SEND Pathfinder

Single assessment process and Education, Health and Care Plan

2\textsuperscript{nd} March 2012
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1. Overview

The Department for Education (DfE) and Department of Health (DH) have selected 20 SEND pathfinders (representing 31 local authorities and their Health PCT partners) to test proposed reforms to the current system of supporting disabled children and young people with those with special educational needs, as set out in the Green Paper ‘Support and aspiration: A new approach to Special Educational Needs and Disability,’

Throughout the programme, the Mott MacDonald pathfinder support team is organising a number of different types of events for pathfinders to support them across the range of themes they are testing.

This document is an output of the first SEND pathfinder event on the single assessment process and Education Health and Care Plan (known hereafter as the ‘single plan’) which was held on the 2nd March 2012 and had representation from seven pathfinders, DfE, DH, the Council for Disabled Children and Mott MacDonald support team.

2. Purpose of the workshop

The purpose of the workshop was to:

- Continue early conversations on how we can achieve the commitments on single assessment and plan in the Green Paper.
- Focus discussion on key questions to inform each other and the wider pathfinder community.

To discuss whether, when and how a full pathfinder action learning network on single assessment and plan should be developed.

A discussion paper was issued prior to the event and pathfinders were asked to provide an update on the day with regards to their initial thoughts and approach towards the single assessment process and plan. The following includes a summary of the presentations, outputs and agreed actions from the day. If you have other questions or queries please email pathfinder@mottmac.com.

3. Discussion Paper

Peter Smith, on behalf of the Council for Disabled Children, drafted a discussion paper for the workshop to help give sharper definition to the issues through considering key questions and scenario based discussions. The main sections of the paper are replicated here:

Introduction
The Green Paper commitment to ‘a new single assessment process and Education, Health and Care Plan’ is ambitious and demands fundamental changes to working practices. The Green Paper refers to parents’ struggle to get the right support for their disabled child, a process which ‘can be slow and complicated, with different services working in isolation and each having its own approach.’ The evidence of the need for change has been mounting for over 20 years. Families are frustrated by having to tell and re-tell their story, by the lack of coordination and inefficiencies in services. There has been some progress in a number of local areas where significant progress has been made through for example:
- Early support and family service plans;
- Integrative approaches to the Common Assessment Framework; and
- Person centred planning.

We now need to build on these and link them in a more holistic approach, which recognises the commitment in the Green Paper for single plans to have a greater focus on learning and life outcomes sought for children and young people.
Access
How broadly can the net be cast for children whose needs will be best met by a single assessment and plan? The Green Paper commitment is ‘by 2014 children and young people who would currently have a statement of SEN or learning difficulty assessment will have a single assessment process and ‘Education, Health and Care Plan for their support from birth to 25.’ A key question in implementing this commitment is that which children currently receive a statement is as much due to local policy as it is to the extent of the child’s needs.

Will pathfinders wish to/be able to link the threshold to the essentially education process of statementing or agree a more broadly based threshold, for example, children with SEND who require substantial levels of support from different services? If a child does not have educational needs leading to a statement, does this mean that there will be no single assessment process and plan, even if the child has substantial disabilities, high levels of health input and package of short breaks?

Funding and personal budgets
The implementation of single assessments and plans will clearly be shaped by the funding arrangements which are currently under discussion. While some efficiencies are envisaged through reduction of overlapping assessments, local areas may not be able to widen the net to include more children in a multi-agency co-ordinated assessment process. However, a greater focus on early intervention and prevention may result in longer term savings that enable wider eligibility. The introduction of personal budgets will require fundamental changes to how services are costed and budgets set. Personal budgets are being explored with the pathfinders through a dedicated action learning network.

Key themes related to single assessment and plan
The commitment to a single assessment and plan is one of a number of interlinked proposals in the Green Paper. Other important themes include:

- Ensuring the voluntary and community sector plays an appropriate role;
- ‘Giving parents control’ by being more transparent about services and providing the option of personal budget for all families with children with a statement or single plan;
- The single assessment process and plan will extend from birth to 25, with the aim of improving young people’s experience of transition to adulthood.

4. Pathfinder update:

The following is a summary of the informal oral update given by each pathfinder attending the workshop.

4.1. Wiltshire
Wiltshire’s approach is two-fold.

Structural and cultural change: This builds on the work undertaken pre-pathfinder to transform services for children and young people with disabilities and special educational needs. Wiltshire is working towards an integrated service (across education, children and adult social care and health (so far as is possible) for 0-25 year olds. It is important to note that 25 does not become a fixed age for transition. Transition is at the point of stability, which is around the age of 25.

Process change: All children whose needs are not or cannot be met by universal services who have special educational needs or disabilities (SEND) will have access to a single plan. The pathfinder has a team of 43 working on the plan across VCS, parents and carers, children and young people (CYP), health, social care and education. Much of the analysis is now complete and Wiltshire are progressing to process design. The SEND pathfinder work will be linked to the personal budgets pilot with rollout from April 2012. Developing a single assessment process and plan is also a key focus.
4.2. Southampton:
In Southampton, Education, health and social care have been brought together into a single service. An integrated assessment and single plan has been mapped with statutory timelines incorporated. There will be a single point of entry, an assessment coordinator, group agreement and shared understanding and then the lead professional agrees the plan with the family. There is very good parent carer and VCS involvement in task and finish group and they are looking at what further role the VCS could take in getting the parent, carer, children and young person’s voice heard in the process. Within the specified groups any CYP who would normally have a new statement assessment, from 1st June, will have access to a single plan and the new process. The groups include the 0-5 age group, a group with very complex needs and a transition group will be added later.

4.3. SE7:
SE7 has a regional steering group including parent carers and VCS and also local change boards to drive the work locally according to local needs. Overarching principles in relation to assessment and planning have been agreed at the regional level and an assessment and planning cycle developed including language such as ‘listen and understand’ rather than ‘assessment’ (SE7 SEND Pathfinder Framework for Assessment and Planning). A key point is that the assessment process is parent led and the plan is parent owned. The key worker helps to maintain relationships between the family and practitioners helping the family through the process. The key worker is the key contact for the family and is a consistent presence for the child or young person and their family. Across SE7 a full range of children and young people with have access to the single assessment and plan.

4.4. Manchester:
The pathfinder has representation from parent carers and young people advocacy groups on many work streams including those responsible for developing the single assessment and plan. In addition, a stakeholder visioning event was held in January which was a very positive day embedding the Manchester vision in all work. Manchester are looking at a number of innovative ways to store and develop the plan such as Cloud computing to help the child and family own the plan whilst allowing professionals to have access in real time. The CYP who will have access to the single and assessment and plan during the pathfinder will span multiple needs and age ranges with a focus on transitions. Multiple partners are involved in the project including Continuing health care professionals and VSC. As well as working with other Greater Manchester Pathfinder authorities, they will be working with Bolton to test the process for CYP outside the area. In addition the new CAF is being launched and they will be testing how this fits with the process.

4.5. Devon:
The pathfinder already has a well integrated health and social care service and has single plans. All children and young people who require assessment for SEN statements will be included in the pathfinder and have access to the new process, which will be launching on the 1st September 2012. The design group are working to build on the CAF. All children and young people with SEND will have a plan but at different levels.

4.6. Calderdale:
The pathfinder is using the CAF to make sure they have coordinated services at that level and to address needs earlier. A key element of the work is how they position schools, family services and primary care to get involved in the process earlier, which is perhaps the point at which to plan. They are ensuring that they remain focused on answering the right questions and making sure that the focus is on the families. The pathfinder is working through what types of support families could/should receive from training in universal services to directly support the family.
4.7. Bromley and Bexley:
Bromley and Bexley have a core group with representation from transitions, parents and carers, adult social care, LA and Health. Now that the core group is established they are applying wholesale change throughout all the 8 streams. Parents are part of the process and on board, which was supported by a large conference / visioning event which helped to further develop this. Parents have also written their own guide to the SEND green paper, which is a very comprehensive guide from their point of view. Early thoughts are that the plan may be in two parts, 1 part owned by the parents and the second part completed by service areas. The pathfinder will be working with those CYP with the most needs at key transition points, but they may widen this group after first testing.

5. Group discussion – Activity 1
Attendees were asked to consider questions based around a number of key themes, a summary of the responses are included below. In the majority of areas there was a range of responses which reflected the differing views of attendees, where there was consensus across the groups this has been identified.

5.1. Access/thresholds
Who gets a single Education Health and Care assessment and plan/ who does not get one? What is the extent of needs of children who get a single assessment and plan? What happens to children beneath this threshold? How much should this be nationally determined or left to local discretion?

Responses ranged across a broad spectrum. Some attendees expressed that ‘all children and young people with SEND could or should have a plan’ and it is how that plan is resourced which is dependent on the needs of that child or young person. Others thought that little value would be gained from a single plan for all with SEND as the needs of many are being met through standard provision/services and in future the local offer will set out what is normally available, potentially reducing demand for single plans. A plan for all was seen by some as overly bureaucratic and not delivering value for money.

A number of pathfinders expressed the view that children and young people ‘whose needs were not met by standard provision’ or who needed support to ‘participate fully in everyday life’ and to have the ‘same opportunities and aspirations as all’ should have access to a single plan. While others stated that ‘whoever needs one should have access to a single assessment process and plan.’ Some expressed that a plan might operate on two tiers, with statutory and non-statutory elements, to enable a more holistic person-centred plan.

There was broad agreement that getting the balance between what should or could be nationally determined or left to local discretion was a challenge. It was noted that the SEN statement policy is implemented differently in each locality which is likely to continue with any new system or statutory policy. A number of pathfinders expressed that local services have to meet local needs with local solutions and that the term ‘determined’ was unhelpful and that it should be ‘deciding locally.’ There were views that a better description of SEND nationally is required while others thought that categorising need was unhelpful and embedded in the existing system, which we are trying to move away from.

Clear agreement was evident from pathfinders that a transparent approach, with the child and family at the centre, is required. Referral routes should be open, clear and accessible through the life of the child and young person. The importance of language and terminology was highlighted throughout, what is meant by a single assessment process and single plan.

What are the issues re interfaces with other types of specialist assessments and plans e.g. for children in need, looked after children etc? What happens when a looked after child is placed out of authority and either has identified SEND already or is subsequently identified as having possible SEND?
Pathfinders were in agreement that this is an important consideration which needs to be addressed during the programme but one that has not yet been fully worked through yet in the majority of pathfinders. No definitive consensus was agreed but rather a range of suggestions of how this could be approached.

It was stated that any assessment (specialist or not) should be looked at in context of a framework, there would be key commonalities but the detail of the plan should reflect the needs of the child or young person and be outcome focussed. There was much discussion on whether specialist assessments e.g. with regards to safeguarding, should be included within the assessment and plan documentation held by the family or just referenced within it. ‘Could some plans be outside the single plan,’ a ‘bolt on to the single plan,’ just referenced where applicable or are these suggestions in conflict with the idea of what a single plan should be? There was agreement that the plan should be focused on outcomes but balanced with protections for that child/young person, although these should perhaps be more discreetly stated in the single plan.

5.2. Referral/route in and assessment process

Is there a range of referral routes, a single point of entry or other local processes? Does the route in change over the age range? Who are the assessor(s) and does one person co-ordinate the process? How should the VCS be involved in the process? How can parents, children and young people be placed at the heart of the process?

Pathfinders expressed a number of views in regard to the potential referral/route into the assessment process. Most stated in the context of the multi agency setting across health, education and social care that a range of referral routes are required and that these referral routes will be dependent on the CYP needs. The source of the referral may change dependent on the age of the CYP but there was no consensus as to whether the overall route or process would change. How the referrals are then managed was identified as key, this could be via a ‘multi agency panel’, a ‘Single Point of Access’ process and policy, an extension of the CAF approach or a variety of other ways. Some pathfinders believed that this was perhaps not a national issue to address and should be established locally, with perhaps a ‘national framework agreed but implementation locally may differ.’

In terms of who coordinates the process Pathfinders were in general agreed that one person should be a family’s key contact working with the family and guiding them through the process. Pathfinders had a range of terminology for this role such as key worker, lead professional or trained facilitator but all agreed that family choice was a key factor. The role could be fulfilled by a number of people including health/education/social care professionals, the VCS or parent representatives. Families should be allowed to nominate or choose a person for this role but a ‘key worker’ also needs to be skilled enough to understand the needs of the CYP, which links to the workforce development aspect of this process. Some pathfinders thought that a ‘key worker’ representing the family should work in parallel to a ‘lead professional’ who is a practitioner and responsible for the multi agency delivery of the plan.

There was also discussion around access via request rather than referral and how a CYP or family could request access to a single plan, which is perhaps ‘a core aspect if parents, children and young people are to be placed at the heart of the process.’ Others highlighted the need for a referral to be seen as a positive step not ‘passing a problem to someone else’ and ensuring that families feel some ownership of the process rather than feeling they are being ‘done to.’

5.3. Content of plan

What should the plan look like? How much should be prescribed? Beyond a few common headings should the contents of the plan be determined by the particular needs of the child and the views of the parents and child?
Pathfinders were in broad agreement that in considering what the plan should look like the key factor should be ‘who the plan is for; the CYP and family.’ The plan should be the outcome focussed, include a profile section, aspirational (but not a ‘wish list’), holistic, clear, ‘an easy read,’ person centred with ‘family friendly language.’ Pathfinders expressed that the dialogue about outcomes for the child/young person should drive the content of the plan and that it should have both medium and long term goals. A number of pathfinders expressed that the family’s commitments and measures towards achieving the outcomes of the plan should also be included and others stated that the plan may not always be linked to additional resource.

In terms of how much of the plan should be prescribed some pathfinders believed this should be determined locally with the family as ‘how can it be person/family centred if prescribed’ others thought broad headers would be a useful guide and help to ensure some level of quality and commonality across areas. All pathfinders are currently working with parent carer representatives and children/young people to develop what a single plan may look like and contain.

5.4. Timetable
What timetables are reasonable to allow sufficient time to gather the necessary information and yet not be complacent about delay? Should there be a legal maximum?

Many pathfinders are in the early stages of thinking with regards to the potential timetable/timeframe for a single assessment and plan, ‘it is difficult to determine timescales when the process has not yet been tested’. However there was broad agreement that there must be a balance between time and quality, ‘timescales may be necessary but quality should be the driver’. Many thought that there was a danger that if a timescale was set people could/would work to that, others thought that perhaps there should be ‘best practice guidelines’ or ‘legal maximum i.e. timely fashion but not to exceed x.’ Pathfinders were also clear that outcomes and actions need timescales/timeframes associated with them in the plan so that they are meaningful to the families and measurable for all.

A further point that pathfinders noted is that the single assessment and planning process is iterative and not a single event, it is a continuous process and any timescales/timeframes should be minded of that. Some made the point that any timescales should be locally determined whilst others preferred a loose framework/guidance to be decided nationally and implemented locally.

It was noted that there was the potential for a mismatch between maximum timescales for social care assessments, which the Munro review recommended should be removed, and the current level of legal prescription in timescales for SEN statements if these are replicated in the single assessment process. Some pathfinders are exploring how to address this issue through improved joint planning and co-ordination.

5.5. Commitment to provide services
How can we increase the commitment from all parties to provide their services?

Pathfinders in general agreed that the pathfinder process itself should begin to address this and drive the commitment, with many stating that buy-in from many services exists although it is early in the process. Some identified potential issues with certain services which may need to be concentrated on such as Academies and multi market providers.

A range of views were expressed on whether the health service should be under a duty to provide the health elements of an EHC plan, similar to the duty LAs are currently under to provide the special educational elements of SEN statements. Some pathfinders felt a specific legislative requirement would be important to increase parental confidence. Others stated that legislation would not solve the issue, and that the focus should be on improved integration and co-operation that many pathfinders are already demonstrating.
5.6. Other questions

A number of other questions were identified, but due to the time constraints on the day were not discussed by most pathfinders. These are included below and will form part of later discussions.

Complaints/redress
The review is often an opportunity to address disagreements about progress. Is there any option to having different routes for dispute resolution depending on whether the complaint is about education, health or social care?

Reviews
How will it be determined that children no longer need a single plan? Should reviews be 6 monthly, annually or locally determined? Should there be prescription?

Local offer
What are the links to the local offer? How can local areas ensure the local offer is effective enough to avoid unnecessary pressure for single plans? (Refer to section 5.1 where this topic was referred to in the wider discussion). Are pathfinders developing effective multi-agency local offers?

6. Group discussion – Activity 2

Five scenarios were included in the discussion paper and were used to facilitate a group discussion by pathfinders. Each scenario was reviewed in the context of the following questions:

1. Does this child need/meet the threshold for a single assessment process and plan?
2. Who triggers the assessment process and plan?
3. Who develops it?
4. Who is accountable for it?

The working group’s responses to these questions have been, in the main, incorporated into the write up for activity 1 due to the overlaps.

7. Key issues for further discussion

Towards the end of the workshop a number of key issues were raised in addition to those listed above. These will need to be explored further by pathfinders, DfE and DH and discussed at future workshops:

- The extent to which Behavioural, Emotional and Social Difficulties (BESD) including ADHD and ASD, are included within the legal definition of SEND.
- The difficulties of incorporating safeguarding concerns in a parent held parent led assessment and plan.
- The interaction between definitions of SEND, the Equality Act and social care legislation e.g. how does an EHC plan interact with a Child Protection Plan?
- The notion that some plans would be 'outside the single plan' (i.e. that some areas may give children and young people single plans where they do not meet the statutory threshold).
- Tension between a parent/young people led process to develop the content of plans and securing adequate resources to deliver the services in the plan, in the current financial climate.
- How to look at the needs of children and young people holistically in plans and avoid separating out needs based on education, health and care services boundaries.
• How to support the workforce to enable better integrated working.
• Who is accountable for the delivery of the plan in a multi agency setting?
• How do or should we define the threshold between universal and enhanced support services?