the figures for the 62% of respondents with a single child with additional needs, we can gauge the age range and gender of the children and young people cared for by this group. The sample was overwhelmingly male (63%<sup>25</sup>) and 70% were of school age (age 6 to 15). Twelve per cent of respondents had a child in the Early Years age group (0-5) and a further 8% in the 19 to 25 year old age group. The same proportion (8%) had a child between 16 and 18 years old.

<sup>22</sup> Including categories A, F and G

<sup>23</sup> Including categories B, C, D and E

<sup>24</sup> 11% of respondents did not provide a response to this question; the proportions are calculated including these non-responses.

<sup>25</sup> 12% of respondents did not provide a response to this question; the proportions are calculated including these non-responses.

Again, just taking into account the group with a single child with additional needs, the data shows us that the majority of these children have more than one additional need. Table 10 shows that the most common additional need reported by 77% of parent carers<sup>26</sup> was 'communication and interaction needs'. These children face difficulties expressing themselves or understanding others and find social interactions and making friends challenging. This was closely followed by 'behaviour, emotional and social development needs' reported by 74% of parent carers; these children find expressing emotions difficult and they experience anxiety in new social situations (or have been diagnosed with Attention Deficit Hyperactivity Disorder). Seventy per cent of the single child group have 'cognition and learning needs'. For example, the children experience difficulties with reading, writing and time management (or have specific learning difficulties such as Dyslexia). A far smaller proportion (53%) reported a sensory and/or physical need, such as a visual or hearing impairment, or physical disability. One quarter of those in the single child group said their child displays four of these additional needs.

**Table 10: Additional needs of those in the single child group**

|  | Additional need of single child |   |                                     |                               |                         |
|--|---------------------------------|---|-------------------------------------|-------------------------------|-------------------------|
|  | Cognition and Learning Needs    | Behaviour, Emotional and Social Development Needs | Communication and Interaction Needs | Sensory and/or Physical Needs | Don't know/ no response |
| Additional need for single child (% parent carers)                     | 70%                             | 74%   | 77%                                 | 53%                           |                         |
| Additional need with greatest impact on child's life (% parent carers) | 23%                             | 33%   | 29%                                 | 13%                           | 2%                      |
| Additional need with greatest impact on family life (% parent carers)  | 8%                              | 56%   | 20%                                 | 14%                           | 3%                      |

Source: SQW Online Parent Carer Survey. Base = 177 (total number of parent carer respondents with a single child with additional needs)

<sup>26</sup>



## Qualitative fieldwork - children and young people

We had originally intended to undertake a survey with children and young people to gain their feedback, however this was reconfigured following early guidance from CDC. The alternative approach involved the undertaking of three focus groups, which were delivered by two VCS organisations (Mencap and KIDS), following advice from CDC.

The focus groups were undertaken between December 2013 and January 2014, and were structured around the main themes covered in the targeted surveys. The session plan was developed by SQW, and tailored following advice that the young people's awareness of the reform process, and involvement in the reforms, was likely to be relatively limited. If required, young people were asked 'hypothetical' questions about the reforms (e.g. How do you think you could be made more aware of the reforms? How would you like to be better involved in the reform process?) to elicit more fruitful dialogue.

The focus groups lasted approximately 1.5-2 hours, with feedback gained through a mix of open discussions, break-out groups, games and other activities. Twenty-three young people participated in the focus groups, aged between 16-24 years, who had a variety of additional needs (including behavioural needs (e.g. autism), physical needs (e.g. cerebral palsy) and cognitive and learning needs). Participants were selected by KIDS and Mencap from existing groups of young people that either acted as local young ambassadors or formed part of local youth consultation groups. A dictaphone was used to record the discussion, following which a thematic write up was drafted using the main topics of the session plan. A member of SQW observed two of the three focus groups, following consent gained from participating beneficiaries.

## Analysis and reporting

Quantitative analysis was undertaken for each of the five targeted surveys. This was undertaken using Key Survey software, SPSS and Microsoft Excel and involved developing basic frequency tables for each of the closed questions across all the questionnaires. The findings were also disaggregated to illustrate any differences in response between pathfinder and non-pathfinder areas.

Responses to the open questions were inputted into a thematic matrix with themes based on the principle survey/research questions. Information was directly transferred from the all of the survey responses into the matrix to ensure all original notes were retained for analysis purposes and were not subject to interpretation. Thematic analysis of the set of responses was then undertaken using the principle research questions to draw out similarities and differences that had been experienced by different stakeholders. The findings from the focus groups with children and young people were also analysed on a thematic basis.



Department  
for Education

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**Reference: DFE- RR329**

**ISBN: 978-1-78105-309-6**

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