Impact Evaluation of the SEND Pathfinder Programme – DfE research

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Summary

Part 3 of the Children and Families Bill makes provision to change the way the needs of children and young people with special educational needs and/or disabilities (SEND) are assessed and met. To test these provisions, the Department for Education (DfE) established a SEND Pathfinder Programme following the publication of the SEN Green Paper Support and aspiration: A new approach to special educational needs and disability - A consultation. Subsequently, SQW was commissioned by the DfE to lead a consortium, including Ipsos MORI, BPSR and the Office of Public Management (OPM), to undertake the evaluation of the SEND Green Paper Pathfinder Programme.

The Impact Evaluation report is the second of two volumes containing the evaluation findings from the first 18 months of the SEND Pathfinder Programme. The first volume, The Process and Implementation Evaluation, describes the progress made by the pathfinder areas, the approaches adopted to deliver the pathfinder, what has worked well and less well and emerging lessons – this report was published in June 2013. See Related Briefings.

The Impact Evaluation, the subject of this briefing, provides an assessment of the experiences, outcomes achieved and distance travelled by the initial cohort of participating families, an analysis of the extent to which working practices have changed for the staff/individuals that have worked directly with participating families to deliver the process, and an indicative assessment of the costs of the reforms. The report presents:

- Commentary and analysis of the parent-carer survey
- Feedback from the qualitative research that was conducted with families, with additional individual family case studies
- Commentary and analysis of the staff work and satisfaction survey
- An estimation of the indicative costs of the reforms

This briefing will be of interest to members and officers working with schools, children’s services, health and disability teams.

Overview

The initial 18 months of the SEND pathfinder programme sought to explore how to reform the statutory SEN assessment and statementing framework. The programme involved the development and delivery of alternative approaches to SEND delivery that could enhance or replace the existing system.
Each pathfinder area, grant funded and comprising of the relevant local authorities, NHS agencies and a range of partners from the VCS, parent-carer groups, colleges and schools, was tasked to develop and trial some of the ideas published in the DfE Green Paper: Support and aspiration: A new approach to special educational needs and disability - A consultation. These include an integrated assessment process, a single ‘Education, Health and Care Plan’; and personal budgets across education, social care, health, and adult services for children and young people from birth to 25 years. In addition, the programme explored how best to utilise and build the skills, and resources, of families and the voluntary and community sector (VCS).

The aims of the evaluation where to establish whether the pathfinders:

- Increased real choice and control, and improved outcomes for families with disabled children and young people and those who have special educational needs
- Made the current support system for disabled children and young people and those with SEN and their parents or carers more transparent, less adversarial and less bureaucratic
- Introduced greater independence into the assessment process by using the voluntary sector
- Demonstrated value for money, by looking at the cost of reform and associated benefits
- Were effectively supported by the pathfinder support team

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

Briefing in Full

The impact of the pathfinder programme on outcomes has been measured by comparing self-reports of those outcomes for 237 pathfinder families with self-reports from a matched comparison group of 226 families. A range of outcome measures were collected, covering:

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

The 237 pathfinder families covered children of a wide range of ages, educational settings, and received SEN services.

Families’ experience of the process

The pathfinder process was designed and implemented differently in each pathfinder area, with differences ranging from the involvement of a key worker, to the number and type of professionals involved. Families’ descriptions of the process therefore differed from area to area but most had...
taken part in a similar set of stages, which mirror the findings from the *Process and Implementation Evaluation Report* that at a high level, general model is emerging. This is set out on Figure 2 (from the report) below.

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

In terms of families’ experience of this process, pathfinder families were significantly more likely than comparison families to agree strongly that they understood the assessment and support planning processes (38 per cent pathfinder families; 27 per cent comparison). They were also more likely to say that their views had been taken into account.

Families’ understanding of the process and the extent to which it had been child/family centred appears to be strongly influenced by the skills and knowledge of the ‘key worker’ or ‘group of individuals’ that had provided them with support, emphasising the importance of resourcing this process sufficiently with well trained staff.

Findings from the qualitative research also emphasised that families’ understanding of the process appeared to have been linked to the competency, consistency and knowledge of the ‘key worker’ or ‘group of individuals’ that had provided them with support.

Key workers were felt to be effective where they:

- Had knowledge of the child or young person
- Were able to draw on their knowledge and experience of the ‘system’ e.g. available options/entitlements and knowing ‘what you have to do to get things done’
- Synthesised different strands of assessment information and evidence into a coherent, clear and person-centred package of care
- Provided advice, information and played an advocacy role throughout the process
Exercised their judgement and responded to families’ need for different types and levels of support, for example, taking a collaborative role vs. taking more of a clear lead and ‘hand holding’ families

Used their professional status and knowledge to influence others and ‘make things happen’

Were good listeners and were attentive to the needs and wishes of families

Were fair and impartial throughout the process and able to bring a fresh perspective

Where the role of the key worker was less effective:

Key workers were felt to be unresponsive when contacted or to have failed to support adequately families through the process

Participants often linked poor performance of the key worker with the fact that the role was ‘on top of their day job’, which could limit the time they could put to the role, or because there was a lack of direction from the team leading the pathfinder

In addition, the process itself was felt to have been child/family centred in cases where professionals had allowed time for discussions, were accessible and recognised the value of parents’ insights into their child or young person’s needs. The transparency of the process also appeared to be an important factor. This highlights the importance of skilled people undertaking the key worker role, and having sufficient time to do it properly.

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

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

Pathfinder parents reported getting a significantly more ‘joined up’ service than those in the comparison group, although the survey findings highlighted there was room for further improvement in this area e.g. the engagement of health services and sharing information.

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

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

Families’ experience of the process: delivery of services

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

However, in amongst this generally positive picture were some important lessons to guide future development:

- Families differed in the amount of choice that they wanted, feeling much more comfortable around some services than others
- Although it had improved a significant number of pathfinder families still reported that they had lacked enough information to make proper choices emphasising the need for the pathfinders to continue to develop the local offer
- Around half of the pathfinder families did not agree that their child received all or most of the services that they required

Overall, the impact report concludes that the pathfinder single plan approach appears to be achieving similar results across the full range of families it is being used with. However, the survey that is to take place in late 2013 and into 2014, as part of the extended evaluation, will look at this in more detail.

Families’ experience of the process: change in families’ perceptions of the processes

Pathfinder families reported noticing a difference in the process. Half (54 per cent) felt that the quality of the support services they were now receiving was better than it was before. Only a third (36 per cent) of comparison group families felt the same.

The SEN Statement was the main assessment and support planning experience that the vast majority of participants in the qualitative work had completed (with the exception of most 0 - 5s) and many compared the process and outcomes of the Statement to those of the single plan.

In summary, the strengths of each process identified are shown below:

<table>
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<th>Single plan</th>
<th>SEN Statement</th>
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<td>• Broader and more holistic</td>
<td>• Clear legal status</td>
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<tr>
<td>• More detailed and specific on goals</td>
<td>• Transferability from area to area</td>
</tr>
<tr>
<td>• More involvement of families in process</td>
<td>• Updated annually</td>
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Families who preferred EHC Plans felt they were broader documents which attempted to set out a more rounded and holistic package of care and goals than the SEN Statement. They also reported being more involved in the process of developing the EHC Plan than they had with the SEN Statement.
Outcomes experienced

Overall, the impact report found no consistent evidence of the pathfinder approach having had an impact on wider child and parent outcomes. While there were some self-reported impacts in the qualitative work, such changes did not show through in the survey suggesting such impacts are not yet widespread. This may be an issue of timing, with impacts emerging over time and/or that the impacts are too small for the sample sizes to detect.

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

However, there were a number of ways that the process of obtaining a single plan made a positive impact on parents and families including:

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

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

Staff work and satisfaction

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

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

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

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

**Indicative costs of reform**

The impact report provides an analysis of the costs associated with developing and implementing the pathfinder approach across the 31 pathfinder areas. Key findings are:

- The median estimated total cost per area was £333,018 over the first 18 months of the pathfinder, including both financial and in-kind expenditure. However, this varied substantially by area, from a minimum of £205,138 in one area to a maximum of £559,149 in another. Figure 4 (from the report) below illustrates financial and in-kind spend on each type of activity (split by Common Delivery Framework themes) and by each service varied across pathfinders.
- Across areas, the average of the median pathfinder case across areas involved 14 hours of professional time in formal EHC Plan meetings, although median cases per area ranged from 3 hours to 45 hours of professional time.
- On average, the EHC Plan process involved three formal meetings between professionals and (often) the family, taking a total of 15 hours of professional time and five hours of family time per case.
- The pathfinder approach used with the initial cohort of families appeared to involve, on average, 42 hours compared to 30 hours for non-pathfinder families (completing the comparative SEN Statemnting process), although there was wide variation across and within areas. Additional research will be undertaken in the extended evaluation to further explore this issue.
- The average delivery cost per family associated with the staff time spent in formal EHC Plan meetings was an estimated £308, although the minimum area median would have cost an estimated £66 per family and the maximum would have cost £990 per family.

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

**Figure 4 (part) Breakdown of 2011/12 and 2012/13 financial costs by CDF theme and by the service that incurred the cost**
The costs of reform remain subject to continued variation, as the pathfinders move from set up to roll out. While some costs may fall, for example, the cost of keyworker time if more junior staff increasingly take on the key working role, they may also rise, for example, if multi-agency working increases, leading to more staff time spent in a coordination role and more agencies participating in formal EHC Plan meetings. It is also likely that further development costs will need to be added as areas continue to refine their approaches. A fuller exploration of the costs of reform will be undertaken as part of the forthcoming cost effectiveness thematic case study.

The initial draft of the Code of Practice describes seven key ‘expectations’ which should arise from the reformed system. Figure 9, page 113, of the Impact report describes each of the provisions along with the experiences of the pathfinders (taken from both the Process and Implementation and the Impact strands of the evaluation). In doing so it identifies a series of key challenges going forward for both pathfinder and non-pathfinder areas.

Conclusions and implications

The evaluation identified that the pathfinder has had positive impacts in terms of parents’ understanding of the process, and how family-centred and joined up these had been across different services. In addition, although evidence gathered directly from families participating in the pathfinder did not explicitly make reference to engagement of the VCS, collaborative working was already evident in some areas. The staff work and satisfaction survey found that key workers had tended to work more closely with the VCS as a result of their involvement with the pathfinder.

However, while positive the overall level of change appears modest at this fairly early stage. The most important finding was the key worker role which seems to be a key theme to success. The resourcing the development of this role will therefore be a crucial area of activity for non-pathfinder areas.

Comment

Taken together, the findings presented above are broadly positive. The pathfinders and the families that have participated in the new processes have travelled a considerable distance and...
learned much which can be shared with others. There is broad acceptance of the direction of travel, with considerable support for the new approaches being adopted across stakeholders, key workers and families. The pathfinders have been extended for a further 18 months. In this additional time, it is important that they address the remaining challenges, especially around working with new families to offer more integrated assessment, providing high quality, family centred approaches in an affordable way to a much larger number of families and the development of a comprehensive and accessible local offer.

The impact report found that pathfinder parents reported getting a significantly more 'joined up' service, however, further improvements were needed, particularly the engagement of health and the sharing of information. Since the re-organisation of the NHS following the Health and Social Care Act 2012, re-organised health services have been primarily focusing on issues such as their own commissioning responsibilities, ways of working, and systems and processes, rather than, for example, integrated working. This may mean that although health services are signed-up and supportive of the process, they may need more time to effectively engage in joined-up planning and working together with key stakeholders, which may in turn impact on timescales. A further crucial area is the role of the key worker, how this role aligns with the 'lead professional role' already developed in many areas to support children's social care and early intervention approaches, and how this role can be adequately resourced so it is not seen as an addition to the 'day job'.

It is also important to remember that the pathfinders are working with a smaller number of families and practitioners, when the programme is rolled out to meet the reforms set out in the Children and Families Bill, there will be increased challenges ranging from integrated working, joint-planning, key worker support, and the effective engagement of families in the process.

External downloads

DfE, Impact Evaluation of the SEND Pathfinder Programme, (October 2013)
DfE, Evaluation of the SEND pathfinder programme: Process and implementation: Research Report, (June 2013)
UK Parliament: Children and Families Bill

Related briefings

SEND Pathfinder Evaluation – Process and implementation (July 2013)
SEN Code of Practice: Indicative Draft, (April 2013)
SEND Pathfinder Programme – March 2013 Report (March 2013)
Children and Families Bill (March 2013)
SEND Pathfinder Projects: Early Experience (September 2012)
Support and aspiration: a new approach to SEN and disability – progress and next steps (May 2012)
SEN and disability Green Paper: Support and Aspiration (March 2011)