Department for Education

Special educational needs and disability pathfinder programme evaluation

Thematic report: key working and workforce development (part 2)

Research report

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Key learning points

This report was produced in follow up to the Part 1: Key working and workforce development thematic report (December 2013), undertaken as part of SQW's evaluation of the Special Educational Needs (SEN) and Disability Pathfinder Programme for the Department for Education. The report focuses on workforce development issues, relating to both the new assessment and planning process, and subsequent delivery of support to children and young with special educational needs and disabilities. The key learning points from this more recent wave of research were that:

- **Training is important, but should be viewed as just one aspect of workforce development** – a broader set of management and development activities constitute workforce development in the context of the SEN and disability reforms. These are **required to achieve three main objectives:** 1) integrated working; 2) person-centred support; 3) outcome-led provision
- Achievement of these objectives is seen to rely upon all staff in the children and adult's workforce being involved. **A wide audience has therefore been targeted, but a 'tiered' model of involvement taken**, in which workforce development activities have targeted different audiences according to their level of engagement with families:
    - Tier 1 – those working closely with families to coordinate their support (e.g. SEN officers, Special Educational Needs Coordinators (SENCos))
    - Tier 2 – those providing direct inputs into assessment and provision (e.g. social workers, therapists and community nurses)
    - Tier 3 – those providing indirect inputs into the process (e.g. senior managers, school leaders)
- **The importance of including parents in workforce development was also highlighted** – significant progress had been made in collaborating with parents through workforce development
- Workforce development activities have varied across areas, but an effective workforce development strategy was seen to be comprised of five main elements - **strong leadership and governance; effective teams; communication and engagement; training and development; and management and supervision –** and to be built on the basis of a robust needs assessment
- With workforce development strategies in place in most areas, the focus now is on implementation, and **addressing outstanding issues, including how to facilitate workforce development in schools (given their role in delivering EHC plans), and how to better engage post-16 providers in workforce development**

These learning points are of relevance to those working on workforce development in the context of the SEN and Disabilities reforms – not only those in local authorities, but in the children's workforce more widely (e.g. schools, providers and voluntary and community sector organisations).

1. Introduction

Evaluation of the Special Educational Needs (SEN) and Disability Pathfinder Programme

SQW was commissioned by the Department for Education (DfE) to lead a consortium of organisations to undertake the Evaluation of the Special Educational Needs (SEN) and Disability Pathfinder Programme. A series of reports from the study are available on the government publications website, including six previous thematic reports[1]. This particular thematic report focuses on *workforce development.*

Rationale for the research

Throughout the course of the SEN and Disability Pathfinder Evaluation, workforce development has consistently been identified as a key priority, but also one of the most challenging aspects of change management required to deliver the reforms. Ensuring that staff from across SEN, social care, health and wider agencies have the appropriate skills and knowledge to deliver the reforms is no easy task. It requires a range of activities, policies and programmes, tailored to all key stakeholders involved.

Part 1 of the Workforce Development thematic[2] focused on the key working function, particularly in the context of the 20-week Education, Health and Care (EHC) assessment and planning process. As limited progress had been made in relation to wider workforce development at the time of the last thematic, and the Children's and Families Act 2014 is now live, it is timely to revisit this subject to understand the progress that has been made.

Research focus

This thematic report provides further insight into five main areas, summarised in Figure 1 and covering: expectations (including which professionals should be involved in the development and delivery of EHC plans, and hence should be involved in workforce development activities); models of delivery; strategic infrastructure required to facilitate workforce development; workforce development activities; and remaining challenges.

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[1]The following six thematic reports have been completed, published and can be downloaded at https://www.gov.uk/government/collections/send-pathfinders#evaluation-of-the-send-pathfinders: Key working and Workforce Development; The Education, Health and Care Planning Pathway; Collaborative Working with Social Care; Collaborative Working with Health; Engagement of Schools; and Transition and the Engagement of Post-16 Providers

[2]https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/275914/RR326A_Key_working_and_workforce_development_-_FINAL.pdf

The report is broadly structured around these themes and where possible aims to draw out key learning points, based on experience to date (July-September 2014).

Figure 1 Research questions

Expectations	Which agencies and partners are expected to play a role in the development and delivery of EHC plans? Which professionals should therefore be engaged in workforce development activities? What specific themes and learning outcomes should be the focus of these activities?
Development and oversight of EHC plans	Which teams are developing and overseeing delivery of the EHC plans? Has there been a 'whole-scale transformation' or a smaller-scale 'restructure' of the specialist children's workforce? Who has been involved and have any job roles been created or amended?
Strategic infrastructure	What strategic infrastructure is being or has been developed to bring about the required workforce development (e.g. strategic groups, policies)? Who has led this, and how? What is the expected result of these activities?
Workforce development activities	What workforce development activities are being/have been undertaken? Who is leading/participating in these activities? Are the activities being tailored to different audiences, and how effective have they been?
Remaining challenges	Are there any remaining challenges and gaps in regards to workforce development? What could be done to address these needs?

Our approach

This report is based on evidence from two of the original pathfinder areas (Greenwich and Kent) and two non-pathfinder areas (Portsmouth and Wolverhampton) that now act as pathfinder champions. Aside from including both pathfinder and non-pathfinder areas, the areas were selected on the basis that they had made good progress in developing their workforce development strategies, which was recognised at the national level (e.g. by the Department for Education and Pathfinder Support Team).

Evidence was gathered through face-to-face interviews with pathfinder or SEN and disability reform leads, and strategic and operational staff involved in workforce development activities (see Annex B for more detail on the research methods used). Over 40 individuals were consulted as part of the research. We are very grateful to the local areas for participating in the research, and to the Council for Disabled Children (CDC) for providing further useful insight, which informed this report.

Intended audience

This report is intended to support practitioners, managers and organisations, who are charged with the development and rolling out of workforce development activities as part of the SEN and disability reforms.

2. Defining workforce development in the context of the SEN and Disability reforms

Definition of workforce development

Workforce development is a challenging term to conceptualise in the SEN and disability context, as it runs through the whole breadth and depth of the reforms. Typically associated in the early days with training, **the use of the term has evolved to include a much broader set of activities** that are required to ultimately **achieve three common outcomes:**

- **Integrated working**
- **Person-centred support**
- **Outcome-led provision.**

> *"It's about building different relationships, different ways of working, information sharing and communication"*
>
> Strategic Lead

When viewed against the legislation, this broad definition of workforce development aligns well, as does the focus on family-centred, outcome-based provision. In the Code of Practice[3], regular reference is made to workforce development. Rather than defining which specific activities should be undertaken however, the Code places emphasis on the importance of taking a localised approach, in which the **family, not the organisation or a particular profession, is the driving force behind improvements in support.**

Particular reference is given in the Code to the importance of developing key working roles, but key working is not seen in isolation from other skills, nor indeed as something that only staff in local authorities should be undertaking. Instead, there is a focus on building a range of technical skills and expertise to ultimately allow practitioners to work in a personalised way.

SEN and Disability Code of Practice (July 2014)
"At a strategic level, when commissioning training for professionals, partners should consider whether **combined service delivery, training or a common set of key skills** would help professionals and providers adapt to meeting the needs of children and young people with SEN or disabilities in a **more personalised way.** This **could include commissioning 'key working' roles** to support children and young people with SEN and disabilities and their parents, particularly at key points such as diagnosis, EHC plan development and transition".

[3] https://www.gov.uk/government/publications/send-code-of-practice-0-to-25

Target audiences for workforce development

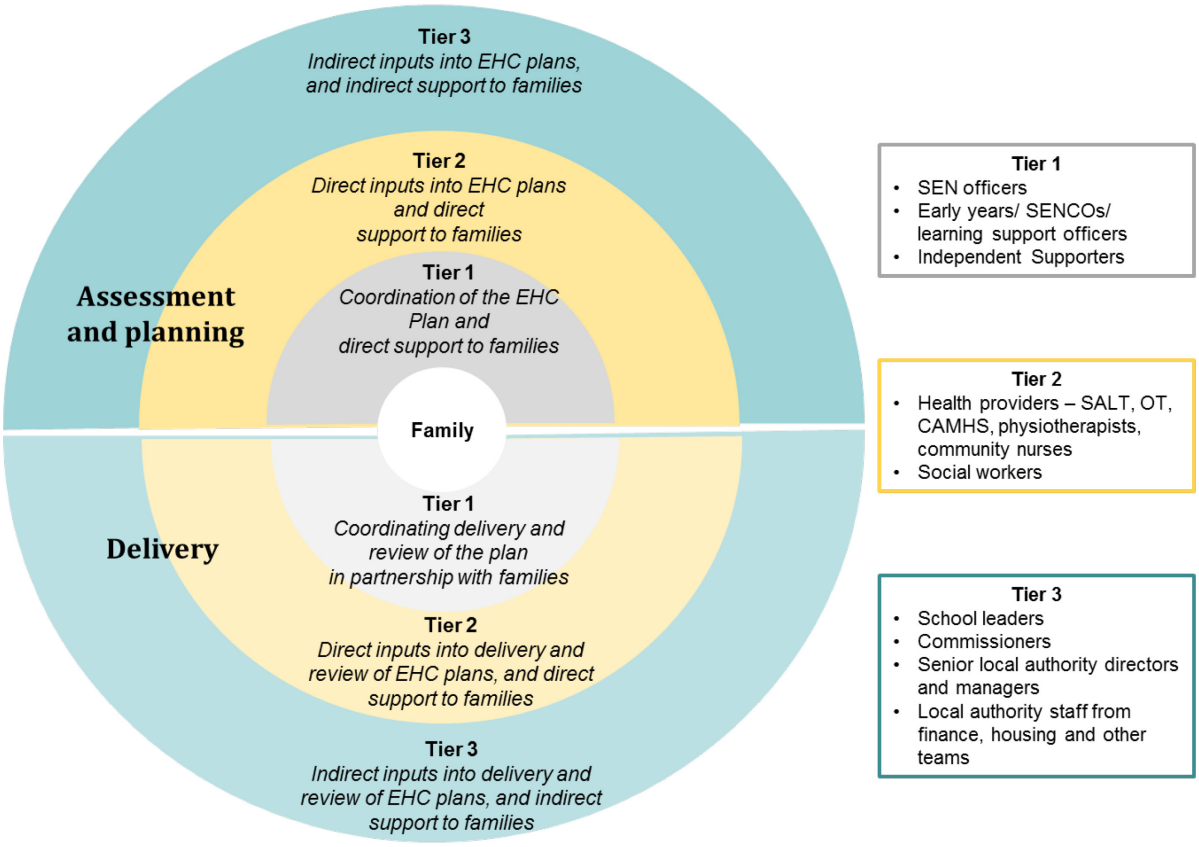
> *"The new system will require changes to the way we work, which will require huge culture change across all key services",*
>
> Service Manager

Whilst delivery models and starting points vary locally, areas have generally embraced the need to develop wide-reaching approaches to workforce development – involving a range of professionals from across the children and adult's workforce, in order to achieve what is seen as **significant cultural change**. During our research, a common view was shared that if the reforms were to be successful, all **staff working with families with SEN or disabilities needed the knowledge, understanding and skills to provide effective support during the planning and delivery process.** Referred to as the 'blending of skill-sets', this included staff within education (SEN officers, SENCos, teachers), social care and health (including individually commissioned services such as counselling and complementary therapies), as well as other agencies (e.g. housing, transport), from **those working on the frontline to senior leaders.**

Whilst all staff are expected to be involved in delivering the reforms however, there was strong recognition that a tiered approach to engagement would be required (and had been taken), structured according to the **extent to which staff were involved in working directly with families** (in terms of coordinating their support)**.** Specifics varied, but **three 'tiers' of involvement** were identified clearly in the research – see Figure 2. These are detailed and discussed below, and are important, as they have shaped how areas have developed their workforce development strategies.

Tier 1 comprises those working on a day-to-day basis with families to coordinate the development of EHC plans, and their subsequent delivery (i.e. key working). In three of the areas, this work was split across a number of people, typically **SEN officers** (or equivalent), **SENCos** (or Early Years Workers/ Post-16 Officers) **and Independent Supporters** (where in place). In one area, the work was undertaken by one person (sourced from SEN, social care and health); although challenges were reported in finding staff with sufficient capacity and expertise to both work closely with families and coordinate the development of their plan. **From the perspective of the assessment and delivery process, the Tier 1 workers most engaged and hence targeted through workforce development activity were SEN officers.**

Figure 2 Target audiences for workforce development



Source: SQW

In terms of oversight of the delivery of EHC plans, approaches were still in development (at the piloting stage in both pathfinder and non-pathfinder areas), but most areas intended to devolve responsibility for this task to the workers that had day-to-day contact with families. **Staff in schools and other educational settings (e.g. Early Years staff, SENCos and learning support officers) were therefore expected to play more of an active role in the oversight of delivery**, and in most areas to also be responsible for overseeing the translation of SEN Statements into EHC plans.

> *"In the end, whoever else we train, it's schools who will be involved in delivering the EHC planning and will have to do the reviews. So unless they are completely on board, it's never going to work"*
>
> Head of SEN

Tier 2 comprises operational professionals providing direct inputs into assessment and delivery (including delivering information and specialist support), **but not coordinating provision** – such as social workers, therapists and other health providers (e.g. specialist nurses). Typically this group is engaged in undertaking reviews, existing assessments (and commissioning further assessments if required), drafting

sections of EHC plans, attending multi-agency meetings, and delivering support once the EHC plan was signed off.

Tier 3 consists of those playing a more indirect role in assessment and provision, including heads or managers of relevant services, commissioners, senior directors and staff from other local authority departments (e.g. housing, finance). By their nature, this group of professionals had more 'hands off' contact with families, although this varied, with some managers involved in undertaking EHC assessments, for example.

Involvement of parents in workforce development

Time and again during the research, **the value of involving parents in workforce development came to the fore. Initially, this had taken the form of awareness raising, although once engaged parents had been involved in co-production/ delivery of workforce development activities.** Numerous examples were provided of parents sitting on workforce development steering groups, providing feedback on operational models, and delivering training to local authority and other staff. **The need to develop skills among parents was also seen as vital in the longer term** (as illustrated in the quote above), reflecting the guidance provided in the Code of Practice, and ensuring that a significant proportion of workforce development activities had been targeted at parents in most areas (an estimated 60% in one area).

> *"We always say with key working, it's about developing parents' skills… so it starts off with hand-holding, staff have got to develop families' skills, so that they can actually start to be able to move forwards on their own"*
>
> Head of SEN

SEN and Disability Code of Practice (July 2014)
"Parents should **be fully aware of the planned support and interventions** and, where appropriate, **plans should seek parental involvement to reinforce or contribute to progress at home**".

4. Core elements of workforce development

Framework for workforce development

Workforce development has taken different shapes and forms across local areas, according to different delivery structures/ systems and starting points. Nevertheless, a common framework was identified through the research, in which:

A **robust understanding of local workforce development needs** – identified through extensive consultation, research and piloting activities…

… has informed a **workforce development strategy**, comprising a range of strategic and operational activities – including leadership, communication, and management and monitoring systems…

… to ensure that workforce development activities help to achieve the three **main objectives**: **1) person-centred support; 2) multi-agency working, and 3) outcomes-led provision**[4].

Figure 3 Workforce development framework being used to facilitate the reform process

Source: SQW

[4] Note that that the framework aligns broadly with the Six Principles for Workforce Integration outlined by Skills for Care http://www.skillsforcare.org.uk/Document-library/NMDS-SC,-workforce-intelligence-and-innovation/Workforce-integration/principles-of-workforce-integration.pdf

This framework is captured in the illustration above, with further details provided below of some of the core elements that are seen to constitute and contribute to the delivery of an effective workforce development strategy. These elements were taken from examples of strategies developed to date – across the four case study areas, three had developed a workforce development strategy, whilst one was in the process of being drafted. Whilst there was a clear sense from all areas that strategy implementation was at an early stage (and that a more robust action plan needed to be developed in some cases), the learning provided by the areas may be useful to those charged with developing similar strategies in their areas.

Building the evidence base – assessment of needs

Without doubt, those workforce development strategies held in the highest esteem by staff had been **built on the basis of a robust evidence base, gathered via the process of developing and trialling new approaches and ways of working.** This included data collected on both **demand (i.e. among families) and supply (i.e. among professionals) needs** and covered key questions such as those included in the box below.

Checklist – examples of guiding questions to build the evidence base
✓ *Population* – Do we have a clear profile of the families receiving support, and the profile going forwards (in terms of level of need, demographic group etc.)? ✓ *Stakeholders* - Has everybody who will be affected by the changes been identified? Are they aware of the reforms? ✓ *Delivery models* – Are services being delivered effectively under the new approach (across the 0-25 age range)? What gaps in delivery remain? Do we have a clear understanding of the impact of the reforms on families, including any unintended consequences? ✓ *Organisational systems and culture* – What systems have we put in place to support delivery – are they effective? Do they facilitate culture change (towards joint working, person-centred approaches, and outcome-led provision)? What gaps remain, and how can they be addressed? ✓ *Skills* – Do we have the right skills in place, and in the pipeline (i.e. graduates) to manage scale up of the reforms? What are the main skills gaps? Will current provision (in terms of initial and ongoing training) be able to address these gaps, and if not, what interventions are required?

A range of research methods had been used to address these questions, such as:

- **Consultations with staff –** across the three 'tiers', including staff from local authorities, the voluntary and community sector (VCS), education providers and parents. This has been the most common vehicle used to determine needs, including

the operational and strategic bottlenecks present in the system, which needed to be addressed

- **Gathering feedback via surveys –** used to gather data on current provision (and gaps), best practice etc., particularly from external providers, including specialist teaching services, early years providers and schools

- **Analysis of secondary data – including labour market** (e.g. skills and employment), **demographic** (e.g. population) **and economic data** (e.g. sector growth).

Application of the methods varied, but a key piece of learning gathered through the process had been the usefulness of adopting a **cluster approach to evidence gathering, in which different groups of stakeholders** (e.g. local authority staff, schools, health) **were brought together to discuss particular issues (e.g. mental health, SALT provision).** It was reported that this had enabled multiple perspectives to be brought to the fore, particularly when oriented around piloting activity (i.e. action learning).

Leadership and governance

Strong leadership was seen by staff from across all three tiers as a key aspect of workforce development. Whilst views varied as to what it constituted, common to all was the focus on facilitating change management - supporting and encouraging staff to take on board the reforms for the 'good' of the families involved. Leaders, which tended to include the Heads of SEN, had therefore focused on the following priorities:

- **Creating an inclusive and no blame culture** – leaders (and particularly Heads of SEN) had worked hard to ensure that the reforms had been built from the bottom up, and that staff could learn from their mistakes. This was particularly well-received by those working with families (i.e. Tier 1)

> *"Because people have been involved right from the beginning, it has not been imposed and people have grown together"*
>
> Head of SEN

- **Encouraging inquiry and evidence-based delivery** – as emphasised in the previous section, a number of measures had been implemented to gather evidence to inform ongoing delivery

- **Building momentum and connections –** to encourage partnership working and alignment with other strategic priorities (e.g. reforms in provision). This work had been targeted at all three Tiers.

A range of interventions had been put into place to create effective leadership and governance in relation to workforce development. This included the **development of**

change boards and other strategic forums (e.g. working groups), professional development (e.g. away days), recruitment activity (two areas had recruited new Heads of SEN, who were seen to bring a 'fresh' dynamic to delivery), and the **procurement of external research and development consultancy expertise.** Working groups were identified as a particularly effective way of bringing together different stakeholders, including those directly (Tier 1) and indirectly (Tier 2) working with families.

A range of lessons had also been gathered by leaders on how to be effective, some of which are listed in the box below. Many of these lessons came from SEN, where much of the workforce development activity has focused to date (as the reforms have still tended to focus on EHC assessment and planning, for which SEN staff have played a leading role).

Figure 4 Good practice – leadership and governance

Good practice – Leadership and Governance

Ensure a clear workforce development strategy is in place, supported by an underlying action plan	• **Designate an experienced lead to develop the strategy in collaboration with all key stakeholders -** working groups and piloting activity have been used quite widely to develop strategies, including work with schools to identify key development needs and priorities. • **Develop a robust action plan to oversee delivery** – with clear milestones, targets and lines of accountability, to avoid drift. This has been by far the least developed aspect of work to date.
Define a clear vision	• **Develop a vision that taps into local priorities and makes clear the direction of travel -** to ensure that everybody is working towards the same goals. Senior managers found that reminding staff of the impact of their work on families was motivating (feedback from parents was useful here)
Lead through example	• **Actions speak louder than words –** by listening, promoting open communication, and embracing the key objectives of the reforms. An example was provided of a Head of SEN visiting local families to understand their experiences, which had been well-received by staff, as it was seen to illustrate the need to put the family first.

Effective teams

The nature of the reforms – and particularly the emphasis on joint-working and person-centred support – necessitates new ways of working. Across the four participating areas, work had focused on ensuring that:

- **The right people were in post** – although new recruitment activity had been relatively limited, SEN

> *"I don't think we've made any significant changes to job roles… but this is a very new way of working, and we need to see if we need different roles"*
>
> Head of SEN

teams had been restructured, and there was strong recognition of the need to have the right people in post (across all three tiers). Most Tier 1 staff had / were being upskilled to meet the new requirements, some of whom had been promoted from their previous posts, whilst others had been demoted. Staff with previous experience of working with the post-16 age group (e.g. Connexions) had been integrated into SEN teams. In some areas, they were continuing to focus on the post-16 age group, whereas in others they had assumed responsibility across the 0-25 age range. Outside of SEN, the existing workforce was largely seen as fit-for-purpose, although finding more of the 'right' people to address capacity constraints had proved challenging. For example, VCS organisations noted challenges in finding staff to work as independent supporters (Tier 1), given the wide skill-set required and modest salary involved (around £20-25k)

- **Multi-agency working was being embraced** – with clear communication and lesson-sharing across agencies and teams (including staff from SEN, health and social care) to ensure that people were working towards a shared goal. Here, co-location of teams had proved relatively effective (more so in one area, where a multi-agency hub had existed for some time), as had multi-agency team meetings. Areas also pointed to the value of having IT infrastructure in place to support joint-working (e.g. by enabling access to shared records), although such systems had not been implemented

- **Staff were motivated** – on numerous occasions, the need to 'win over the hearts and minds' of staff was raised, particularly those 'working on the ground' (Tier 1).

Figure 5 Good practice – effective teams

Good practice – Effective Teams

Facilitate cross-agency communication	• **Promote communication, physically and virtually, across all three tiers -** through IT platforms, office development (e.g. establishment of multi-agency offices) and other interventions
Ensure appropriate support is in place	• **Provide effective management and admin support –** administrative burden was a challenge for those undertaking key working (Tier 1).
Allow sufficient opportunity for team building	• **Create opportunities for new relationships and ways of working to evolve –** through regular team meetings, away days etc., to enable people from different agencies to learn together. In two of the areas, Tier 1 teams were working in 'patches', where relationships with schools, families and other agencies were already established
'Make the reforms real'	• **Draw on feedback from families –** undertaking co-delivery with parents or outside speakers had been used in several areas to 'bring home' the implications of the reforms and motivate staff. This included attendance of parents at away days for leaders (Tier 2)

In order to meet these objectives, a number of measures had been taken, including the good practice examples listed in the box above. Where implemented, the measures had been well-received, although the wider context of re-structuring (e.g. job cuts) and concerns about scale-up (particularly given the need to complete translations) meant that staff still had concerns about the longevity of their roles, and their capacity to manage upcoming workloads.

In terms of **longer-term delivery**, given that delivery models were still being finalised, more limited feedback was available on how to develop effective teams. However, the **need to provide support to schools and post-16 providers – notably SENCos – was well recognised**. One area had introduced a "SENCo wellbeing" stipend (which could be used to support professional development, procure a small amount of additional administrative support etc.), whilst two areas had involved schools closely in trialling and piloting the reforms. Going forwards, such activity will need to be further supported and scaled up to enable greater engagement with post-16 providers, whose involvement had been more limited.

Communication and engagement

A wide range of awareness-raising and communications activities had been implemented to support workforce development, ranging from workshops and events, to attendance at strategic meetings, and development of information materials. These were seen as critical for a number of reasons:

- **To build relationships, trust and buy-in across teams** – to generate momentum for the reforms and opportunities for new ways of working, as well as allay any anxieties (particularly important for Tier 1). Local areas had taken iterative approaches, building engagement gradually

> *"The time you get it right is when you can really understand where the parents are… they need to trust us"*
>
> Therapist

- **To manage expectations -** particularly on the part of parents, in regards to what services they could access, and what key working staff could provide.

- **To share learning –** and so build knowledge and skills.

Feedback from the areas suggested that communication and engagement activity had been effective, but some outstanding issues remained:

- **Limited engagement with schools and particularly post-16 providers in some areas –** knowledge among SENCos was seen as strong, but teachers and other school staff needed to be brought up to speed (particularly in terms of delivery of EHC plans and translations). In addition, it was widely recognised that post-16 providers needed to be better engaged in the reforms, particularly employment providers

- **Communication with health providers –** as reflected in the engagement with health thematic report communication with health is an ongoing priority. Here, it was felt that the use of independent health providers within schools was sending out mixed messages as to what services parents were eligible for. Improved communication with health providers, schools and commissioners was therefore seen as critical to ensuring more consistency across nature of providers

- **Communication with Tier 2 staff –** whilst significant activity had focused on Tier 1 staff (especially SEN officers), and Tier 3 staff (to ensure that leaders had bought into the reforms), a communication gap was identified within Tier 2. This was particularly among those from health and social care, who at times were unclear how the reforms would impact on their work, and how they would be involved.

A number of lessons were also drawn out of the consultations, including those summarised in the box below.

Figure 6 Good practice – communication and engagement

Good practice – Communication and Engagement

Develop a robust communications strategy	• **Build a detailed communications strategy and action plan** – that accounts for all key stakeholders and communication channels
Create a common language	• **Develop a shared understanding of provision and outcomes** (i.e. universal/ targeted/ specialist) – to avoid any mixed messages, particularly in terms of what parents can expect. **"Make it real"** – use everyday examples to engage staff, and focus on the "how" rather than simply the "why", particularly for those working on the ground
Take a flexible and opportunistic approach	• **Tailor communication channels to different audiences -** good use has been made of existing platforms (e.g. SENCo networks, newsletters, strategic meetings). Local areas had also used a cascade approach to disseminate information – in which the "movers and shakers" from all three tiers had been identified, and tasked with disseminating information through their networks
Engage parents in all communication activity	• **Communicate clearly and regularly with parents –** to ensure that their needs and interests are fully understood. Parents' views can also serve as a powerful reminder of why the reforms are necessary. A range of vehicles had been used including: newsletters, presentations on the reforms, drop-in sessions (to discuss any concerns), participation on working groups (e.g. local offer and key working).

Training and development

Local areas had undertaken considerable awareness-raising and had delivered training to achieve a range of learning outcomes, particularly for those most involved in working with families (Tier 1). Wherever possible, local areas had drawn on practical tips and examples to make the learning 'real'. In one area, a real case example was used (with the family's permission) to run through the EHC assessment and planning process, from arranging meetings, to defining outcomes and managing expectations. Role plays and story-telling had also been used to develop skills relating to person-centred planning and listening.

Table 1 Training provision

Learning themes	Key audiences and learning outcomes
Person-centred planning and key working	• Focused on Tier 1 (those working directly with families) – often delivered externally (e.g. Early Support, Council for Disabled Children (CDC)). Some activity with Tier 2 (those inputting into EHC plans), but lighter touch (e.g. 1/2 day). • Included how to build a relationship, communication, and capturing the voice of the young person – in some areas, co-delivered by parents • Formed a key part of the induction process for new staff
Policy context – Code of Practice	• Targeted at all audiences (Tier 1, 2 and 3), though tailored to different groups (e.g. finance team – focus on personal budgets, school funding) • Typical reference to national picture and local implications
Development of assessments and EHC plans	• Targeted at Tier 1, with common feeling that this information needed to be shared among wider colleagues (e.g. health professionals, social workers), who understood the "why", but not always the "how"
Development of outcomes	• Targeted at Tier 1 and 2 (all those inputting into EHC plans) • Key area where it was felt that more progress was required • Noted that it is helpful to include parents in this training

Source: SQW

Formal training had been well-received by those participating, but was seen as just one tool in a suite of resources, which also included informal training (e.g. learning visits), practical examples (e.g. EHC plans, check-lists for schools, handbook on person-centred planning), other materials (e.g. list of common language), and perhaps most significantly, on-the-job learning. For example, one area had developed its own local interpretation of the SEN Code of Practice, to help ensure consistency and fidelity to the EHC process. The importance of gaining first-hand experience was also seen as vital, as was the need to provide ongoing training, with some areas considering 'training-of-trainer' models, or involving corporate learning teams in delivery of training.

A good level of uptake of the training and development activities was reported. Many awareness-raising/ learning events had been fully subscribed, and growing demand had meant that areas had had to put on additional events (one area reported undertaking 45 events for schools in June-July 2014, with over 600 schools attending). Learning materials had also been well-received, although it was felt by some that more were

required. In particular, the check-lists for practitioners (including schools) that had been drafted in some areas were seemingly missing in others.

In terms of the training and development requirements associated with delivery of EHC plans, more limited activity had been undertaken, although the need to provide bespoke training to SENCos and others providing longer-term support was well-recognised, and plans were in place in some areas for this to be led by SENCos.

Figure 7 Good practice – training and development

Good practice – Training and development

Tailor training to needs	• **Provide bespoke training –** according to different responsibilities and families (e.g. age/ type of need). Most areas had worked with corporate learning and development teams to do so. Ensuring that Tier 2 and Tier 3 had sufficient exposure to working with families was seen as a critical element of training
Ensure that staff are kept up to speed	• **Provide ongoing information on the evolving policy landscape and best practice**
Focus on process	• **Provide guidance on process –** including what is required, when and by whom. This was felt to be missing by many operational staff consulted, particularly from health and social care
Provide incentives for participation	• **Consider developing qualifications/ quality standards -** to incentivise engagement and ensure consistency of best practice. One area had worked closely with a local university and accredited body to develop a qualifications scheme. It was felt that this was critical given that staff engagement in the reforms is often built on 'goodwill'.

Management and monitoring

Management and monitoring was probably **the aspect of workforce development least well developed to date**. This was largely due to wider restructuring taking place at present (e.g. transfer of Connexions staff to local authority, changes within social care), and the expectation that management arrangements would need to change as delivery was scaled up (and translations commenced).

Whilst progress was more limited however, **the importance of effective management and monitoring was well-recognised**. For Tier 1 staff, having a manager on hand to turn to for day-to-day support was seen as crucial, particularly for those relatively new to working directly with families. The ability of managers to encourage person-centred

working was therefore valued – and in this respect whilst the technical skills and experience of managers was important, so too were their values and approach.

Management was also seen to be critical in:

> *"Managers need to make sure that professionals feel confident in their own roles… there were times when I thought, I don't know if I'm professional enough to do this"*
>
> Health Worker

- **Developing a culture of peer support and a 'safe' learning space**
- **Ensuring that staff have the skills and experience to do their job effectively –** this includes building confidence and 'softer' skills
- **Monitoring and evaluating workloads and performance** – particularly given the need to manage new EHC plans and translations concurrently. As activity was due to be scaled up, the ability of managers to manage workloads was seen as a key priority for Tier 1 staff going forwards. In at least one case, an assessment and planning manager was being recruited to manage caseloads going forwards. In at least two areas, it was also planned that middle management would be bolstered, with additional staff brought into SEN teams to oversee 'frontline' staff. Sitting below Heads of SEN, their role was to provide everyday support, quality assure plans, evaluate performance and refine EHC processes accordingly. Feedback from parents was also seen as a critical part of monitoring performance.

In the box below, a **few practical lessons are provided from managers on how to provide effective support.**

Figure 8 Good practice – management and monitoring

Good practice – Management and Monitoring

Provide tailored management support to staff	• **Tailor support, according to individuals' strengths and needs –** including personalised induction plans, which aim to address any areas for development (e.g. facilitating meetings, drafting plans)
Offer opportunities to learn on the job	• **Encourage staff to get 'out in the field' and engage with families** – the common view was held that learning only really began when staff started 'doing', i.e. drafting EHC plans
Celebrate success	• **Showcase best practice –** team meetings were identified as a good forum to celebrate success, and discuss any ongoing management and delivery issues
Build in sufficient opportunities to 'take stock'	• **Sit down regularly to reflect has what has worked well/ less well** – both on a 1-to-1 and group basis. One area used fortnightly supervisory meetings to reflect and work through particular issues that staff had raised during the course of delivery

5. Going forwards and remaining challenges

Considerable progress has been made since the Part 1 thematic, at which point (December 2013) formal structures were still being developed, delivery models refined, and the consequent workforce development implications worked through.

Now that the groundwork has largely been undertaken, and workforce development strategies in the most part are in place, the focus has shifted to implementing them. All four of the areas had ambitious plans for workforce development, involving staff from across the children's and adult's workforce, albeit to different degrees. To date, activity in the four areas has largely focused on SEN teams during the assessment and planning process, and to a more limited extent schools, leaving a number of challenges to address:

- **Undertaking workforce development to facilitate delivery of EHC plans –** whilst some piloting activity had been undertaken, it was still not always clear how and by whom EHC plans would be delivered, and the role of schools/ post-16 providers in this. Piloting activity has been undertaken with schools to develop operational models, but more work needs to be undertaken in all areas to identify and address the workforce development implications stemming from delivery

- **Managing the post-16 age group –** including engaging and supporting colleges, and providing support to young people no longer in education. Engagement with post-16 providers has been quite limited to date, particularly work-based training providers. It was clear that workforce development strategies had to better integrate them, and be tailored to their specific needs, going forwards. Involving post-16 providers in working groups, trialling new approaches and training (e.g. on outcomes, on empowering the young person), and providing tailored guidance on implementation (including how it related to changes in local provision) were suggested as key strategies, which had only partially been implemented in the participating areas

- **Engaging with schools –** schools will play a key role in delivery, but as discussed in the previous thematic report on Engagement of Schools, ensuring that they engage effectively in the reforms will require considerable workforce development efforts. SENCos (or equivalent) will play a leading role, but require sufficient support from other colleagues and partners (including local authority staff). During the research for the Engagement of Schools thematic, some schools spoke of the importance of having a 'caseworker' in place to provide support to schools in reviewing EHC plans, and monitoring ongoing delivery

- **Managing increased caseloads –** the increased face-to-face contact with families may in some areas cause capacity constraints for those coordinating and inputting into EHC plans. Administrative support is crucial, but the need to translate SEN Statements into EHC plans remains an ongoing challenge, particularly in high

Statementing authorities. To address this issue, one area has developed a temporary translation team, including a team of SENCos

- **Addressing gaps in provision –** workforce and provision development need to go hand in hand. In some of the case study areas, mapping exercises have revealed significant under-resourcing in key services such as children and adolescent mental health services (CAMHS), and speech and language therapy (SALT). Challenges in recruitment are also expected, particularly given the breadth of skills and modest salaries on offer

- **Addressing skills gaps –** the need to develop outcomes in a consistent and meaningful manner remains an ongoing challenge, and whilst many professionals may already purport to be working in a 'person-centred' manner, it was reported that "they may be hitting the right notes, but not in the right order"

- **Engaging private providers –** to ensure that provision is uniform, and the expectations of families (and schools) are successfully managed. Going forwards, it will be important that these issues are ironed out, and that the commitment to collaboration and shared learning continues, both within and among local areas.

Annex A: Glossary of terms

DfE	Department for Education
CAMHS	Child and Adolescent Mental Health Services
CDC	Council for Disabled Children
EHC	Education, Health and Social Care
MASH	Multi-Agency Safeguarding Hub
LA	Local Authority
SALT	Speech and Language Therapy
SEN	Special Educational Needs
SENCo	Special Educational Needs Co-ordinator
VCS	Voluntary and Community Sector

Annex B: Research methods

Research was undertaken in two pathfinder areas and two non-pathfinder areas (both of whom are pathfinder champions), selected in discussion with the DfE and Pathfinder Support Team. The basis for selection of the areas included: a mix of both pathfinders and non-pathfinders; areas with workforce development strategies already in place, or at an advanced stage of development; a mix from across the regions; a mixture of rural/urban and large/small areas; and at least one pathfinder champion. A scoping consultation was also undertaken with CDC to ensure the feasibility, deliverability and usefulness of the research outputs.

Once the four areas had agreed to participate, a scoping consultation was held with the pathfinder or SEN and disability reform lead in each area to discuss the research focus and objectives, gain a better overview of the delivery of workforce development activities, and identify consultees to participate in the research. Emphasis was placed on ensuring that staff from across the children's and adult's workforce were engaged in the research.

Fieldwork

Fieldwork was conducted between July and September 2014, and consisted of:

- Area-based consultations with the pathfinder or SEN and disability reform lead, the workforce development lead (where appropriate), and strategic professionals (e.g. SEN manager; leads for social care, health, finance and other teams) involved in overseeing the development and delivery of workforce development activities, to understand expectations and models of workforce development being used
- Individual or group-based interviews with operational professionals (e.g. training providers, key workers), who had been involved in workforce development activities, to assess the effectiveness of delivery and impact. These were designed to ensure a spread across agencies, including staff from local authorities and VCS organisations where relevant.

Overall, 41 individuals were involved in the interviews, which followed a topic guide designed by the research team, covering the five broad research questions outlined on page six of the report. Participants were asked to set aside approximately one hour for the consultations, and all 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 four 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 a focus placed on providing an accessible report that could be useful to those implementing workforce development activities.

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