



Department  
for Education

# **Special Educational Needs and Disability Pathfinder Programme Evaluation**

## **Thematic Report: The Education, Health and Care (EHC) Planning Pathway for families that are new to the SEN system**

**Research report**

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## Key findings

This report was produced as part of SQW's evaluation of the SEND Pathfinder Programme for the Department for Education. It focuses on the 'planning pathways' developed in five pathfinder areas, leading to a single, coordinated Education, Health and Care plan (EHC plan). The key learning points, useful to other areas preparing for the SEND reforms were that:

- **Areas appear to be retaining their previous approaches to eligibility.** So those who were eligible for an SEN Statement are expected to be eligible for an EHC plan
- **The largest change in eligibility is around 19-25 year olds.** As covered in the legislation, young people in this age band may now be eligible for support
- The five pathfinder areas that contributed to the report had **developed similar EHC planning pathways which included common elements and sequencing.** The pathways included five stages: referral; considering if an assessment is required; co-ordinated assessment; planning; and sign-off
- **There are differing approaches to some key elements of the pathway** in terms of: the amount of information that is gathered at the referral stage; the extent of choice a family has over who will be their EHC plan co-ordinator; whether the plan is written by a multi-disciplinary team established on a case-by-case basis (the Team Around the Child (TAC) approach) or drafted by the co-ordinator based on the assessment; how plans are signed-off and approved; and the step down process used for children and young people that were not felt to require an EHC plan, which in some cases meant using the EHC planning template on a non-statutory basis as a means of extending the new way of working to all families
- **The EHC planning pathway is different to the SEN Statementing process.** There are three main points of difference: there is more emphasis on gathering information from across services at the point of referral; the family is much more involved through the co-ordinated assessment and planning stages; and it produces a plan which is more outcome focussed and family centred, having involved the family much more
- **There remain a number of challenges in implementing the EHC planning pathway.** Overcoming these challenges will be important to delivering the change envisaged, and pathfinders are identifying possible solutions. They focus around proper co-ordination/co-operation between agencies, and ensuring that the EHC plan co-ordinator has sufficient time to deliver a meaningful plan for each family
- **The (new) family-centred way of working can lead to better quality plans** as it enables professionals to develop a more comprehensive understanding of the child or young person.

# 1. Introduction

## Evaluation of the SEND Pathfinder Programme

SQW was commissioned by the Department for Education to lead a consortium of organisations to undertake the evaluation of the SEND Pathfinder Programme. A series of reports from the study are available on the government publications website<sup>1</sup>. During the course of the research, a number of key issues were identified as requiring more in-depth thematic review. This report focuses on one of these issues – *the EHC plan pathway for families that are new to the SEN system*.

### Rationale for the research

Pathfinder areas developed and trialled early versions of their EHC planning pathways during the first 18 months of the programme. Evaluation of the first phase illustrated that most of the focus had been on families and young people that were already in receipt of SEN services. Areas have since reflected on their experiences and the Draft Revised SEN Code of Practice to refine their pathways to enable them to roll out the approach to families that are new to the SEN system from September 2013. This research aimed to gather some of these experiences and so inform the work of others.

### Research focus

This thematic report provides further insight into:

<b>Eligibility</b>	• How have areas defined eligibility for the EHC plan process? And how are the relevant families referred into the EHC plan pathway?
<b>Key stages</b>	• What are the key stages and sequencing of the EHC plan pathway for families that are new to the SEN system? How is this different to the traditional SEN pathway?
<b>Professional involvement</b>	• Which agencies and individuals are responsible for the delivery of each of the stages, how are they involved and why?
<b>Family involvement</b>	• To what extent are families (parent-carers and children/young people) involved at each stage and why?
<b>Contribution to Pathfinder objectives</b>	• How has/will the new pathway contributed/contribute to the achievement of the objectives of the pathfinder programme?

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

## **Our approach**

Evidence was gathered from five pathfinder areas – Darlington, Greenwich, Southampton, West Sussex and Wigan – via a set of in-depth, face to face interviews. These were held with key individuals involved across SEN, health and social care in developing and delivering both the EHC plan and SEN Statement processes (see Annex B for more detail on research methods). SQW would like to thank staff and stakeholders in the participating areas for their contribution to the research.

## **Intended audience**

The report is intended to support those charged with the responsibility of developing and rolling out the EHC planning process across SEN, health and social care by September 2014.

## 2. The EHC planning pathway

The Draft Special Educational Needs (SEN) Code of Practice<sup>2</sup> sets out a definition of eligibility for statutory assessment and the EHC plan. It places emphasis on taking children and young people whose needs cannot be reasonably met through their normally resourced local mainstream provision through the EHC planning process. Eligibility for the new process therefore remained largely similar to the existing SEN Statementing process, with one significant difference. This related to an expansion in the age-range covered (now 0-25 years).

*“A local authority must conduct an assessment of education, health and care needs and prepare an Education Health and Care plan when it considers that it may be necessary for special educational provision to be made for the child or young person through an EHC plan. This is likely to be where the special educational provision required to meet the child or young person’s needs cannot reasonably be provided from within the resources normally available to mainstream early years providers, schools and post 16 institutions.”* Draft SEN Code of Practice (October 2013)

*“We’re planning on keeping eligibility criteria the same and to just change the process, to ensure it is easy for parent who are anxious about the changes at the moment...”*  
Senior Manager

Evidence gathered from across the five thematic pathfinder areas confirmed that all had retained their existing eligibility criteria, partly to avoid confusing families and partly to meet perceived Government expectations. They therefore anticipated that all children and young people that would have been previously eligible for an SEN Statement or S139a Assessment would remain eligible for an EHC plan over the short-term.

Looking forwards, a number of the areas intended to use the SEN reforms as an opportunity to significantly improve their non-statutory provision, which it was hoped would reduce the number of families requiring a statutory EHC plan. Improvements were to include wider workforce development to strengthen family-centred and multi-agency working across the children’s workforce.

The recently introduced School Funding reforms<sup>3</sup> were also reported to have had an impact on existing eligibility thresholds for SEN statutory services (and therefore

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<sup>2</sup> Department for Education & Department of Health, 2013, *Draft Special Educational Needs (SEN) Code of Practice: for 0 to 25 years: Statutory guidance for organisations who work with and support children and young people with SEN*

<sup>3</sup> <http://www.education.gov.uk/aboutdfe/executiveagencies/efa/fundingallocations/a00215225/school-funding-reform>

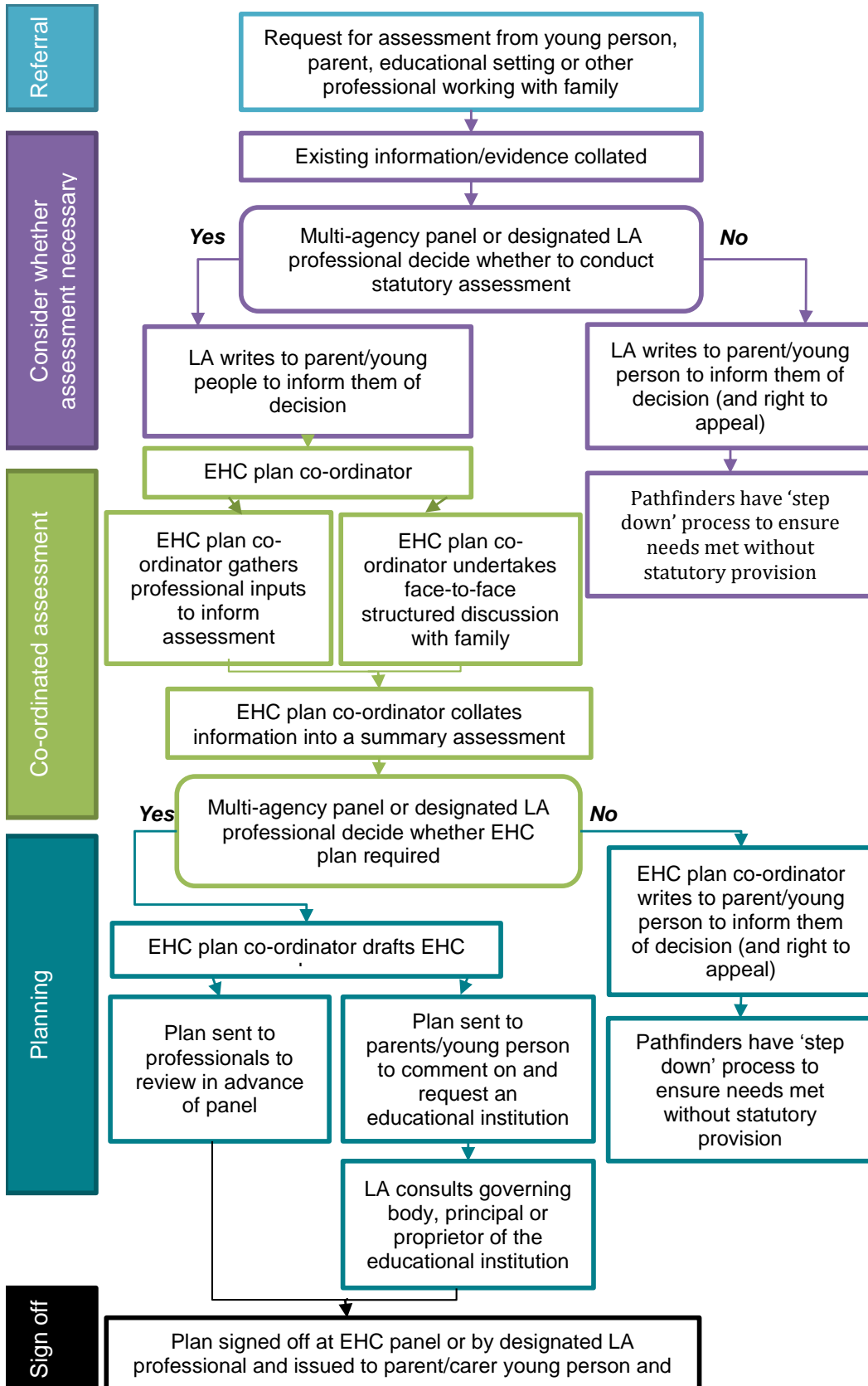
thresholds associated with the new process). The reforms stipulated the minimum level of SEN-related funding and associated responsibilities that should be delegated to schools, and introduced the 'high needs block' of funding that could be used at the local authority's discretion for needs beyond schools' resources. Impacts of this change varied by local area depending on their previous funding arrangements. That is, areas that previously delegated a large proportion of funding to their schools had not experienced much change, whereas areas that had only delegated a small proportion of SEN funding to schools witnessed a larger change.

## **The common EHC planning pathway**

Each pathfinder had developed its own EHC planning pathway. Figure 1 presents a common pathway, describing the general approach across the five areas (each area has slight differences, but is delivering within this broad model). It consists of five, usually discrete stages: with 'referral' leading to 'consideration of whether assessment was necessary', and then to 'co-ordinated assessment', 'planning' and 'sign off'.



**Figure 1 The EHC planning pathway**



Source: SQW

## Variations between the pathways across the areas

Within the common model, a number of tasks were done differently or at different times, as explained in Table 1.

**Table 1 Main differences between the EHC planning pathways across the thematic areas**

Main differences	Description
<b>The gathering of information that takes place at the referral stage</b>	<p>As a minimum, the referrer (or the education setting where families self-referred) was required to make a case for an EHC plan</p> <p>To reduce the need to acquire information at the co-ordinated assessment stage, and so make it more feasible to meet the 20 week deadline, some areas had:</p> <ul style="list-style-type: none"> <li>• Aligned their early years and school paper work so that it could feed in to the EHC planning process</li> <li>• Insisted on a Team Around the Child (TAC) meeting before referral to gather information to inform the process</li> </ul>
<b>Allocation of an EHC plan co-ordinator</b>	<p>Some areas allocated the co-ordinator, while in others it was left to the family to nominate someone</p>
<b>Two approaches to planning - writing the plan</b>	<p>The plan is usually written:</p> <ul style="list-style-type: none"> <li>• Using a TAC approach</li> <li>• By the EHC plan co-ordinator building on the assessment information, and then discussed with the family</li> </ul> <p>In some areas both approaches were used, with the former reserved for more complex cases. It is too early to say if the different approaches produce plans of differing quality</p>
<b>How plans were signed off</b>	<p>All areas had panels to sign off plans. However, in some areas these were only used for complex cases, with most plans signed off by a designated professional from the local authority</p>
<b>The step down process for children or young people that are not felt to require an EHC plan</b>	<p>All areas offered the equivalent of a 'Note in Lieu', which acted as a non-statutory alternative to the EHC plan and set out the reasons why the local authority decided that it was not necessary to undertake an EHC assessment or issue an EHC plan</p> <p>The 'Note in Lieu' acted as a follow on from either the referral stage or the EHC assessment and was issued in the partially completed EHC planning template. This enabled the local authority and the family to continue to develop a non-statutory outcomes-based action plan, which would inform the workings of the relevant education setting and wider services. These notes were expected to be enhanced by the development of the local offer, which would describe services appropriate to those below the EHC planning threshold</p>

Source: SQW

Consideration of the resource associated with an EHC plan to date tended to focus on SEN (as opposed to SEN, social care and specialist health), and took place at different stages and via different decision making processes across the areas:

- **Resourcing was considered either before or after the ‘planning’ stage**, with the former resulting in an indicative budget to inform planning, and the latter simply costing the plan following its development
- **SEN funding allocations** were either **developed using an existing banded funding matrix** linked to varying levels of need (generally associated with resourcing prior to planning) **or via a costing of individual elements in a plan** (associated with costing after the plan has been developed)
- **Sign off of resourcing** was considered by a **multi-agency panel, at a Team Around the Child meeting or by a designated senior member of the local authority** (for example, an SEN Team Manager)
- Where relevant, **personal budgets were generally considered separately from or at the end of the planning pathway**. They were mainly sourced from social care and in a small number of cases from SEN, implying that more work needed to be undertaken to broaden the offer (to include social care, SEN and specialist health) and that integration of this form of resources into the wider EHC planning pathway remained in its infancy.

## **Differences between the EHC planning and SEN Statementing pathways**

The new pathways appeared to differ from the previous SEN Statementing process in three main areas, as shown in Figure 2. This included the introduction of more family-centred and holistic elements, which resulted in the development of an outcome-focused and co-produced EHC plan.

Figure 2 Differences between the EHC planning and SEN Statementing pathways



**Referral and consideration if appropriate for assessment**

- **EHC plan** - greater emphasis placed on gathering together all existing reports and information from across the SEN, social care and health to inform decision
- **SEN Statement** - standard set of information pulled together to inform the assessment decision, which is mainly SEN focused

**Co-ordinated assessment**

- **EHC plan** - more family centred and integrated process, involving face to face structured discussion either between the family and EHC co-ordinator OR as part of a Team Around the Child meeting, resulting in development of a coordinated assessment
- **SEN Statement** - parent-carers able to feed into process via written input with little or no opportunity to meet the SEN case worker, and no transparent co-ordination of assessments



**Planning**

- **EHC plan** - more family centred and outcomes focused, involving face to face discussion either between the family and EHC co-ordinator OR as part of a Team Around the Child meeting to draft/review the plan, which is built around a set of co-produced outcomes
- **SEN Statement** - parent-carer sent draft Statement for review, which is built on basis of provision of a set number of hours of additional support

Source: SQW

Other commonly cited differences between the new and traditional processes included the introduction of:

- **A single pathway for 0-25 years within SEN** – which drew together the previous SEN Statement and S139a Learning Difficulty Assessments into a single process and set of paperwork and included a new focus on preparing for adulthood
- **A more efficient process**, achieved via...
  - **...Improved communication and information sharing at the outset of the process** - while the SEN Statement process required areas to request new assessments at the outset of the statutory process (often requiring professionals to repeat assessments), the EHC planning process sought to draw on existing information, enabling professionals to rely on recent assessments where relevant

- **...Reduced duplication for families** - EHC co-ordinators often circulated the family profile (developed at the outset of the process) to professionals undertaking assessments to avoid them asking the same questions
- **...Reduced bureaucracy** - One area had streamlined its process by bypassing the designated medical officer who had acted as an intermediary for all previous SEN Statement requests<sup>4</sup>
- **A more holistic process** – the EHC planning process enabled wider aspects of the child and family’s life to be built in to the assessment and plan, while SEN Statements had been generally confined to the child’s time within the school premises and school day
- **Increased multi-agency working** –some of the barriers to integrated working had been addressed via the introduction of refreshed multi-agency panels, Team Around the Child meetings and multi-agency training to provide the opportunity for professionals to learn and talk collectively about how best needs can be met and to make joint decisions about resourcing.

*“The EHC planning process provides more room for joined up decision making than the very SEN focused SEN Statementing process”*  
EHC Co-ordinator

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<sup>4</sup> In this instance the designated medical officer had been based within a different Health Authority to the professionals who needed to undertake the assessments, requiring them to send on the request and then act as a middle-man to receive and pass on the completed assessment. Through the EHC planning pathway, the requests and assessments were now passed directly between the Local Authority and relevant health contacts.

### 3. Key enablers and challenges

#### Key challenges and enabling factors

Participant areas continued to grapple with a number of challenges, which are detailed below, along with mechanisms being tested to overcome them. In several cases these issues are fundamental to the new process and so it is important that they are considered and addressed in each area.

**Table 2 Key challenges and enabling factors**

Implication of not overcoming the challenge	Potential solutions
<b>Challenge 1: Ensuring sufficiency and consistency of multi-agency working</b>	
<p>The absence of <i>sufficient</i> multi-agency working is likely to limit:</p> <ul style="list-style-type: none"> <li>• The extent to which cultural change across SEN, specialist health and social care can take place</li> <li>• The ability of EHC co-ordinators to create holistic EHC plans</li> <li>• Any efficiencies that may be delivered across SEN, specialist health and social care, through for example reduced duplication of paperwork</li> <li>• The ability to complete EHC plans within the 20 week timeframe, due to delays caused by insufficient engagement</li> </ul> <p>In addition, the absence of <i>consistent</i> multi-agency working may lead to:</p> <ul style="list-style-type: none"> <li>• Some families experiencing a more joined up service than others</li> <li>• Variations in the quality and comprehensiveness of EHC plans</li> </ul>	<ul style="list-style-type: none"> <li>• Increased levels of strategic and operational commitment to contribute to the new process</li> <li>• Provision of clear guidance to all professionals detailing expectations of how, when and why they should be involved</li> <li>• Creation of ‘champions’ or ‘spearheads’ for individual agencies (and services within these) to act as the point of contact for the EHC planning process</li> <li>• Introduction of proportionate approaches to multi-agency working e.g. use of multi-media to enable capacity constrained professionals to input to meetings</li> </ul>

Implication of not overcoming the challenge	Potential solutions
<b>Challenge 2: Resourcing the delivery of a more family-centred process</b>	
<p>Insufficient or inappropriate resourcing of the EHC planning process is likely to reduce its effectiveness by:</p> <ul style="list-style-type: none"> <li>• Limiting the extent to which effective face to face contact can be made with families</li> <li>• Increasing the dependencies and burden placed on the workforce</li> </ul>	<ul style="list-style-type: none"> <li>• Creation of dedicated EHC co-ordinators that have sufficient time to undertake the required family-facing elements of the process, which in turn will mean limiting their caseload</li> <li>• Adoption of proportionate approaches to key working and family engagement based on the complexity of the child or young person's needs</li> </ul>
<b>Challenge 3: Meeting the reduced 20 week statutory timeframe</b>	
<p>Failure to meet the 20 week statutory timeframe is likely to result in:</p> <ul style="list-style-type: none"> <li>• Increased levels of family dissatisfaction and stress</li> <li>• Increased requests for tribunals</li> </ul>	<ul style="list-style-type: none"> <li>• Alignment of early years and school paper work to enable efficient translation of pre-referral information in to the EHC planning process</li> <li>• Creating efficiencies between agencies through sharing of assessments and reports</li> <li>• Introduction of proportionate approaches to multi-agency working, e.g. use of multi-media to enable capacity constrained professionals to input to meetings</li> <li>• Development of integrated resourcing and funding mechanisms</li> </ul>
<b>Challenge 4: Sharing of information between agencies and with families</b>	
<p>Inadequate information sharing is likely to limit:</p> <ul style="list-style-type: none"> <li>• The extent to which different agencies can work together efficiently</li> <li>• The ability to hold a single 'live' version of the plan</li> </ul>	<ul style="list-style-type: none"> <li>• Having the family as the holder of all information and paperwork and relying on them to give permission and transfer it from place to place</li> <li>• Development of an integrated IT system that enables all relevant professionals and families to access the 'live' EHC plan and grants differing levels of permissions for distinct parties to edit the plan</li> </ul>

Implication of not overcoming the challenge	Potential solutions
<b>Challenge 5: Increased paperwork i.e. the co-ordinated or summary assessment</b>	
<p>The production of a summary assessment, requires:</p> <ul style="list-style-type: none"> <li>• Additional time to complete</li> <li>• Knowledge to understand how to summarise the range of assessments in a way all can understand</li> </ul>	<ul style="list-style-type: none"> <li>• Providing EHC plan co-ordinators with sufficient time to draft the summary assessment</li> <li>• Training for EHC plan co-ordinators in interpreting assessments and drafting in plain English</li> </ul>
<b>Challenge 6: Providing a comprehensive and integrated personal budget offer</b>	
<p>Failure to offer a <i>comprehensive</i> personal budget offer may limit:</p> <ul style="list-style-type: none"> <li>• The degree of choice and control that is offered to families</li> </ul> <p>In addition, failure to <i>integrate</i> the personal budget offer into the EHC planning pathway is likely to:</p> <ul style="list-style-type: none"> <li>• Increase the complexity of the resourcing stage of the pathway</li> <li>• Increase the time taken to undertake the resourcing stage of the pathway</li> <li>• Limit the extent to which multi-agency planning can take place</li> <li>• Lead to duplication of resourcing across services</li> </ul>	<ul style="list-style-type: none"> <li>• Support and Inspiration – Introducing Personal Budgets<sup>5</sup> sets out an approach to planning the implementation and integration of personal budgets</li> </ul> <p>A fuller exploration of the development and integration of the personal budget offer (into the EHC planning pathway) will be undertaken by SQW as part of a separate thematic study from April 2014 onwards. Additional mechanisms used to address this challenge will therefore be revisited at a later date</p>

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<sup>5</sup> <http://www.sqw.co.uk/insights-and-publications/support-and-aspiration-introducing-personal-budgets/>



Implication of not overcoming the challenge	Potential solutions
<b>Challenge 7: Ensuring all families have the capacity to engage</b>	
<p>The EHC plan process can involve significant time and emotional input from families. This can be challenging where:</p> <ul style="list-style-type: none"> <li>• Families have other priorities and so struggle to be available in the timeframe expected</li> <li>• Families may struggle to articulate their issues and so require more time in discussion to draw out what is important</li> </ul> <p>Both issues can impact on the 20 week timetable of the pathway</p>	<ul style="list-style-type: none"> <li>• Again, time needs to be allocated to EHC plan co-ordinators to allow them to be flexible to family needs</li> <li>• EHC plan co-ordinators also need training in communicating expectations and flexibilities to families, and in negotiating time with them</li> <li>• Providing independent advice and support for families</li> </ul>
<b>Challenge 8: Negotiating between family members when conflicts arise</b>	
<p>The greater degree of family involvement can highlight tensions and difference of opinions between family members. This was reported to be most likely where the plan is for an older young person, as their views can often differ from their parent-carers</p>	<ul style="list-style-type: none"> <li>• Clarity in the Code of Practice about whose views take precedence when there is a difference of opinion between young people and their parents</li> <li>• Key workers, independent supporters and EHC plan co-ordinators need to be sure to identify any differences at an early stage, perhaps through taking separate soundings from each member of the family</li> <li>• They also need to have good negotiation and mediation skills to enable them to conclude an agreed plan</li> </ul>

Source: SQW

## Contribution to the achievement of the programme objectives

The new pathway is fundamental to the delivery of a number of the pathfinder objectives. It is providing better opportunities than previously for the process to be rationalised and integrated, both within and across services. These changes can be seen in the new paperwork that is being introduced and in the greater number of points in the pathway when different services come together / input to the plan. This greater involvement of services should lead to more holistic assessment and planning.

*“Most of the families I have worked with have liked the fact that they can see their child in their EHC plan, which has made them feel less anxious”* EHC Co-ordinator

*“It was mind blowing to hear how explicit the 13 year old that I was working with was about what he’d like to achieve in the future...”* EHC Co-ordinator

*“The real child or young person really jumps out of the EHC plan in the new world...so you really get a feel for them in their own context, which would never have been the case previously”* Senior Manager, SEN

Families and children and young people are much more engaged in the process. This changed ethos of the EHC planning process relative to the SEN Statementing process was cited by several of the professionals consulted during the research. They added that the new family-centred way of working had enabled them to develop a more comprehensive understanding of the child or young person and as a result had led to better quality plans.

## **Annex A: Glossary of terms**

EHC plan – Education Health and Care plan

LA – Local Authority

SEN – Special Educational Needs

SEND – Special Educational Needs and Disabilities

TAC – Team Around the Child

## Annex B: Research methods

Research was undertaken in five pathfinder areas, selected in discussion with the DfE and Pathfinder Support Team. The basis for selection of the areas included: areas that were working with newcomers to the SEN system; a mix from across the regions; a mixture of rural/urban and large/small areas; at least one pathfinder champion; and areas that were able to contribute to the comparative costs of delivery work<sup>6</sup>. A call for evidence was also issued to obtain refined EHC planning pathways from across the pathfinder areas, to provide an overview of developments across the programme. Fifteen of the 31 pathfinder areas provided their pathways as part of this call for evidence, which were used to inform the development of the common EHC planning pathway (see Figure 1).

Once the five areas had agreed to participate in the fieldwork, a scoping consultation was held with the pathfinder lead in each area to discuss the research focus and objectives, gain a better overview of the SEN Statementing and EHC planning pathways locally, and identify staff to participate in fieldwork.

### Fieldwork

Fieldwork was conducted between October and December 2013, and consisted of area-based consultations with the pathfinder lead and manager, operational managers of professionals from SEN, health and social care, and the professionals delivering the SEN Statementing and EHC planning processes. Typically, interviews with the pathfinder lead and manager and operational managers were conducted on a one-to-one basis, while professionals delivering the two processes were consulted through group interviews. Between nine and thirteen participants were involved in each case study visit

The interviews followed a topic guide designed by the research team, which covered the five broad research questions outlined on page 6 of the report. Participants were asked to set aside approximately 1-2 hours for the consultations, and interviews were recorded.

### Analysis and reporting

The analysis took place in two stages. Firstly, each area 'case study' was written up in alignment with the five research questions. Secondly, the research team looked across the five write-ups to explore commonalities and differences in responses across areas and the themes covered by the research questions.

The report was drafted based on these findings, with an emphasis placed on developing a 'readable' and pragmatic report, which drew on a range of experiences and would be useful to areas considering how to develop and refine their EHC planning pathway going forwards.

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<sup>6</sup> Given the interdependencies between the EHCP pathway and comparative cost thematics, we selected one group of five pathfinder areas to take part in both pieces of work.



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