



Department  
for Education

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

**Understanding the comparative costs of delivering the EHC planning and SEN Statemending processes for newcomers to the SEN system**

**Research report**

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## Key findings

- SQW was commissioned by the Department for Education to lead a consortium of organisations to undertake the Evaluation of the Special Educational Needs (SEN) and Disability Pathfinder Programme. This is one of a series of outputs and covers the costs of delivering the refined versions of the Education, Health and Care (EHC) planning process for newcomers to the SEN system and the SEN Statementing process.
- The data was gathered from five areas. In each area, two focus groups were undertaken, looking at the costs of delivering the Statement and then the EHC plan. The focus groups discussed two hypothetical cases. Any comparison is best undertaken at the area level.
- The data should be read as indicative, and may change over time as areas further develop their approaches to delivery of the EHC plans.
- The staff costs associated with delivery of the SEN Statementing process appear to vary considerably across the areas. Similarly, the costs associated with delivery of the EHC planning process are expected to vary considerably across local areas.
- There was inconsistency in the direction of change between the costs of delivering the SEN Statementing and EHC planning process across the areas - with three areas estimating the new process would take more time to deliver and two areas estimating it would take less time to deliver for Case Study 1; and three areas estimating an increase and one a decrease for Case Study 2.
- The reduction in costs experienced by two of the areas was driven by a change in the staging of the EHC planning process relative to the traditional process. This involved assessments being undertaken up-front prior to the point of referral in the new process, leading the costing of these assessments to fall outside of the estimates derived by this research.
- Were the excluded assessment costs to be included in the estimates of the new process for the two areas, the costs that we show would rise. As a result, at least one of the two areas would show rising costs.
- Some of the areas exhibited a higher percentage change in monetised time relative to staff time, which may imply that changes are more likely in the inputs of senior practitioners.
- The change in overall delivery time was directly related in all cases to the change in SEN contributions (i.e. if an area estimated an overall increase in delivery time between the traditional and new processes, this was also reflected by an increase in SEN-related contributions. The same applied if they expected a decline).

- No consistent relationships were found between the changing time contributions of Specialist Health or Social Care and the overall change in delivery time. This is likely to reflect the dominance of SEN time in delivery of both the traditional and new processes.

# 1. Introduction

## Evaluation of the SEN&D Pathfinder Programme

SQW was commissioned by the Department for Education to lead a consortium of organisations to undertake the Evaluation of the SEN and Disability 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 – *understanding the comparative costs of delivering the EHC planning and SEN Statementing processes for newcomers to the SEN system*.

## Rationale for the research

The initial phase of the evaluation (September 2011 – March 2013) sought to understand the comparative costs of delivering the EHC planning process relative to the SEN Statementing process. However, this initial assessment was limited by:

- The amount of progress made by the pathfinder programme – many areas had not produced many and in some cases any completed EHC plans and therefore were not ‘delivering’ in any standard way by the end of the data collection period in March 2013
- The majority of pathfinder areas had focused on taking existing service users through the EHC plan process – leading to limited evidence on the costs of delivering the full end to end process for newcomers to the SEN system
- The lack of data available to illustrate the costs associated with delivering the traditional SEN Statementing system.

We therefore needed to collect new, more robust information on the costs associated with delivering the refined versions of the EHC planning process for newcomers to the SEN system and the SEN Statementing process. The focus is on the staff time involved, but does not cover non-staff time and costs.

Data gaps remain, which this study has not sought to address, around the costs of transferring from a statement to an EHC plan. Nor does the study consider people who currently have Learning Difficulty Assessments (LDAs), and how the costs of these compare to EHC plans.

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



## Research focus

This thematic report addresses the following research questions:

<b>EHC planning process</b>	What are the costs of delivering the EHC planning process for eligible newcomers to the SEN system?
<b>SEN Statementing process</b>	What are the costs of delivering the traditional SEN Statementing process for the equivalent families that would be deemed as eligible for the EHC planning process?
<b>Distribution across agencies</b>	How are the costs distributed across agencies / those involved in the delivery for both the traditional and EHC planning processes?
<b>Comparative costs</b>	Is the EHC planning process more / less costly to deliver than the traditional SEN Statementing process? What are the reasons for this difference?

## Our approach

This report builds on the work undertaken as part of the EHC planning pathway for newcomers to the SEN system thematic research<sup>2</sup>. The previous work provided an understanding of the SEN Statement and EHC planning pathways being delivered in five pathfinder areas - Darlington, Greenwich, Southampton, West Sussex and Wigan.

In each area, SQW facilitated two multi-agency focus groups; one aimed at estimating the staff time involved in delivering the EHC planning process and the second the SEN Statementing process. Where possible, the focus groups comprised representatives from SEN, specialist health, social care and other supporting agencies that were involved in delivering the relevant process (see Chapter 2 for more detail on the research methods used). We would like to express our sincere thanks to these five pathfinders, whose helpful insights have informed this report.

## Structure of the report and intended audience

The next chapter outlines the methodological approach. Chapter three provides an overview of the quantified findings. A fuller explanation of the data presented in chapter three and the system changes behind the data is set out in Chapter four. Chapter five contains our conclusions.

This report is intended to support those charged with developing, delivering and resourcing the EHC planning process.

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<sup>2</sup> <https://www.gov.uk/government/publications/send-pathfinder-programme-evaluation-education-health-and-care-planning-pathway>

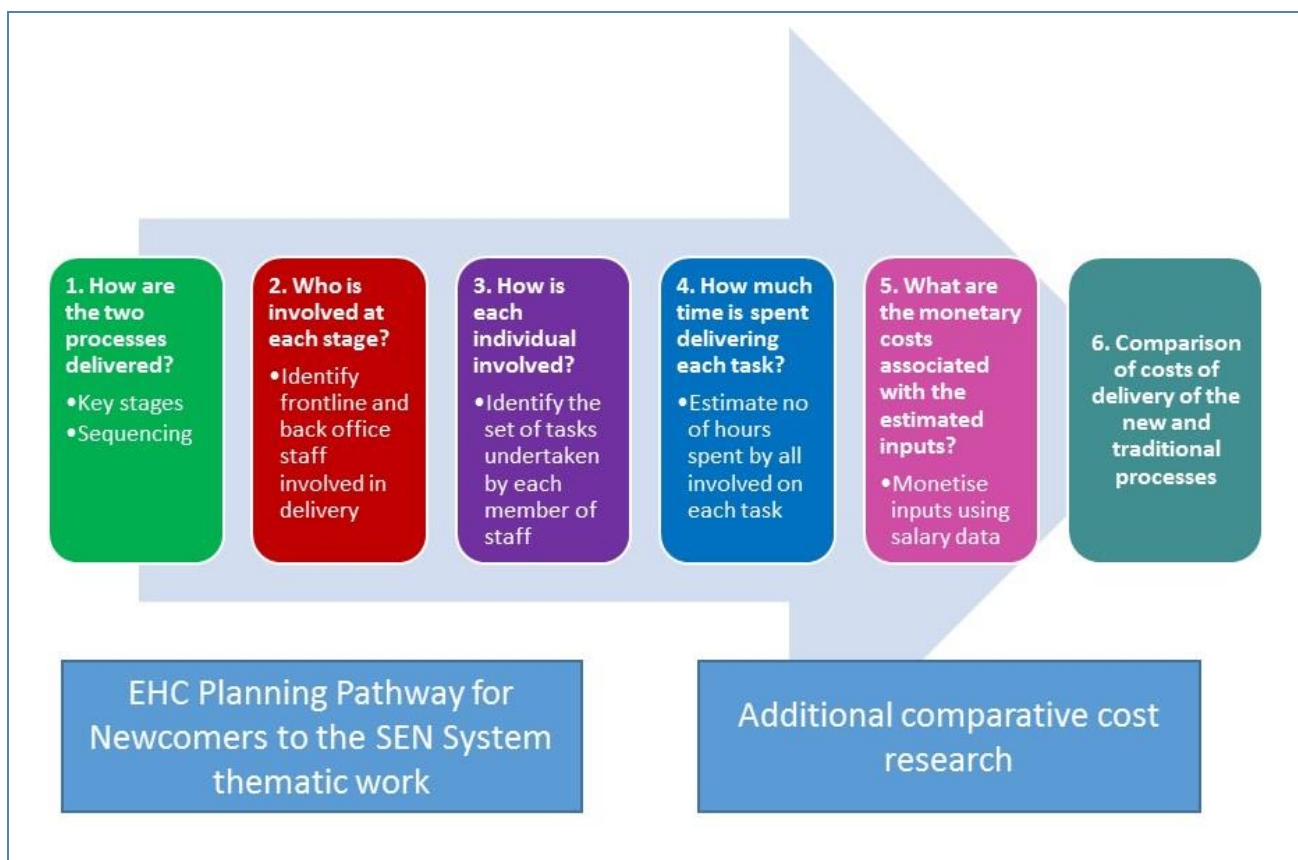
## 2. Methodology

This chapter provides an outline of the method used to develop the comparative cost data that forms the basis of this report.

### Staged research

Figure 1 summarises the six stages of research undertaken to develop the comparative costs. The first three stages – how are the two processes delivered, who is involved at each stage and how is each individual involved – were explored as part of the EHC planning pathway for newcomers to the SEN system thematic research<sup>3</sup>. This provided an understanding of the SEN Statement and EHC planning pathways being delivered in the five participating pathfinder areas - Darlington, Greenwich, Southampton, West Sussex and Wigan. The fourth, fifth and sixth stages – how much time is spent delivering each task, what are the monetary costs associated with the estimated inputs and a comparison of the two sets of costs – formed the basis of the comparative cost thematic.

**Figure 1 Our approach to developing the comparative costs**



Source: SQW

<sup>3</sup> <https://www.gov.uk/government/publications/send-pathfinder-programme-evaluation-education-health-and-care-planning-pathway>

The five areas were selected on the basis that they: had worked with newcomers to the SEN system during the first phase of the pathfinder programme (and were therefore sufficiently informed to provide views on newcomers); provided a mix from across the regions; provided a mix of rural/urban and large/small areas; included at least one pathfinder champion; and were able to contribute to the comparative costs of delivery work.

In each of the five areas SQW facilitated two half-day multi-agency focus groups to estimate the staff time involved in delivering the local EHC planning process and the SEN Statementing process for two specific case study families. The use of focus groups follows earlier work for DfE on short breaks<sup>4</sup>. The group dynamic appeared to aid the process, as compared to individual interviews as it allowed fellow practitioners to comment and challenge their colleagues.

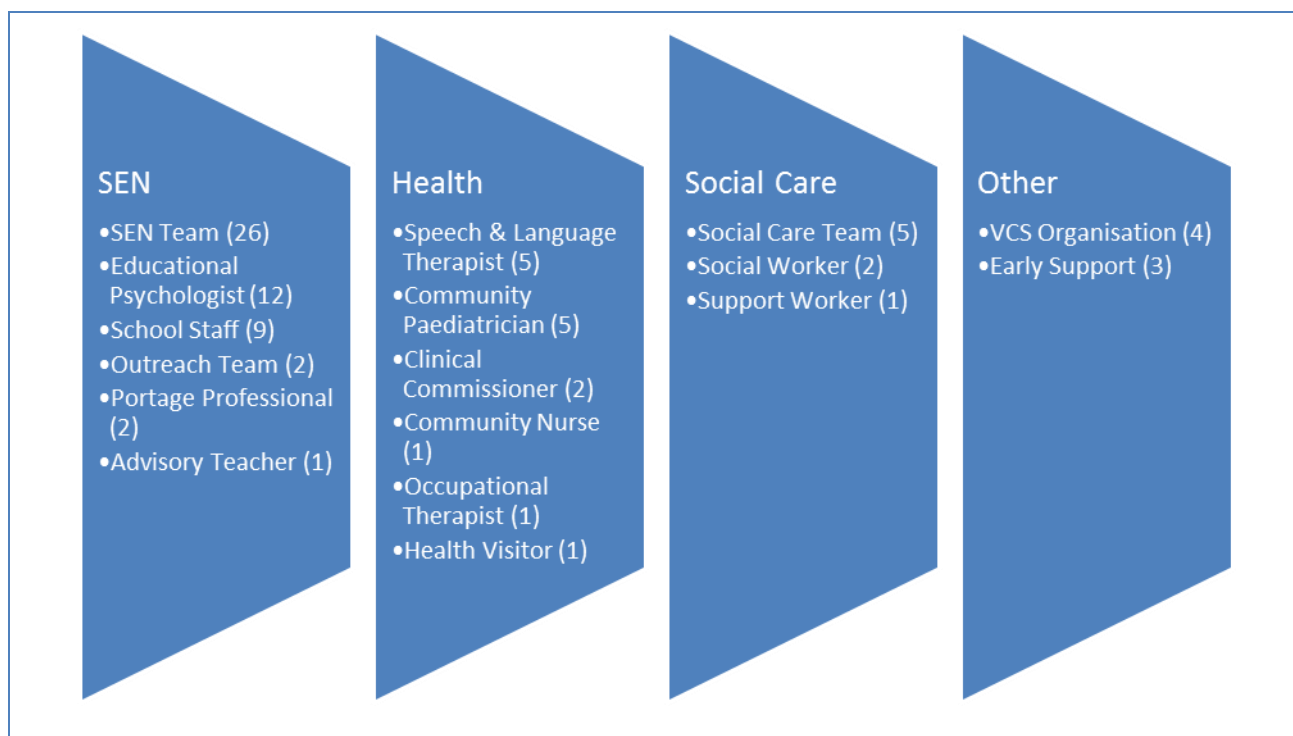
Areas were asked to invite representatives from SEN, specialist health, social care and other supporting agencies that would be involved in delivering the two processes for the case study families. This resulted in a total of 73 focus group participants and an average of seven participants per focus group across the five areas. A further four follow up consultations were undertaken with individuals unable to attend the sessions, in order to verify the estimated SEN Statement and EHC planning figures and ensure coverage from across SEN, specialist health and social care within each area.

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<sup>4</sup> Holmes, McDermid and Sempik (2010) The costs of short breaks provision, Research Report DCSF-RR224.

Figure 2 illustrates the types of professionals that participated in the focus groups, with the numbers in brackets listing the number involved across the ten focus groups and subsequent follow up consultations.

**Figure 2 Range of professionals to participate in the cost effectiveness research**



Notes: Some professions (e.g. Early Support) sit within different agencies in different Pathfinder areas. The breakdown provided above is intended to be indicative only, and the agency time and costs associated with delivery for each area have been calculated using their own agency distribution.

Numbers in brackets reflect the number of professionals to take part in one of the ten focus groups.

Source: SQW

Results were recorded 'live' during the focus groups and sent back to each area post the sessions to verify and review the data.

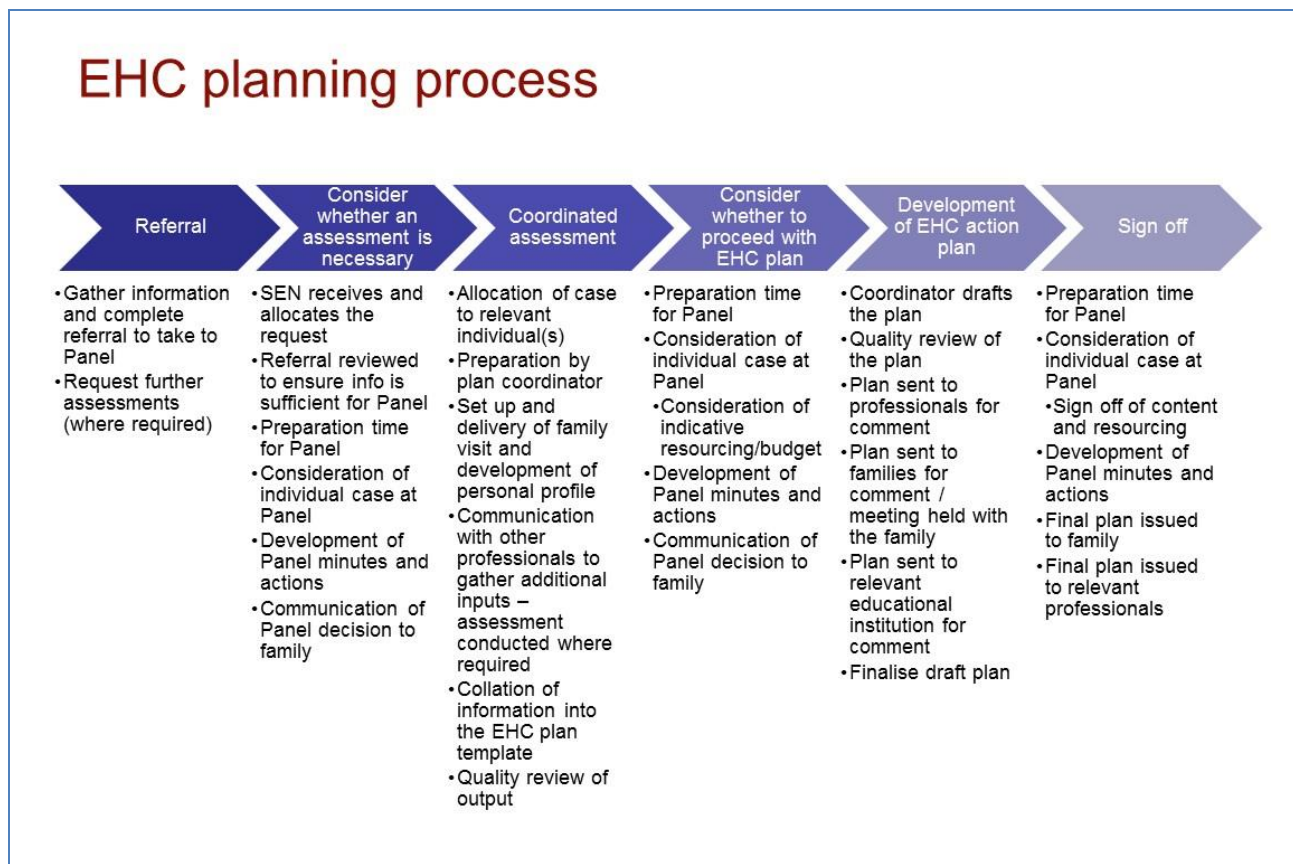
## Underlying assumptions for the estimation process

To ensure consistency across the focus groups, the estimation process was underpinned by a set of common assumptions, which were discussed and agreed with all participants at the beginning of each group, namely that the focus was on:

**Costing a common set of stages for the EHC planning and SEN Statementing processes – referral, Statementing processes – referral, consider whether an assessment is necessary, necessary, statutory/coordinated assessment, consider whether to proceed to the Statement/EHC Statement/EHC plan, development of the Statement/EHC plan and sign off.**

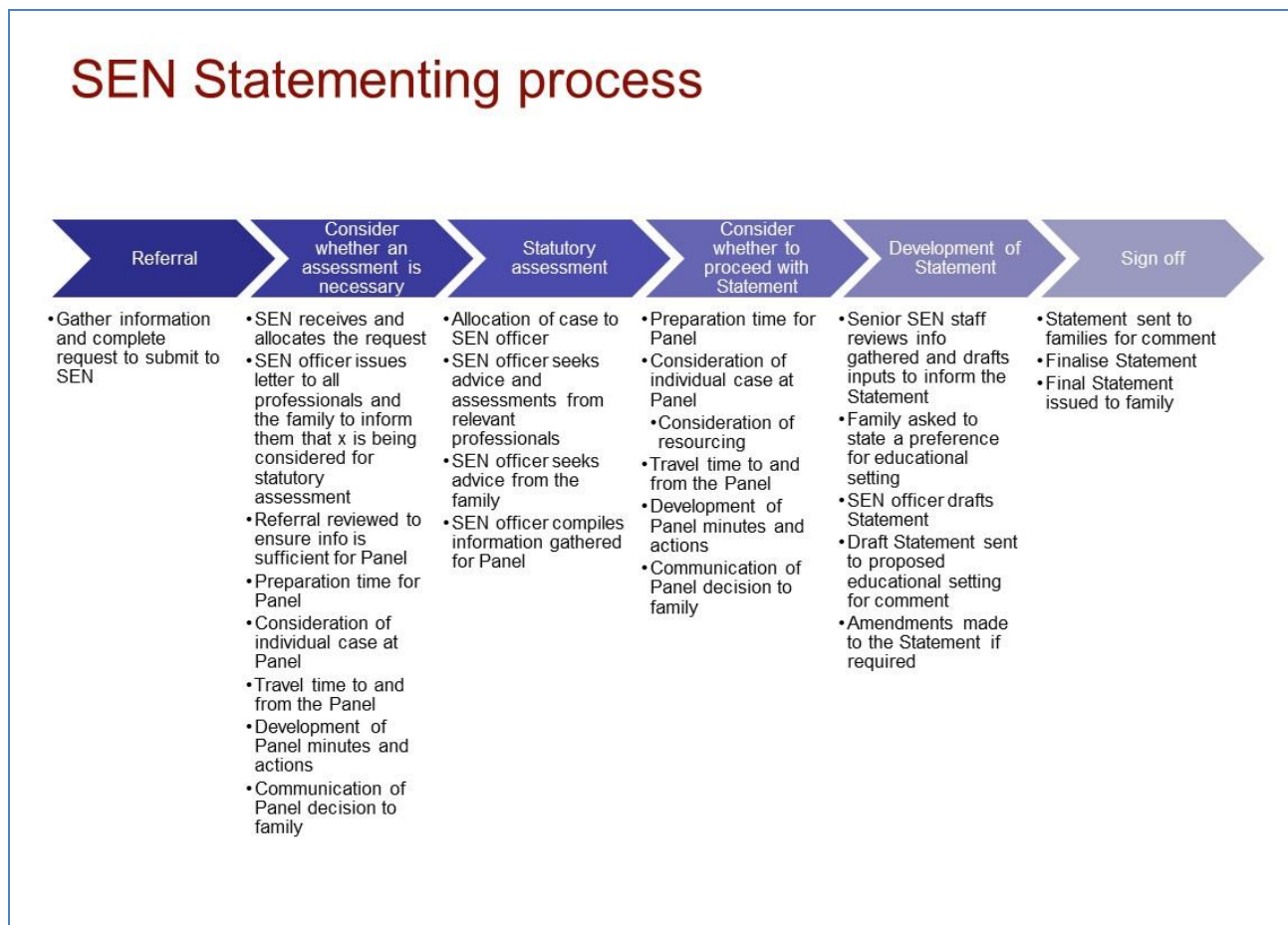
1. Figure 3 and Figure 5 set out the common template used for this exercise, which was tailored for each area to reflect local tasks and sequencing

Figure 3 EHC planning process - key stages, tasks and sequencing



Source: SQW

Figure 4 SEN Statementing process - key stages, tasks and sequencing



Source: SQW

2. **Supporting two case study families through the new and traditional processes** (see Figure 5). All areas were asked to assume that both families would be eligible for both an SEN Statement and an EHC plan, and to estimate the time inputs they would typically expect to spend on cases of this nature (i.e. what would most often happen).



**Figure 5 Family case studies used during the estimation process**

<p><b>Family case study 1</b></p> <p>Daniel is 4 and lives with his Mum, Dad and older sister. He has severe epilepsy, which means he is frequently in hospital. At present nobody at his nursery is in a position to help him take his medicine. Daniel also has problems with his speech and has recently been diagnosed with severe autism. This is inhibiting his learning and means he is developing more slowly than would be expected for a child of his age. His behaviour at the setting is often challenging and leads him to become isolated from his peers. In September he will be looking to make the transition from nursery to primary school</p> <p><i>For purposes of the focus groups, assumption made that Daniel meets the thresholds for relevant specialist health services and children's social care</i></p>	<p><b>Family case study 2</b></p> <p>Catherine is 6 and lives with her Mum, Dad and two older siblings. She presents with a behavioural, emotional and social difficulty. Catherine currently attends a mainstream school but despite one-to-one support, and provision for an individualised curriculum is frequently distracted and disengaged from her learning. Her behaviour remains unpredictable, resulting in her frequently being excluded from the classroom in order that she does not inhibit the learning of her classmates</p> <p><i>For purposes of the focus groups, assumption made that Catherine is eligible for relevant specialist SEN support</i></p>
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3. Source: SQW

3. Estimating **the staff time taken to deliver** the EHC planning and SEN Statementing processes for the two case study families. The process did therefore not consider consumables e.g. room hire, printing and postage, travel costs etc.
4. Costing staff time spent from the **point at which the referral is triggered for the EHC plan/SEN Statement to final sign off/approval**. Therefore, the costs of any previous assessments or reviews were excluded. This assumption had a significant effect in some areas, as we describe later
5. Asking **participants to offer proxy data for individuals that were unable to attend**, which was verified if possible by the relevant practitioners following the focus groups
6. **Costing the pathway of 'least resistance'**, which for example meant each panel submission was deemed complete and there was no requirement for re-submission, and that the family did not choose to appeal any decision or seek mediation or a Tribunal hearing



7. The **EHC plan would act as a replacement for the SEN Statement only**, implying all areas would retain separate health and social care plans (a position which may change over time as processes become more streamlined)
8. The **comparison at this stage was based on costing a well-established SEN Statementing process and an evolving EHC planning process**, recognising that the latter was still evolving in most areas.

## Analysis of the data and monetising staff time

The verified datasets from each local area were translated into an Excel workbook, and aggregated by area to show the total staff time, sub totals by stage and the agency-specific totals for the two processes for each of the two case studies.

Local salary data was collected to reflect each of the roles involved in the two processes across each of the areas<sup>5</sup>, to ensure the resultant monetised results reflected the differing local contexts. Monetisation of staff time was undertaken in a consistent manner across the areas as follows:

- Annual salaries were converted into hourly rates using the assumptions set out in the NHS Agenda for Change pay scales 2013/14, which assumes there are 52.14 weeks in a year and 37.5 hours in a week – NHS/health data was used for this purpose as it provided the most consistent means to undertake the conversion
- The derived local hourly rates for each area were multiplied by the associated and verified number of hours of staff time for each relevant member of staff and aggregated to reflect the total monetised cost of delivery, the sub totals by stage and the agency specific totals for the two processes for each of the two case studies.

## Interpretation of the comparative data

**Given the differences between local areas, the most appropriate comparison is within areas**, i.e. how does the new approach in a local area compare to what existed previously, as this is the best indicator of change. This reflects that each area had its own approach and so what we have gathered is change within each local area. It also means that the variation in salary data, and on-costs, is minimised as we only compare posts within an area with the same type of cost data.

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<sup>5</sup> Salaries provided for each of the roles involved in the two processes from each area included data that excluded and included on-costs, as different agencies had access to differing salary datasets. The data was used as provided as the focus for the analysis was to compare differences within areas, as opposed to between areas. As a result, the analysis does not present any median or mean statistics to illustrate averages across the five participating areas.

Moreover, it also reflects the nature of the discussions held. In particular, because the two cases were theoretical, each area had to make a series of decisions about what would happen, such as the need for additional assessments. Care was taken that where the first focus group, about the statementing process, added further assumptions then these were carried forward to the second focus group in that area.

The need to make assumptions was necessary because of the data collection being focussed around hypothetical examples. More accurate data can be gathered in real time. However, a real time approach was not possible as no child would be going through both systems, and the differences between children's needs would mean that comparing any two cases risks considerable bias.

We would also caution that the **work should be regarded as indicative** of the likely changes. It provides an indication of the level of change in five areas, but further work would be required across a larger sample of local authorities and including the LDA process and the transfer of statements to EHC plans before any estimate of the full costs implications could be calculated.

### 3. Comparative costs – an overview

#### KEY FINDINGS

- The staff costs associated with delivery of the SEN Statementing process appear to vary considerably across the areas
- Similarly, the costs associated with delivery of the EHC planning process are expected to vary considerably across local areas
- This variation reinforced the need to limit any comparison between the delivery of the two processes within each area, as opposed to across the five areas
- There was inconsistency in the direction of change between the costs of delivering the SEN Statementing and EHC planning process across the areas - with three areas estimating the new process would take more time to deliver and two areas estimating it would take less time to deliver for Case Study 1; and three areas estimating an increase and one a decrease for Case Study 2
- The reduction in costs experienced by two of the areas was driven by a change in the staging of the EHC planning process relative to the traditional process. This involved assessments being undertaken up-front prior to the point of referral in the new process, leading the costing of these assessments to fall outside of the estimates derived by this research
- Some of the areas exhibited a higher percentage change in monetised time (£) relative to staff time (hours). This could imply that changes require greater input from more senior practitioners who are paid more
- The change in overall delivery time was directly related in all cases to the change in SEN contributions (i.e. if an area estimated an overall increase in delivery time between the traditional and new processes, this was also reflected by an increase in SEN-related contributions; the same applied if they expected a decline)
- No consistent relationships were found between the changing time contributions of Specialist Health or Social Care and the overall change in delivery time. This is likely to reflect the dominance of SEN time in delivery of both the traditional and new processes.

This chapter of the report presents an overview of the comparative costs of delivering the EHC planning and SEN Statementing processes across the five participating areas, in relation to total hours of staff time (total and agency-specific) and monetised time. The results are presented separately for each case study family and area. Chapter 4 provides

a detailed breakdown of this data by area, explaining the inputs involved and reasons for the differences that emerge.

## Case study 1

Table 1 provides a summary of the total number of staff hours and monetised time required to deliver the SEN Statement and EHC planning processes in each area for case study 1. The data show considerable local variation between the delivery of the traditional (e.g. between 49.4 and 84.9 hours) and new processes (e.g. between 31.5 and 107.7 hours) across the areas. These differences reflect the different approaches that are in place, which in turn are dependent on different agency structures, decision-making processes and supporting infrastructure. These variations emphasise the need to limit any comparison between the delivery of the two processes within each area, as opposed to across the five areas.

Analysis of the total comparative costs of delivering the two processes within each area showed:

- A considerable amount of change in all areas but no consistent pattern, with some areas expecting to reduce their inputs and costs, and others expecting an increase
- The reduction in costs in Areas B and C were driven by a change in the staging of the EHC planning process relative to the traditional process. This involved assessments being undertaken up-front prior to the point of referral in the new process, leading the costing of assessments to fall outside of these estimations (this is explained in more detail in Chapter 4)
- A couple of areas exhibited a higher percentage change in monetised time relative to staff time, which may imply that changes require greater input from more senior practitioners who are paid more.

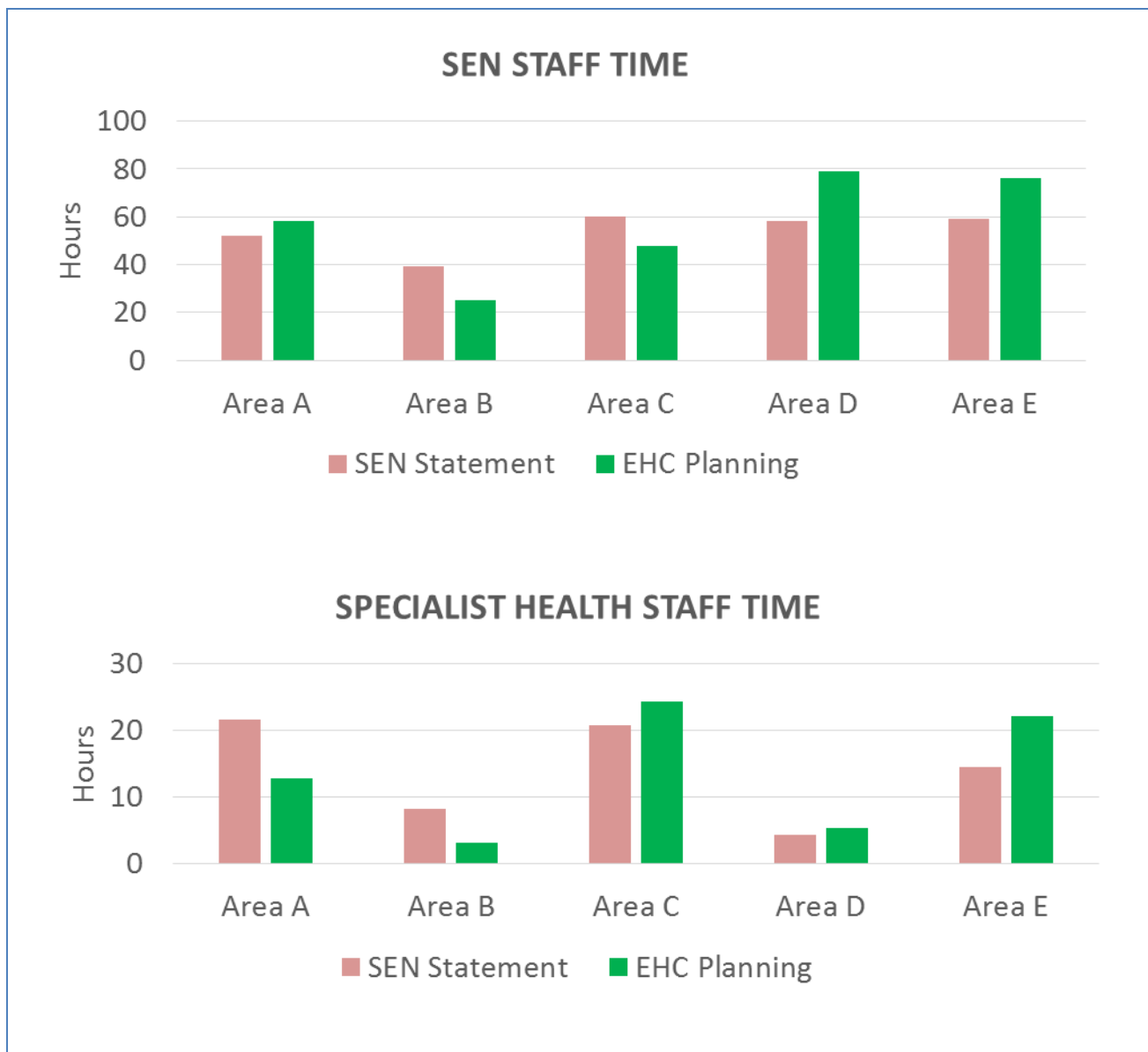
**Table 1 Summary of staff hours and monetised time required to deliver the SEN statement and EHC planning processes across the areas for case study 1**

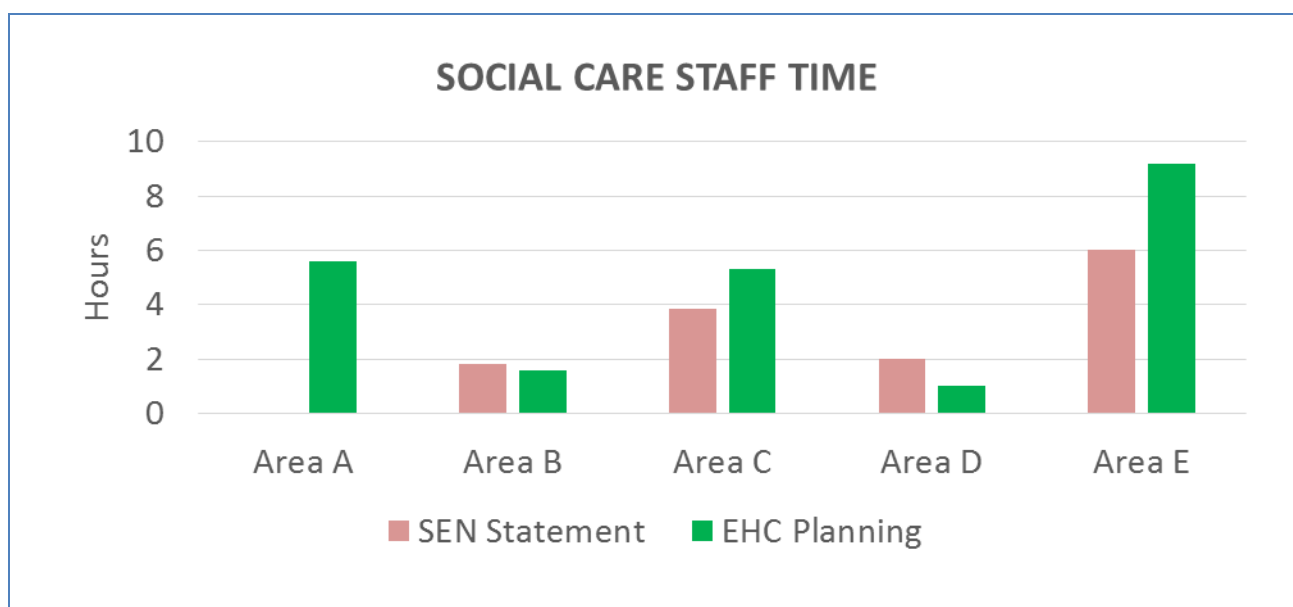
STAFF TIME - HRS	Area A	Area B	Area C	Area D	Area E
SEN Statement	75.9	49.4	84.9	65.1	79.7
EHC Planning	90.6	31.5	77.6	86.3	107.7
Percentage change	+19%	-36%	-9%	+32%	+35%
MONETISED TIME - £	Area A	Area B	Area C	Area D	Area E
SEN Statement	£1,418	£1,139	£2,062	£1,192	£1,593
EHC Planning	£1,976	£734	£1,799	£1,488	£2,147
Percentage change	+39%	-36%	-13%	+25%	+35%

Source: SQW pathfinder cost focus groups

The change in overall delivery time was directly related in all cases to the change in SEN contributions (i.e. if an area estimated an overall increase in delivery time between the traditional and new processes, this was also reflected by an increase in SEN-related contributions, and similarly if they expected a decline) (see Figure 6). However, no consistent relationships were found between the changing time contributions of Specialist Health or Social Care and the overall change in delivery time. This is likely to reflect the dominance of SEN time in delivery of both the traditional and new processes.

**Figure 6 Comparative distribution across the three main agencies for case study 1**





Source: SQW pathfinder cost focus groups

## Case study 2

Cost estimates provided for Case Study 2 illustrated that in the majority of areas, delivery of both the traditional and new processes would take less time than for Case Study 1, which reflected that fewer practitioners were likely to be involved in this case. In three of the areas the nature of change for Case Study 2 was very similar to case Study 1. This implied that in the majority of areas, there were no fundamental differences between the delivery of the traditional and new processes for both case study families.

The exception was Area C (see . This distinction was not made by the other areas, as they assumed both cases would be taken through the same steps.

). The cost estimates provided by Area C illustrated a reduction in delivery time between the traditional and new processes for Case Study 1, and an increase in delivery time for Case Study 2. This difference was the result of an important distinction between the two case study families: the first of which described a case that was assumed to be associated with comprehensive assessment information at the point of referral, thereby negating the need to undertake further assessments during the new process; and the second of which described a child that had 'presented' with complex additional needs and therefore was likely to require further assessment during the new process. This distinction was not made by the other areas, as they assumed both cases would be taken through the same steps.

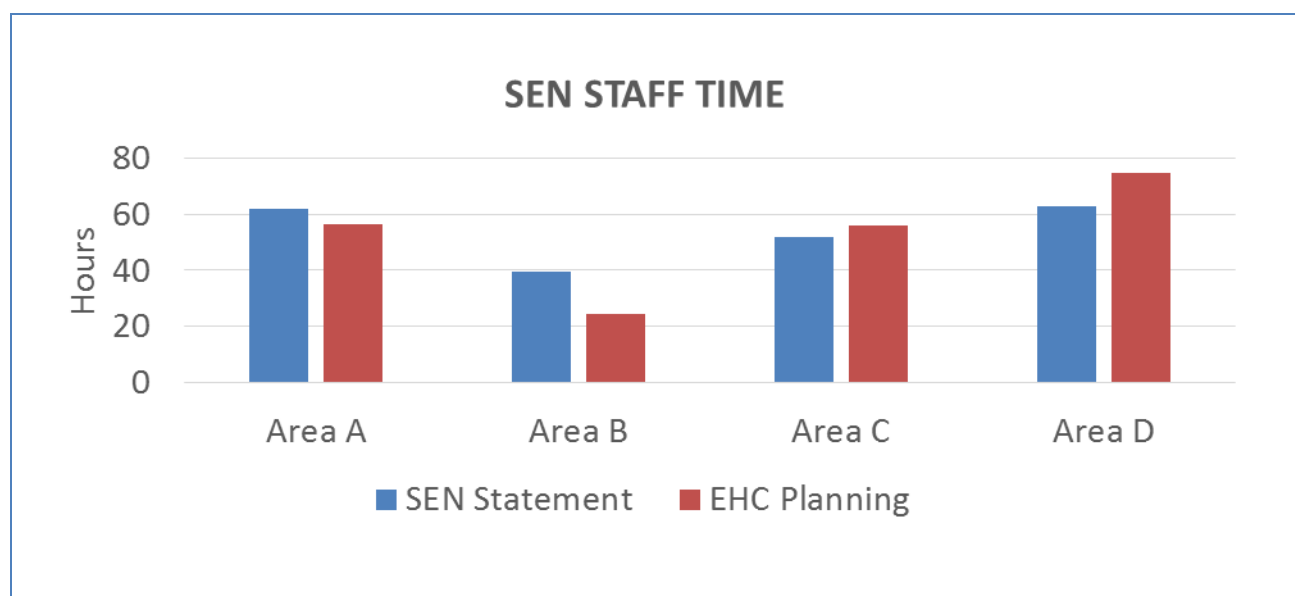
**Table 2 Summary of staff hours and monetised time required to deliver the SEN statement and EHC planning processes across the areas for case study 2**

STAFF TIME - HRS	Area A	Area B	Area C	Area D	Area E*
SEN Statement	71.6	44.4	57.9	70.4	N/A
EHC Planning	85.9	31.0	64.5	86.5	N/A
Percentage change	+20%	-30%	+11%	+23%	N/A
MONETISED TIME - £	Area A	Area B	Area C	Area D	Area E
SEN Statement	£1,386	£984	£1,492	£1,320	N/A
EHC Planning	£1,940	£728	£1,709	£1,580	N/A
Percentage change	+40%	-26%	+15%	+20%	N/A

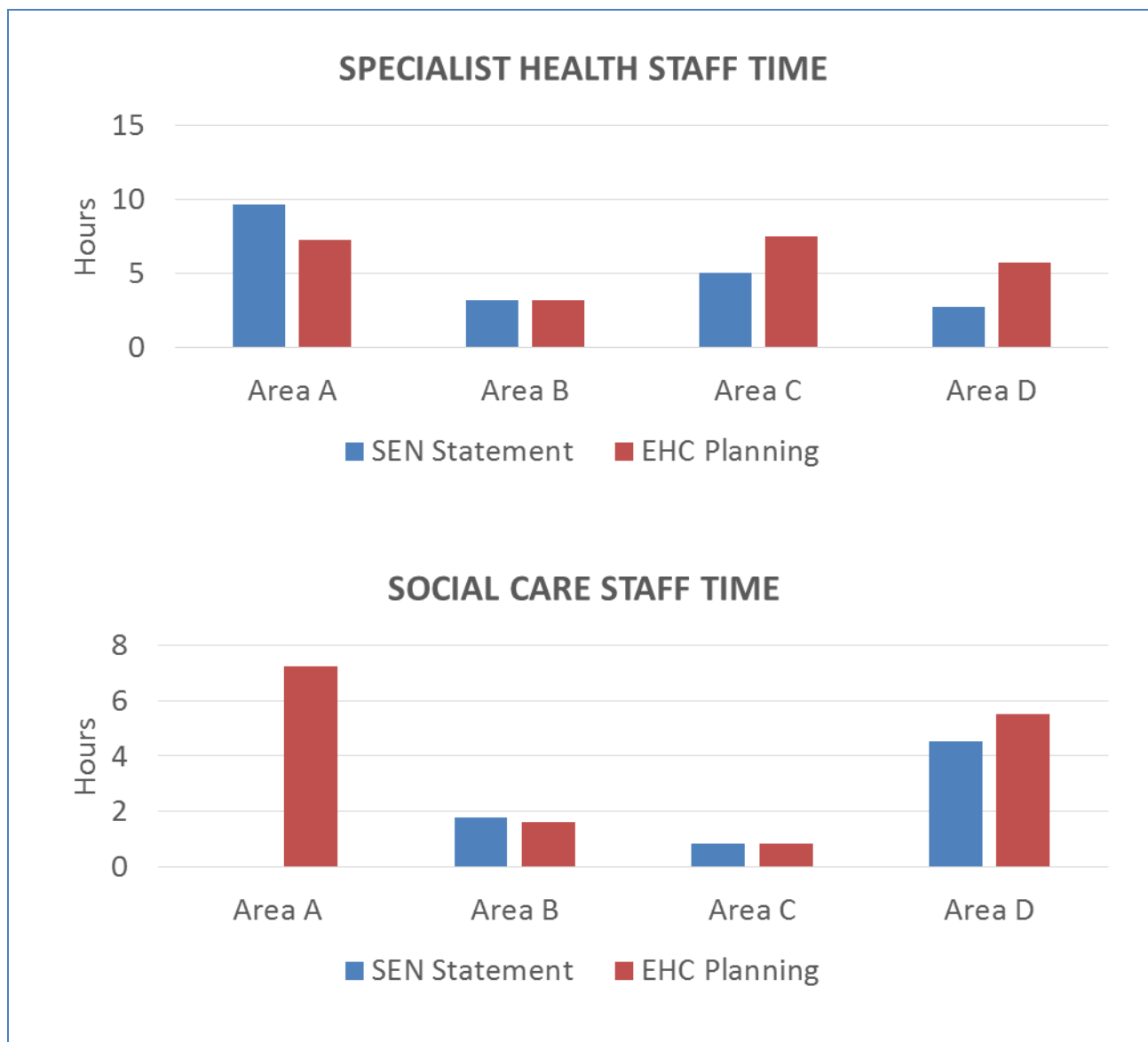
\* Due to capacity constraints, Case Study 2 was not completed in Area E  
Source: SQW pathfinder cost focus groups

The comparative distribution across the three main agencies for Case Study 2 (see Figure 7) illustrated a similar picture to the findings for Case Study 1, i.e. a link between overall change in delivery time and SEN-related contributions. The only notable exception to this pattern was Area A, which exhibited an overall increase in time to deliver the new relative to the traditional process, and was associated with a slight decrease in the SEN-related contribution. This reflects fewer professionals needing to be consulted by the SEN coordinator as part of the EHC referral process for Case Study 2, combined with an additional SEN professional being able to update an existing assessment rather than being required to undertake a new one.

**Figure 7 Comparative distribution across the three main agencies for case study 2**







Source: SQW pathfinder cost focus group

## Summary

- The staff costs associated with delivery of the SEN Statementing process appear to vary considerably across the areas
- Similarly, the costs associated with delivery of the EHC planning process are also expected to vary considerably across local areas
- This variation reinforces the need to limit any comparison between the delivery of the two processes within each area, as opposed to across the five areas
- There was inconsistency in the direction of change between the costs of delivering the SEN Statementing and EHC planning process across the areas - with three areas estimating the new process would take more time to deliver and two areas

estimating it would take less time to deliver for Case Study 1, and three areas estimating an increase and one a decrease for Case Study 2

- The reduction in costs experienced by two of the areas was driven by a change in the staging of the EHC planning process relative to the traditional process. This involved assessments being undertaken up-front prior to the point of referral in the new process, leading the costing of assessments to fall outside of these estimations (this is explained in more detail in Chapter 4)
- Some of the areas exhibited a higher percentage change in monetised time relative to staff time, which may imply changes are more likely in the inputs from senior practitioners
- The change in overall delivery time was directly related in all cases to the change in SEN contributions (i.e. if an area estimated an overall increase in delivery time between the traditional and new processes, this was also reflected by an increase in SEN-related contributions, and similarly if they expected a decline)
- No consistent relationships were found between the changing time contributions of Specialist Health or Social Care and the overall change in delivery time. This is likely to reflect the dominance of SEN time in delivery of both the traditional and new processes.

## 4. Comparative costs – the detail

### KEY FINDINGS

- In Area A, the EHC planning process was *more* resource intensive than the comparative SEN Statementing process given the additional steps taken to involve families, from the co-production of the family profile to their involvement in a Team Around the Child (TAC) meeting to discuss and finalise their EHC plan
- In Area B, the EHC planning process was *less* resource intensive than the SEN Statementing process. The main reason was a change to collect more information prior to, and a reduction of the number of assessments conducted within the statutory (20 weeks) timescale
- In Area C, the EHC planning process was *less* resource intensive than the traditional process in cases where sufficient referral information was provided to proceed straight to an EHC plan. The principal reason for this reduction in time was the improved quality of information submitted at the point of referral, reducing the need to acquire further information at the coordinated assessment stage. However, *in cases where the referral information was not sufficient, it will potentially be more expensive to deliver the new process* as this translates into a need to undertake new assessment(s) during the process, which removes the major time-saving
- In Area D, the EHC planning process was *more* resource intensive than the traditional process as a result being more family-centred. As a result, additional time was spent engaging with the family and developing accessible, family- and outcome-focused plans
- In Area E, the EHC planning process *took considerably longer* than the SEN Statementing process to deliver. This reflects the introduction of a coordinated assessment and planning process, through which a child/family has the opportunity to meet with their Assessment Coordinator and attend a multi-agency meeting
- Across the five areas, in general: the statutory/coordinated assessment stage tended to take less time in the EHC planning process relative to the SEN Statementing process; the EHC planning process involved a more family-focused approach, which required more staff time to facilitate; development of an EHC plan took longer than the comparative development of an SEN Statement; and the EHC planning process was expected to include greater multi-agency involvement than the SEN Statementing process

- Differences across the areas included:
  - changes to the work undertaken prior to referral in Areas B and C to ensure an increased focus on the quality and comprehensiveness of information gathered for all families prior to the point of referral, thereby reducing the need to undertake assessments within the statutory timescale;
  - sign off procedures for the EHC plans in Areas B, C and E took longer than that for the comparative SEN Statements; and
  - Areas A and B experienced increased involvement of the Voluntary and Community Sectors (VCS) in the new process
- Taken in totality, the commonalities and differences between the areas illustrate that the EHC planning process relative to the SEN Statementing process includes both savings and increases in time contributions across the different stages of the processes. The relative sizes of these increases/savings within each area therefore dictates whether the new system takes more or less resource to deliver than the traditional system

This chapter presents the detailed comparative costs developed in each of the five areas. It therefore illustrates the local stories and offers individual explanations about any differences observed between the staff time taken to deliver the traditional and new processes. Comment is subsequently provided on the commonalities and differences exhibited across the areas.

## Area A

### SUMMARY FINDINGS – case study 1 (see tables 3 and 4):

- The EHC planning process was estimated to take just under 15 hours (or 20%) longer than the SEN Statement process to deliver, which translated to an additional £550
- While some stages were less time-consuming (including a notable reduction in assessments being undertaken from scratch), the increased family-centred nature of the plan has increased the time associated with delivering the EHC planning process. For instance, the process now involves meetings with the family at the coordinated assessment stage to develop a family profile and a TAC meeting to discuss the draft plan. In addition, the EHC planning process also relied more on multi-agency contributions from professionals across SEN, Health and Social Care, including assessments and panel-based decision-making and participation in the TAC meeting with the family
- As a result, SEN and Social Care time contributions increased, whilst Specialist Health involvement reduced as any increase in time was offset by practitioners no longer being required to redo up-to-date assessments. In addition, VCS partners were also more heavily involved in delivering the EHC planning process, where they were engaged in supporting families to develop the family profile and to participate in the process.

### SUMMARY FINDINGS – case study 2 (see tables 5 and 6):

- The EHC planning process was estimated to involve just over 14 hours (or 20%) more staff time than the SEN Statement process for Case Study 2. This again translated to an additional £550 in delivery costs
- The EHC planning process involved less SEN and Specialist Health professional time than the SEN process, with the reduced number of assessments and less time-intensive referral process outweighing the increased contributions to other elements of the process (such as TAC meetings and panels). By contrast, Social Care and other VCS professionals have begun to contribute to the process.

### CONCLUDING OBSERVATIONS:

- The new process is more resource-intensive given the additional steps taken to involve families, from the co-production of the family profile to their involvement in a TAC meeting to discuss and finalise their EHC plan. However, this additional resource requirement has in part been offset by the allowance in the new process for professionals to develop reports based on existing up-to-date assessments rather than requiring them to undertake assessments from scratch.

## Area A - case study 1

**Table 3 Breakdown of staff time required to deliver the SEN statement and EHC planning processes in Area A for case study 1**

STAFF TIME - HRS	SEN Statement	EHC Planning	Comments
Referral	10.3	7.3	The referral stage of the EHC planning process was less time intensive as less resource was required to complete the referral paperwork and fewer consultations with wider professionals were undertaken. The referral element of the EHC planning process is currently being formalised to standardise the process, which may increase the time taken to develop a referral
Consider whether an assessment necessary	17.6	15.0	In both processes the decision of whether to undertake a statutory/coordinated assessment is undertaken at distinct panels, with a range of professionals involved and a similar amount of time taken
Statutory/Coordinated assessment	28.1	33.7	While considerably less time was felt to be needed undertaking new assessments as part of the new process (as existing assessments and information were felt to be more up to date), the co-production of the 'All About Me' profile with the family through a series of face-to-face meetings adds substantially to the coordinated assessment time inputs. Moving forwards, it is anticipated that this face-to-face work may be undertaken upfront at the referral stage instead
Consider whether to proceed to EHC plan/SEN Statement	14.3	16.3	The EHC panel has a broader range of attendees, including senior decision makers from across SEN, Health and Social Care
Development of EHC plan/SEN Statement	5.2	18.0	The development of an EHC plan was felt to take considerably longer than a SEN Statement, owing to the more person-centred approach, which included a TAC meeting to inform the development of the plan
Sign off	0.4	0.3	Both processes follow the same sign off procedures
<b>TOTAL</b>	<b>75.9</b>	<b>90.6</b>	<b>Time spent on the production of an EHC plan for Case Study 1 is 14.7 hours or just under 20% more than estimated for producing a SEN Statement.</b>

**Table 4 Breakdown of agency and monetised time required to deliver the SEN statement and EHC planning processes in Area A for case study 1**

<b>AGENCY TIME - HRS</b>	<b>SEN Statement</b>	<b>EHC Planning</b>	<b>Comments</b>
SEN	52.0	58.2	The EHC planning process involved comparatively more input from SEN as a result of the additional time associated with drafting the EHC plan compared to the SEN Statement
Specialist Health	21.7	12.8	While the SEN Statement process required professionals to undertake new assessments, the EHC planning process allowed existing, up-to-date assessments to be reformatted and sent on. This has led to a reduction in the time spent by health professionals undertaking assessments. This time saving was slightly offset by health involvement in a TAC meeting during the planning stage
Social care	0.0	5.6	While it was felt that social care would not contribute to the SEN Statement process for Case Study 1, they would be involved during the assessment and planning stages of the EHC planning process and represented on the EHC Panel
Other	2.3	14.0	The substantial increase in 'other' involvement in the EHC planning process reflects VCS involvement in undertaking the key working function.
<b>TOTAL</b>	<b>75.9</b>	<b>90.6</b>	
<b>MONETISED TIME - £</b>	<b>SEN Statement</b>	<b>EHC Planning</b>	<b>Comments</b>
SEN	£1,076	£1,138	The new process cost £62 (6%) more to deliver (compared to a 12% increase in SEN staff time). This reflects that while more SEN time is spent delivering the coordinated assessment stage and developing the EHC plan, less time is spent developing the referral and less senior time is spent preparing for and attending panels
Specialist Health	£342	£212	The new process cost £130 (38%) less to deliver (compared to a 41% decrease in Specialist Health staff time). The increase in costs reflects the increase in time outlined above
Social care	£0	£99	The new process cost £99 more to deliver by social care professionals (who were not involved in delivering the SEN Statement process). The increase in costs reflects the increase in time outlined above
Other	£0	£527	The new process cost £527 more to deliver by 'other' professionals (compared to £0 previously). This increase in costs reflects the commissioning of the VCS to undertake the key working function
<b>TOTAL</b>	<b>£1,418</b>	<b>£1,976</b>	<b>The cost associated with time spent on the production of an EHC plan was £550, or 40% more than that estimated for producing a SEN Statement.</b>

## Area A - case study 2

**Table 5 Breakdown of staff time required to deliver the SEN statement and EHC planning processes in Area A for case study 2**

STAFF TIME - HRS	SEN Statement	EHC Planning	Comments
Referral	13.0	4.2	The EHC planning process involves particularly limited time for Case Study 2 as under the new system more of the work would already have been undertaken to gather information from other professionals prior to the decision to refer
Consider whether an assessment necessary	14.0	10.3	The EHC referral panel had a smaller yet more comprehensive multi-agency membership, which translated into a reduction of staff time to prepare and attend the panel
Statutory/Coordinated assessment	27.9	30.5	No difference between Case Study 1 and Case Study 2
Consider whether to proceed to EHC plan/SEN Statement	11.1	19.2	The EHC panel has a broader range of attendees, including senior decision makers from across SEN, Health and Social Care and given the complexity of Case Study 2, more time was assumed to be spent discussing the child and their family relative to Case Study 1
Development of EHC plan/SEN Statement	5.2	21.5	No difference between Case Study 1 and Case Study 2
Sign off	0.4	0.3	No difference between Case Study 1 and Case Study 2
<b>TOTAL</b>	<b>71.6</b>	<b>85.9</b>	<b>Time spent on the production of an EHC plan for Case Study 2 is 14.3 hours or 20% more than estimated for producing a SEN Statement.</b>



**Table 6 Breakdown of agency and monetised time required to deliver the SEN statement and EHC planning processes in Area A for case study 2**

<b>AGENCY TIME - HRS</b>	<b>SEN Statement</b>	<b>EHC Planning</b>	<b>Comments</b>
SEN	61.9	56.4	There is less time input from SEN staff in the early parts of the EHC planning process (with a less time intensive referral process, and less assessments needing to be undertaken from scratch). This is partly offset by the increased SEN time involved in drafting an EHC plan and participation in TAC meetings, and by the more time intensive nature of the EHC Panel meetings
Specialist Health	9.7	7.3	While more Specialist Health time is spent preparing for and attending EHC panels as part of the EHC Planning process, considerably less time is spent undertaking new assessments with practitioners instead producing reports based on existing assessments (as described earlier)
Social care	0.0	7.3	No difference between Case Study 1 and Case Study 2
Other	0.0	15.0	No difference between Case Study 1 and Case Study 2
<b>TOTAL</b>	<b>71.6</b>	<b>85.9</b>	
<b>MONETISED TIME - £</b>	<b>SEN Statement</b>	<b>EHC Planning</b>	<b>Comments</b>
SEN	£1,231	£1,121	The cost savings reflect the time savings outlined above
Specialist Health	£154	£126	The time savings are slightly greater than the cost savings (25% compared to 18%), reflecting the increased cost associated with increased senior management time spent in meetings
Social care	£0	£128	The increase in costs reflects the increase in time outlined above
Other	£0	£565	The increase in costs reflects the increase in time outlined above
<b>TOTAL</b>	<b>£1,386</b>	<b>£1,940</b>	<b>The cost associated with time spent on the production of an EHC plan for Case Study 2 is just over £550 or 40% more than estimated for producing a SEN Statement.</b>

## Area B

### SUMMARY FINDINGS – case study 1 (see tables 7 and 8):

- The introduction of the EHC planning process has led to an 18 hour (36%) reduction in the time spent by practitioners on an individual case of this nature compared to the development of the SEN Statement. This translates to a cost reduction of £405
- The principal reason for this is an increased focus on the quality of information prior to referral in the EHC planning process. For instance, it is now expected that there will be multi-agency involvement in annual review meetings (for children for whom there is evidence of an unmet need). This has led to a reduction in the time spent on assessing a child's needs within the Statutory timescale
- Although overall there has been a reduction in the time spent on cases of this nature through the introduction of the EHC planning process, this has been slightly offset by an increase in child/family involvement in the assessment and planning process, as an Assessment Coordinator will now offer a family the opportunity for a face to face meeting. In addition, there is also much greater multi-agency involvement/attendance at the assessment panel, which is now regularly attended by representatives from Specialist Health and Social Care
- The time-saving was made by SEN, Specialist Health and Social Care, with only the VCS subject to an increase.

### SUMMARY FINDINGS – case study 2 (see tables 9 and 10):

- The overall time-saving achieved through the EHC planning process narrows slightly to just over 13 hours (30%) as the case requires the involvement of fewer practitioners. This translates to a cost reduction of £256
- Social Care and Specialist Health involvement is ensured in all cases, even where children do not have health or social care needs, through their representation on a multi-agency assessment panel.

### CONCLUDING OBSERVATIONS:

- The EHC planning process is less resource-intensive than the SEN Statementing process. The main reason for this has been changes in the manner that information is collected prior to referral, and a reduction of the number of assessments conducted within the statutory timescale. The decrease in resource was slightly offset by the use of a more family-centred approach and greater multi-agency involvement at the EHC panel.

## Area B - case study 1

**Table 7 Breakdown of staff time required to deliver the SEN statement and EHC planning processes in Area B for case study 1**

STAFF TIME - HRS	SEN Statement	EHC Planning	Comments
Referral	0.5	0.5	Although there has been no overall change in the time spent by professionals at this stage, there has been a change in the referral process. The introduction of multi—agency reviews now leads to the submission of a draft plan at the point of referral
Consider whether an assessment necessary	9.6	0.6	Prior to the commencement of the Statutory Assessment Process, in the SEN Statementing process the case would be referred to the SEN Assessment Panel. . In the EHC planning process this decision is made by practitioners at a multi-agency review meeting at the point of referral
Statutory/Coordinated assessment	28.3	5.2	The submission of a draft plan at the point of referral has led to a reduction in the time spent by practitioners at this stage. In most cases it was not felt necessary to update the existing evidence base prior to submission to the Assessment Panel. This saving in time was partially offset by the introduction of an Assessment Coordinator (from the SEN Assessment Team) in the new process that now meets with the child/family in order to confirm a set of outcomes for the EHC plan. In most cases there would have been no such meeting as part of the Statutory Assessment Process
Consider whether to proceed to EHC plan/SEN Statement	8.0	0.0	At this stage the Statement would be drafted and sent to a panel to decide if the child had needs above and beyond what could reasonably met by the setting. This is no longer done as both issues are resolved prior to referral.
Development of EHC plan/SEN Statement	0.8	3.5	In the Statementing process following the meeting of the panel, the draft Statement would be issued for comment from the relevant professionals. Within the EHC Planning process, at this stage the draft plan is revised following the outcome of the family meeting. This is more resource intensive.
Sign off	2.2	21.7	The EHC Planning process is longer principally because there is a panel meeting at this point. This is broadly equivalent to the final Statementing panel described above. However this panel includes greater multi-agency involvement, each case is expected to require more preparation/consideration time as this is the only time that the case will be considered at a panel meeting during the process.
<b>TOTAL</b>	<b>49.4</b>	<b>31.5</b>	<b>Time spent on the production of an EHC Plan for Case Study 1 is 18 hours or 36% less than estimated for producing a SEN Statement.</b>

**Table 8 Breakdown of agency and monetised time required to deliver the SEN statement and EHC planning processes in Area B for case study 1**

AGENCY TIME - HRS	SEN Statement	EHC Planning	Comments
SEN	39.4	25.1	There was an expectation of improved quality of information submitted through the referral process. This reduces the time spent by SEN staff coordinating the assessment process, and drafting the final output
Specialist Health	8.2	3.2	Although the introduction of the EHC planning process appears to have led to a considerable reduction in the input of Specialist Health practitioners this figure does not take account of the engagement of these practitioners prior to referral, and an expansion of their involvement in the decision-making process. This includes two representatives on the EHC panel rather than one on the SEN Statementing panel (who was considered unlikely to be in a position to attend and therefore whose time was not included)
Social care	1.8	1.6	In this area, a similar time commitment in both processes does not reflect a change in the manner of their involvement. In the Statementing process social care practitioners would be involved in undertaking a statutory assessment, which by comparison would be undertaken prior to the point of referral in the new process. In addition, a Social Care practitioner sits on the EHC panel, which was not the case in the old process
Other	0.0	1.6	Unlike in the Statementing Process the voluntary and communities sector is now represented on the EHC panel
<b>TOTAL</b>	<b>49.4</b>	<b>31.5</b>	
MONETISED TIME - £	SEN Statement	EHC Planning	Comments
SEN	£883	£596	The new process cost £287 (32%) less to deliver (compared to a 36% decrease in SEN staff time)
Specialist Health	£233	£87	The new process cost £146 (63%) less to deliver (compared to a 61% decrease in Specialist Health staff time)
Social care	£24	£23	The new process cost the same (to within £1) to deliver by social care professionals (in line with a negligible decrease in the time spent by social care professionals)
Other	£0	£27	The new process cost £27 more to deliver by 'other' professionals (compared to £0 previously). This increase in costs reflects the introduction of VCS representation onto the EHC Panel
<b>TOTAL</b>	<b>£1,139</b>	<b>£734</b>	<b>The cost associated with time spent on the production of an EHC plan was £405, or 36% less than that estimated for producing a SEN Statement.</b>

## Area B - case study 2

**Table 9 Breakdown of staff time required to deliver the SEN statement and EHC planning processes in Area B for case study 2**

STAFF TIME - HRS	SEN Statement	EHC Planning	Comments
Referral	0.5	0.5	No difference between Case Study 1 and Case Study 2
Consider whether an assessment necessary	9.6	0.6	No difference between Case Study 1 and Case Study 2
Statutory/Coordinated assessment	23.3	5.2	The reduction in the time spent by practitioners on the Statementing process reflects the assertion that Case Study 2 would require the involvement of fewer practitioners in the Statutory Assessment process than Case Study 1
Consider whether to proceed to EHC plan/SEN Statement	8.0	0.0	No difference between Case Study 1 and Case Study 2
Development of EHC plan/SEN Statement	0.8	3.5	No difference between Case Study 1 and Case Study 2
Sign off	2.2	21.2	The reduction in the time spent by practitioners on the EHC planning process reflects the assertion that Case Study 2 would require the involvement of fewer practitioners through the Statutory Assessment Process than Case Study 1
<b>TOTAL</b>	<b>44.4</b>	<b>31</b>	<b>Time spent on the production of an EHC Plan for Case Study 1 is just over 13hrs, 30% less than would have been spent producing a SEN Statement.</b>

**Table 10 Breakdown of agency and monetised time required to deliver the SEN statement and EHC planning processes in Area B for case study 2**

<b>AGENCY TIME - HRS</b>	<b>SEN Statement</b>	<b>EHC Planning</b>	<b>Comments</b>
SEN	39.4	24.6	The slight reduction in the time spent by SEN practitioners through the EHC planning process (in relation to Case Study 1) reflects the reduced administrative burden of this case as less practitioners would be involved
Specialist Health	3.2	3.2	A reduction in the time spent by Specialist Health practitioners through the SEN Statementing process (in relation to Case Study 1) stems from the involvement of fewer practitioners in contributing advice. The time spent by Specialist Health practitioners does not alter between Case Study 1 and 2 for the EHC planning process, which reflects that no additional assessments are required post-referral.
Social care	1.8	1.6	No difference between Case Study 1 and Case Study 2
Other	0	1.6	No difference between Case Study 1 and Case Study 2
<b>TOTAL</b>	<b>44.4</b>	<b>31.0</b>	
<b>MONETISED TIME - £</b>	<b>SEN Statement</b>	<b>EHC Planning</b>	<b>Comments</b>
SEN	£883	£591	The new process cost £292 (33%) less to deliver (compared to a 38% decrease in SEN staff time)
Specialist Health	£77	£87	The new process cost £10 (13%) more to deliver (compared to no increase in Specialist Health staff time). This reflects greater practitioner involvement in the EHC process and a reduction in the time spent by administrative staff
Social care	£24	£23	The new process cost the same (to within £1) to deliver by social care professionals (in line with a negligible decrease in the time spent by social care professionals)
Other	£0	£27	The new process cost £27 more to deliver by 'other' professionals (compared to £0 previously). This increase in costs reflects the introduction of VCS representation onto the EHC Panel
<b>TOTAL</b>	<b>£984</b>	<b>£728</b>	<b>The cost associated with time spent on the production of an EHC plan was £256, or 26% less than that estimated for producing a SEN Statement</b>

## Area C

### SUMMARY FINDINGS – case study 1 (see tables 11 and 12):

- The EHC planning process was estimated to take just over 7 hours (9%) less than the traditional SEN Statementing process for case study 1, which translated to a reduction of just over £250
- The principal reason for this reduction in time is the improved quality of information submitted at the point of referral (through adoption of the EHC plan template as the standard documentation in early years), reducing the need to acquire further information at the coordinated assessment stage. Time-savings were also generated by streamlining administrative processes to avoid practitioners having to respond to all notification emails in cases where information is up to date; and for cases of this nature, by reducing the number of panel meetings in the new system from two to one
- The overall time-saving is reduced by several additional elements that form part of the new and not the traditional process, including: the presence of a specialist health practitioner on the EHC panel; an additional TAC meeting to develop the EHC plan; and the increased time required to draft and review the EHC plan
- The time-saving was made by SEN only, with health and social care experiencing slight increases in their contributions.

### SUMMARY FINDINGS – case study 2 (see tables 13 and 14):

- The EHC planning process was estimated to take just over 6.5 hours (11%) more than the SEN Statementing process for case study 2, which equated to an addition of just over £200. The principal reason for this increase in time lies in the fact that the child described in this case study ‘presented’ with additional needs and therefore required further assessment in both the new and the traditional process (which is where the main cost saving was made for case study 1)
- This difference translated into SEN experiencing an increase in their contribution relative to the traditional process. Specialist health also experienced an increase in their contribution to the new process for the reasons set out for case study 1, whereas social care experienced no change as they had limited involvement.

### CONCLUDING OBSERVATIONS:

- The new process is less resource-intensive than the traditional process for cases that provide sufficient referral information to proceed straight to an EHC plan. However, it will potentially be more expensive for cases where the referral information is not sufficient, as this translates into a need to undertake new assessment(s) during the process, which removes the major time-saving.

## Area C - case study 1

**Table 11 Breakdown of staff time required to deliver the SEN statement and EHC planning processes in Area C for case study 1**

STAFF TIME - HRS	SEN Statement	EHC Planning	Comments
Referral	15.2	18.7	The paperwork for referral has been streamlined by using the EHC plan template for early years, when previously a new document had to be completed. However, this saving is more than offset as more professional time is required due to a longer multi-agency meeting with the family
Consider whether an assessment necessary	14.7	10.2	Administrative burden on both the SEN team (administrative agency) and wider professionals is reduced in the new process, as practitioners are no longer required to respond to all notification emails in cases where information is up to date. This time saving is slightly offset by the presence of an additional specialist health practitioner on the EHC plan, and an expectation that preparation for the EHC plan Panel will take longer as the referral contains more information
Statutory/Coordinated assessment	36.6	15.9	The SEN Statement statutory assessment stage involves the undertaking of new assessments and the updating of existing information. Alternatively in the EHC planning process, all required assessment has been undertaken prior to referral and therefore this stage involves seeking additional advice over and above existing assessments which takes considerably less resource
Consider whether to proceed to EHC plan/SEN Statement	4.8	0.0	In the SEN Statementing process the assessment information is assimilated and presented to the decision making Panel. This stage is not relevant for an early years case of this nature in the EHC planning process, as the initial Panel (described above) can make this decision as it receives more information.
Development of EHC plan/SEN Statement	12.1	22.3	The EHC planning process involves preparation of the draft EHC plan (which took longer than drafting of the SEN Statement), a TAC meeting with all named professionals and the family and subsequent revisions to the draft EHC plan. By comparison, development of the draft SEN Statement is undertaken by SEN only, who subsequently send on the draft to the family, professionals and proposed educational setting for comment
Sign off	1.5	10.6	Sign off of the EHC plan takes longer than the comparative SEN Statement, as the draft plan is sent to the family, all professionals and the proposed educational setting at this stage for comment. In addition, reviewing the Plan takes longer as it contains actions for all agencies, unlike the SEN Statement which was mainly SEN focused
<b>TOTAL</b>	<b>84.9</b>	<b>77.6</b>	<b>Time spent on the production of an EHC Plan for Case Study 1 is just over 7 hours or 9% less than estimated for producing a SEN Statement</b>



**Table 12 Breakdown of agency and monetised time required to deliver the SEN statement and EHC planning processes in Area C for case study 1**

<b>AGENCY TIME - HRS</b>	<b>SEN Statement</b>	<b>EHC Planning</b>	<b>Comments</b>
SEN	60.2	47.9	There was an expectation of improved quality and sufficiency of information submitted at the point of referral in the EHC planning process, which reduced the time taken to coordinate the process, the need for further SEN assessments and the need for more than one decision making panel. This time saving is slightly offset by an increase in time spent with the family, at the EHC planning meeting and drafting the EHC plan relative to the SEN Statement
Specialist Health	20.8	24.3	Although more comprehensive referral in the EHC planning process reduces the need to undertake additional health assessments, practitioners from health attend more multi-agency meetings (one at the point of referral and one to develop the EHC plan) in the EHC planning process, and attend the EHC plan decision making panel, leading to an increase in time contribution from this group of staff
Social care	3.9	5.3	Although more comprehensive referral in the EHC planning process reduces the need to undertake additional social care assessments, social care practitioners attend more multi-agency meetings (one at the point of referral and one to develop the EHC plan) in the new process, leading to an increase in their inputs
Other	0.1	0.1	Both the SEN Statementing and EHC planning process include the opportunity for the family to attend a meeting with the Parent Partnership to discuss the relevant process
<b>TOTAL</b>	<b>84.9</b>	<b>77.6</b>	
<b>MONETISED TIME - £</b>	<b>SEN Statement</b>	<b>EHC Planning</b>	<b>Comments</b>
SEN	£1,512	£1,103	The new process cost £409 (27%) less to deliver (compared to a 20% reduction in SEN staff time). This reflects the reduction in practitioner time to undertake assessments and a disproportionately higher reduction in senior SEN time given only one panel is convened in the new process
Specialist Health	£480	£599	The new process cost £119 (25%) more to deliver by Specialist Health practitioners (compared to an increase of 17% in staff time). The monetised cost increase is comparatively larger than that of staff time, as the new process involved more senior practitioner time
Social care	£69	£95	The increase in cost £26 (38%) reflects the increase in staff time (36%)
Other	£2	£2	No difference in time or cost inputs
<b>TOTAL</b>	<b>£2,062</b>	<b>£1,799</b>	<b>The cost associated with time spent on the production of an EHC Plan was £217, or 15% less than that estimated for producing an SEN Statement</b>

## Area C - case study 2

**Table 13 Breakdown of staff time required to deliver the SEN statement and EHC planning processes in Area C for case study 2**

STAFF TIME - HRS	SEN Statement	EHC Planning	Comments
Referral	9.2	8.7	Unlike case study 1, it was assumed that the same number of professionals would be involved in the referral TAC meeting in both processes. All else remained the same
Consider whether an assessment necessary	9.3	9.8	As less practitioners are involved, the administrative time saving made through the more streamlined EHC planning process is smaller and in this case is outweighed by the increased time contribution of the additional specialist health presence on the EHC panel
Statutory/Coordinated assessment	25.9	18.9	There is no difference between Case Study 1 and Case Study 2 for social care and health practitioners. However, as the child 'presented' additional needs at the point of referral, a comprehensive educational psychology assessment was deemed to be required in the EHC planning process, as per the old process, leading to a smaller saving in time as compared to case study 1
Consider whether to proceed to EHC plan/SEN Statement	4.8	6.9	The additional evidence gathered at the coordinated assessment stage needs to be presented at the EHC panel. This takes more time in the new system as: the EHC panel contains an additional member from specialist health; and preparation time for the EHC panel takes longer than that of the SEN panel (as described in case Study 1)
Development of EHC plan/SEN Statement	7.3	14.7	No difference between Case Study 1 and Case Study 2
Sign off	1.5	5.5	No difference between Case Study 1 and Case Study 2
<b>TOTAL</b>	<b>57.9</b>	<b>64.5</b>	<b>Time spent on the production of an EHC Plan for Case Study 1 is just over 6.5 hours or 11% more than estimated for producing a SEN Statement</b>

**Table 14 Breakdown of agency and monetised time required to deliver the SEN statement and EHC planning processes in Area C for case study 2**

<b>AGENCY TIME - HRS</b>	<b>SEN Statement</b>	<b>EHC Planning</b>	<b>Comments</b>
SEN	51.9	56.0	The need to undertake a comprehensive educational psychology assessment at the coordinated planning stage in the new process (as in the traditional process) for case study 2 outweighs the additional cost savings set out in case study 1, implying that for children/young people that do not have sufficient referral information in the new process, the time contribution from SEN will be potentially longer than the traditional process
Specialist Health	5.0	7.5	No difference between Case Study 1 and Case Study 2
Social care	0.9	0.9	Social care only involved on the SEN Statement and EHC panels, where assumed same time commitments
Other	0.1	0.1	No difference between Case Study 1 and Case Study 2
<b>TOTAL</b>	<b>57.9</b>	<b>64.5</b>	
<b>MONETISED TIME - £</b>	<b>SEN Statement</b>	<b>EHC Planning</b>	<b>Comments</b>
SEN	£1,332	£1,436	Monetisation of the time inputs contributing by SEN translates to a £104 (8%) increase in cost to deliver the new process (compared to an 8% increase in SEN staff time). The increase in costs reflects the increase in time outlined above
Specialist Health	£142	£257	The new process cost £115 (81%) more to deliver by Specialist Health practitioners (compared to an increase of 50% in staff time). The monetised cost increase is comparatively larger than that of staff time, as the increased involvement in the new process involved more senior practitioner time
Social care	£15	£15	No difference in time or cost inputs
Other	£2	£2	No difference in time or cost inputs
<b>TOTAL</b>	<b>£1,492</b>	<b>£1,709</b>	<b>The cost associated with time spent on the production of an EHC Plan was £217, or 15% more than that estimated for producing an SEN Statement</b>

## Area D

### SUMMARY FINDINGS – case study 1 (see tables 15 and 16):

- The EHC planning process for Case Study 1 was estimated to involve 21 hours (33%) more time than the SEN Statement process, which led to a cost increase of just under £300
- The main reason for this change was the increased family-centric nature of the plans, which had led to an increase in staff time to facilitate family involvement to draw together family and outcome-focused plans
- SEN has experienced the biggest increase in their time contribution, with Health and Social Care also experiencing increased contributions in additional time. The level of involvement of staff from Health and Social Care may be subject to further increase over time as the reforms become more embedded and the panels expand their membership to become more multi-agency.

### SUMMARY FINDINGS – case study 2 (see tables 17 and 18):

- For Case Study 2, the time spent on the EHC planning process was estimated to be 16 hours (23%) more than time estimated for producing a SEN Statement for the reasons outlined above. This equated to an additional cost of £260
- As with Case Study 1, SEN has experienced the biggest increase in their time contribution, with Health and Social Care also experiencing increased contributions additional time. As mentioned above, Health and Social Care involvement may continue to increase over time.

### CONCLUDING OBSERVATIONS:

- The new process is more resource-intensive than the traditional process as a result of the more family centred nature; with additional time spent engaging with the family and developing accessible, family and outcome-focused plans.

## Area D - case study 1

**Table 15 Breakdown of staff time required to deliver the SEN statement and EHC planning processes in Area D for case study 1**

STAFF TIME - HRS	SEN Statement	EHC Planning	Comments
Referral	1.1	1.1	The referral process is the same for both the SEN Statement and EHC planning process, with the referrer compiling a referral evidence pack
Consider whether an assessment necessary	19.6	32.0	For both processes the documentation is checked for sufficiency and taken to the Early Years Panel, which would refer the family for an Educational Psychologist (EP) assessment. The content of this assessment varies across the two processes, with the assessment as part of the EHC planning process being more comprehensive and time intensive, as it includes development of the family profile and outcomes to inform the later EHC plan. In both processes the EP would recommend that the family is referred for statutory or coordinated assessment; a decision which is formally approved by the Area Manager
Statutory/Coordinated assessment	20.1	14.8	The SEN Statement process involves an additional EP assessment at this stage. This time saving is slightly offset by the undertaking of a meeting with the family to further develop their family profile and the provision of additional support as required. This is fundamentally different from the SEN Statement process, where families are sent a 'Parent Views' document in the post, but otherwise have limited mechanisms to feed into the process
Consider whether to proceed to EHC plan/SEN Statement	12.3	1.8	In the EHC planning process this stage involves a review of the assessment documentation by the Area Manager. By contrast, the draft SEN Statement has already been developed by this stage and therefore once considered by the Area Manager, involves sending the draft Statement to professionals for feedback, a meeting with parents and negotiations with the proposed education setting, which involves a more resource intensive set of tasks
Development of EHC plan/SEN Statement	3.0	27.6	The development of the EHC plan takes around twice as long to draft as an SEN Statement. At this stage, the EHC plan is also sent to professionals for comment and a meeting with parents and negotiations with the proposed education setting are held, while in the SEN Statement process they are included in the preceding stage
Sign off	9.0	9.0	The sign off process is the same for the EHC and SEN Statement process
<b>TOTAL</b>	<b>65.1</b>	<b>86.3</b>	<b>Time spent on the production of an EHC Plan for Case Study 1 is 21 hours or 33% more than estimated for producing a SEN Statement</b>

**Table 16 Breakdown of agency and monetised time required to deliver the SEN statement and EHC planning processes in Area D for case study 1**

<b>AGENCY TIME - HRS</b>	<b>SEN Statement</b>	<b>EHC Planning</b>	<b>Comments</b>
SEN	58.1	79.2	SEN professionals spend more time on the EHC than SEN Statement process. This is because of the more intensive work with families that is undertaken to coproduce the family profiles, and the increased time involved in writing up an EHC plan, compared to a SEN Statement
Specialist Health	4.3	5.3	Health professionals are expected to spend some time reviewing the EHC plan, which did not regularly happen as part of the SEN Statementing process. This has led to an overall increase in their involvement as part of the EHC planning process. In some cases they have also begun to format their reports in a different, more outcome focused way
Social care	2.0	1.0	Social care involvement in both processes is relatively limited at the moment. A social worker would contribute information to inform the decision to assess within both processes, but would only contribute formally to statutory assessment within the SEN Statement process
Other	0.8	0.8	'Other' involvement including involvement of Early Support has remained the same across the EHC and SEN Statement processes
	<b>65.1</b>	<b>86.3</b>	
<b>MONETISED TIME - £</b>	<b>SEN Statement</b>	<b>EHC Planning</b>	<b>Comments</b>
SEN	£1,042	£1,354	The new process cost £312 (30%) more to deliver (compared to a 36% increase in SEN staff time)
Specialist Health	£108	£107	The EHC process cost around the same as the SEN Statement process for health professionals to deliver (compared to a £21 or 23% increase in staff time). The increase in staff time but not in costs reflects that the new process involved less senior practitioner time
Social care	£29	£14	The decrease in cost of £15 (51%) reflects the decrease in staff time (50%)
Other	£12	£12	There is no difference between time and cost inputs
<b>TOTAL</b>	<b>£1,192</b>	<b>£1,488</b>	<b>The cost associated with time spent on the production of an EHC Plan was £296 or 25% more than that estimated for producing a SEN Statement</b>

## Area D - case study 2

**Table 17 Breakdown of staff time required to deliver the SEN statement and EHC planning processes in Area D for case study 2**

STAFF TIME - HRS	SEN Statement	EHC Planning	Comments
Referral	10.5	10.5	The referral process is the same for both the SEN Statement and EHC planning process, with the referrer compiling a referral evidence pack. This process is longer for Case Study 2, as the child is of school age, and was therefore assumed to hold a wider set of existing evidence, including evidence of interventions within school and their effectiveness. Therefore, the compilation of the referral evidence pack takes considerably longer for Case Study 2 than Case Study 1
Consider whether an assessment necessary	7.3	7.3	In both processes the decision of whether to undertake a statutory/coordinated assessment is undertaken at the same panel
Statutory/Coordinated assessment	25.6	29.5	The coordinated assessment as part of the EHC planning process takes slightly longer than the statutory assessment, as it includes development of the family profile and a wider key working role. Unlike Case Study 1, where the family profile is initially drafted during the Educational Psychologist assessment which informs the decision of whether to assess, for Case Study 2 the family profile is developed from scratch at this stage. However, this upward pressure on time is somewhat offset by the more limited amount of chasing for assessments associated with the EHC planning compared to the SEN Statement process.
Consider whether to proceed to EHC plan/SEN Statement	15.0	1.8	No difference between Case Study 1 and Case Study 2
Development of EHC plan/SEN Statement	3.0	28.7	No difference between Case Study 1 and Case Study 2
Sign off	9.0	8.7	While in the SEN Statement process, Case Study 2 is likely to be signed off by the Area Team Manager (as with Case Study 1), within the EHC planning process the plan is likely to be signed off at panel, due to the likely complications associated with finding a child of this nature an appropriate school placement. However, overall the time taken by the Area Team Manager to sign off the Statement was felt to be greater than the combined total of the professionals attending the panel
<b>TOTAL</b>	<b>70.4</b>	<b>86.5</b>	<b>Time spent on the production of an EHC Plan for Case Study 2 is 16 hours or 23% more than estimated for producing a SEN Statement</b>

**Table 18 Breakdown of agency and monetised time required to deliver the SEN statement and EHC planning processes in Area D for case study 2**

<b>AGENCY TIME - HRS</b>	<b>SEN Statement</b>	<b>EHC Planning</b>	<b>Comments</b>
SEN	62.9	74.9	No difference between Case Study 1 and Case Study 2
Specialist Health	2.8	5.8	No difference between Case Study 1 and Case Study 2
Social care	4.5	5.5	Social care professionals involved in the development of the EHC plan are expected to spend some time reviewing the EHC plan, which did not regularly happen as part of the SEN Statementing process. This has led to an overall increase in social care involvement as part of the EHC planning process.
Other	0.2	0.2	'Other' involvement, including parent carer panel representation, has remained the same across the EHC and SEN Statement processes
	<b>70.4</b>	<b>86.5</b>	
<b>MONETISED TIME - £</b>	<b>SEN Statement</b>	<b>EHC Planning</b>	<b>Comments</b>
SEN	£1,135	£1,310	No difference between Case Study 1 and Case Study 2
Specialist Health	£100	£171	The new process cost £71 (71%) more to deliver by Specialist Health practitioners (compared to a 109% increase of staff time). The higher proportionate increase in staff time than costs reflects the increase in time spent by less senior (lower paid) health professionals reviewing and commenting on the plan
Social care	£85	£100	The increase in cost of £15 (18%) reflects the decrease in staff time (22%)
Other	£0	£0	There is no difference between time and cost inputs
<b>TOTAL</b>	<b>£1,320</b>	<b>£1,580</b>	<b>The cost associated with time spent on the production of an EHC Plan was £260, or 20% more than that estimated for producing a SEN Statement</b>



## Area E

### SUMMARY FINDINGS – case study 1 (see tables 19 and 20):

- The EHC planning process was estimated to take just over 28 hours (35%) longer than the SEN Statementing process, which translated to an additional cost of just over £550
- The main reason for this increase in the time spent by practitioners on the EHC planning process has been the introduction of the coordinated assessment and planning process. Through this process, a child/family has an opportunity to meet with their Assessment Coordinator and attend a multi-agency meeting. Neither of these meetings would have occurred in the Statementing Process. In addition, the EHC plan takes longer for the Assessment Coordinator to draft than the time that would have been spent drafting a Statement; and there is much greater multi-agency involvement/attendance to the assessment panel, which is now regularly attended by representatives from Specialist Health and Social Care. Both these factors further increased the time taken to deliver the new process
- The overall increase in time is reduced by a reduced need to undertake additional assessments during the coordinated assessment stage, as a result of the development of higher quality information at the referral stage
- The EHC planning process has seen an increase in the time contribution of SEN, Specialist Health and Social Care practitioners.

### SUMMARY FINDINGS – case study 2:

- Due to capacity constraints, Case Study 2 was not completed in Area E.

### CONCLUDING OBSERVATIONS:

- The EHC planning process takes considerably longer than the SEN Statementing process to deliver. This reflects the introduction of a coordinated assessment and planning process. Through this process, a child/family has an opportunity to meet with their Assessment Coordinator and attend a multi-agency meeting. Neither of these meetings would have occurred in the Statementing Process.

## Area E - case study 1

**Table 19 Breakdown of staff time required to deliver the SEN statement and EHC planning processes in Area E for case study 1**

STAFF TIME - HRS	SEN Statement	EHC Planning	Comments
Referral	8.0	12.0	The increase in the time spent pulling information together at the point of referral is attributable to the need to complete a more comprehensive referral document
Consider whether an assessment necessary	9.0	12.9	The increase in time spent by practitioners at this stage reflects a perceived increase in the volume of evidence submitted to panel at this stage, and a change in its overall composition. This has led to an increase in the time spent by practitioners preparing for and considering each case. The new process also includes multi-agency representation from Specialist Health and Social Care, which was not the case for the comparative SEN panel
Statutory/Coordinated assessment	53.0	41.9	Changes to the referral process were felt to have increased the quality of information already available at this stage, reducing the number of assessments that needed to be conducted (by SEN practitioners). In the Statementing process the SEN Assessment Team would be responsible for drafting the Statement at this stage. In the EHC planning process, the plan would not be drafted until later in the process
Consider whether to proceed to EHC plan/SEN Statement	6.0	0.0	In the Statementing Process the draft Statement would be submitted to the Assessment panel for confirmation that a Statement should be issued. This stage is not required in the new process as the EHC plan is not drafted until later in the process.
Development of EHC plan/SEN Statement	1.9	26.4	The EHC planning process takes longer as unlike in the Statementing process, at this stage the Assessment Coordinator is responsible for coordinating a multi-agency meeting and drafting the EHC Plan.
Sign off	1.8	14.5	An increase in the time spent by practitioners through the EHC planning process reflects the need to submit the draft EHC plan to the Assessment panel for approval. This panel also includes greater multi-agency involvement
<b>TOTAL</b>	<b>79.7</b>	<b>107.7</b>	<b>Time spent on the production of an EHC Plan for Case Study 1 is just over 28hrs, 35% more than would have been spent producing a SEN Statement.</b>

**Table 20 Breakdown of staff time required to deliver the SEN statement and EHC planning processes in Area E for case study 1**

<b>AGENCY TIME - HRS</b>	<b>SEN Statement</b>	<b>EHC Planning</b>	<b>Comments</b>
SEN	59.1	76.4	While there is the perception that the introduction of the coordinated assessment and planning process has led to an increase in the time spent by SEN on an individual case, this is largely dependent on what type of professional is chosen to take-up the role of Assessment Coordinator. In this case it was decided that a SEN Practitioner would take up this role, but this would not always be the case
Specialist Health	14.6	22.1	The increase in time spent by Specialist Health practitioners on the EHC planning process is largely due to their contribution to a multi-agency meeting. This would not have occurred in the Statementing Process. The introduction of the EHC planning process has also seen an expansion of the EHC assessment panel to include representation from Specialist Health
Social care	6.0	9.2	The increased involvement of Social Care practitioners has arisen from their involvement in a new multi-agency meeting, and their inclusion on the EHC Panel
Other	0.0	0.0	Neither the Statementing process nor the EHC planning process requires the involvement of any non-SEN, Specialist Health or Social care practitioners
<b>TOTAL</b>	<b>79.7</b>	<b>107.7</b>	
<b>MONETISED TIME - £</b>	<b>SEN Statement</b>	<b>EHC Planning</b>	<b>Comments</b>
SEN	£1,143	£1,464	The new process cost £321 (28%) more to deliver by SEN (compared to 29% increase in staff time). The cost savings reflect the increase in time outlined above
Specialist Health	£361	£541	The new process cost £180 (50%) more to deliver by Specialist Health (compared to 51% increase in staff time). The cost savings reflect the increase in time outlined above
Social care	£90	£141	The new process cost £51 (57%) more to deliver by Social Care (compared to 53% increase in staff time). The cost savings reflect the increase in time outlined above
Other	£0	£0	As above
<b>TOTAL</b>	<b>£1,593</b>	<b>£2,147</b>	<b>The cost associated with time spent on the production of an EHC Plan was £554, or 35% more than that estimated for producing an SEN Statement</b>

## Commonalities and differences

Through the data gathered for each area it was possible to identify a number of commonalities and differences across the areas.

### *Commonalities*

- **The statutory/coordinated assessment stage tended to take less time in the EHC planning process relative to the SEN Statementing process** – this was the result of better quality and more comprehensive information provided through the referral process, leading to a reduced need to undertake assessments from scratch in the new process
- **The EHC planning process involved a more family-focused approach, which required more staff time to facilitate** – this included time taken to support families to develop a personal profile, participate in TAC meetings and to draw together outcome-focused plans, which generally was not the norm in the SEN Statementing process. This increased time was likely to fall disproportionately on the SEN teams, as the majority of key workers (or EHC planners) were to be drawn from these teams
- **Development of an EHC plan took longer than the comparative development of an SEN Statement** – as the EHC plans were co-produced and more holistic, they required greater inputs from all agencies and the family to complete
- **The EHC planning process was perceived in its ideal form to include greater multi-agency involvement than the SEN Statementing process** – all areas expressed an expectation that all the required professionals from across the agencies would contribute fully to the new process (e.g. through provision of reports, attendance at TAC meetings etc.). However, although most practitioners reported a desire to meet these requirements, a number of health and social care practitioners reported concerns about the feasibility of doing so given the capacity and resource constraints their services were currently facing. Similar issues had been faced in the traditional system, which had not engendered as much multi-agency working as originally envisaged.

### *Differences*

- **Changes to the work undertaken prior to referral** - Areas B and C fundamentally changed the model of working prior to the point of referral in the EHC planning process to ensure an increased focus on the quality and comprehensiveness of information gathered. This reduced the need to acquire information at the co-ordinated assessment stage, and so it was expected it would

help the areas to meet the 20 week statutory deadline for completion of the new process

- **Sign-off procedures for the EHC plans in Areas B, C and E took longer than those for the comparative SEN Statements** – the new processes often included agreement through a multi-agency panel comprising senior representation from SEN, Specialist Health and Social Care, or if reviewed by individual practitioners, the draft EHC plan often took longer to review than the SEN Statement as it contained multi-agency as opposed to mainly SEN-focused actions and therefore required scrutiny by all agencies
- **Increased involvement of the VCS in Areas A** – resulting from involvement of the VCS to deliver aspects of the key working function or engagement of the VCS on decision making panels as part of delivery of the new process in these areas.

Taken in totality, the commonalities and differences between the areas illustrate that the EHC planning process relative to the SEN Statementing process includes both savings and increases in time contributions across the different stages of the processes. The relative sizes of these increases/savings within each area therefore dictate whether the new system takes more or less resource to deliver than the traditional system.

## Other factors to consider

During the focus groups, a number of practitioners highlighted additional issues that should be factored into the comparison of the delivery time associated with the traditional and new systems. These issues are listed in Table 21 and illustrate that the cost data collected for new process is likely to include both under and over estimates, given the evolving nature of the process and the assumptions under which the data has been compiled.

**Table 21 Other issues to consider**

Issue	Leading to underestimate of the new process	Leading to overestimate of the new process
Travel time to and from the increased number of multi-agency meetings that take place in the EHC planning process have not currently been factored into the cost estimates for the new process	✓	
EHC planning process is currently likely to take more time to deliver as is new and therefore is not yet fully embedded across the agencies		✓
For Areas B and C (that experienced a cost saving in delivering the new process), the costs associated with assessment have not been included in the estimates of the new process, as they are in the main undertaken prior to the point of referral. However, as the assessments will still be required to be undertaken, it is unlikely that the systems as a whole will make a saving	✓	

The Ideal attendance and participation in the EHC planning process has been costed, which may not happen in practice give capacity and resourcing constraints		✓
The integration of personal budgets in the EHC planning process has not been fully considered to date in some areas	✓	
The costs associated with resolving disputes between families and SEN, Specialist Health and Social Care have not been included in the cost estimates for either the new or traditional system – it is hoped that the more family-centred way of working and introduction of formal mediation will help to reduce this cost in the new process		✓

Source: SQW pathfinder cost focus groups

## Summary

- In Area A, the EHC planning process was *more* resource-intensive than the comparative SEN Statementing process given the additional steps taken to involve families, from the co-production of the family profile to their involvement in a TAC meeting to discuss and finalise their EHC plan
- In Area B, the EHC planning process was *less* resource intensive than the SEN Statementing process. The main reason was a change to collect more information prior to, and a reduction of the number of assessments conducted within the statutory (20 weeks) timescale
- In Area C, the EHC planning process was *less* resource intensive than the traditional process in cases where sufficient referral information was provided to proceed straight to an EHC plan. The principal reason for this reduction in time was the improved quality of information submitted at the point of referral, reducing the need to acquire further information at the coordinated assessment stage. However, *in cases where the referral information is not sufficient, it will potentially be more expensive to deliver the new process* as this translates into a need to undertake new assessment(s) during the process, which removes the major time saving
- In Area D, the EHC planning process was *more* resource intensive than the traditional process as a result being more family-centred. As a result, additional time was spent engaging with the family and developing accessible, family- and outcome-focused plans
- In Area E, the EHC planning process *took considerably longer* than the SEN Statementing process to deliver. This reflects the introduction of a coordinated assessment and planning process, through which a child/family has the opportunity to meet with their Assessment Coordinator and attend a multi-agency meeting

- Across the five areas, in general: the statutory/coordinated assessment stage tended to take less time in the EHC planning process relative to the SEN Statementing process; the EHC planning process involved a more family-focused approach, which required more staff time to facilitate; development of an EHC plan took longer than the comparative development of an SEN Statement; and the EHC planning process was expected to include greater multi-agency involvement than the SEN Statementing process
- Differences across the areas included:
  - changes to the work undertaken prior to referral in Areas B and C to ensure an increased focus on the quality and comprehensiveness of information gathered for all families prior to the point of referral, thereby reducing the need to undertake assessments within the statutory timescale;
  - sign off procedures for the EHC plans in Areas B, C and E took longer than that for the comparative SEN Statements; and
  - Areas A and B experienced increased involvement of the VCS in the new process
- Taken in totality, the commonalities and differences between the areas illustrate that the EHC planning process relative to the SEN Statementing process includes both savings and increases in time contributions across the different stages of the processes. The relative sizes of these increases/savings within each area therefore dictate whether the new system takes more or less resource to deliver than the traditional system.

## 5. Conclusions and implications

This final chapter draws together the evidence from the comparative cost analysis to answer the four research questions that formed the focus of this research. **The conclusions are necessarily indicative**, being drawn from just five areas at a fairly early stage in their transition to the new system, and covering only one particular part of the change (i.e. newcomers to the Statementing / EHC planning system, and not those transferring from a Statement to an EHC Plan or LDA).

### Conclusions in relation to the four thematic research questions

#### What are the costs of delivering the EHC planning process for eligible newcomers to the SEN System?

The staff costs associated with delivery of the EHC planning process were anticipated to vary considerably across the areas (see Table 22). They ranged from 31.5 to 107.7 hours for Case Study 1 and from 31.0 to 86.5 hours for Case Study 2.

**Table 22 Summary of staff hours and monetised time required to deliver the EHC planning processes across the areas**

Case study 1	Area A	Area B	Area C	Area D	Area E
Staff time - Hrs	90.6	31.5	77.6	86.3	107.7
Monetised time - £	£1,976	£734	£1,799	£1,488	£2,147
Case study 2	Area A	Area B	Area C	Area D	Area E
Staff time - Hrs	85.9	31.0	64.5	86.5	N/A
Monetised time - £	£1,940	£728	£1,709	£1,580	N/A

Source: SQW pathfinder cost focus groups

#### What are the costs of delivering the traditional SEN Statementing process for the equivalent families that would be deemed eligible for the EHC planning process?

The costs associated with delivery of the SEN Statementing process also varied considerably across local areas (see Table 22). They ranged from 49.4 to 84.9 hours for Case Study 1 and from 44.4 to 71.6 hours for Case Study 2.



**Table 23 Summary of staff hours and monetised time required to deliver the SEN Statementing processes across the areas**

<b>Case study 1</b>	<b>Area A</b>	<b>Area B</b>	<b>Area C</b>	<b>Area D</b>	<b>Area E</b>
Staff time - Hrs	75.9	49.4	84.9	65.1	79.7
Monetised time - £	£1,418	£1,139	£2,062	£1,192	£1,593
<b>Case study 2</b>	<b>Area A</b>	<b>Area B</b>	<b>Area C</b>	<b>Area D</b>	<b>Area E</b>
Staff time - Hrs	71.6	44.4	57.9	70.4	N/A
Monetised time - £	£1,386	£984	£1,492	£1,320	N/A

Source: SQW pathfinder cost focus groups

### **How are the costs distributed across agencies / those involved in the delivery of both the traditional and EHC planning processes?**

The change in overall delivery time was directly related in all cases to the change in SEN contributions. That is, if an area estimated an overall increase/decrease in delivery time between the traditional and new processes, this was also reflected by an increase/decrease in SEN-related contributions.

No consistent relationships were found between the changing time contributions of Specialist Health or Social Care and the overall change in delivery time. This is likely to reflect the dominance of SEN time in the delivery of both the traditional and new processes.

### **Is the EHC planning process more / less costly to deliver than the traditional SEN Statementing process? What are the reasons for this difference?**

There was inconsistency in the direction of change between the costs of delivering the SEN Statementing and EHC planning process across the areas - with three areas estimating the new process would take more time to deliver and two areas estimating it would take less time to deliver for Case Study 1, and three areas estimating an increase and one a decrease for Case Study 2 (see

Table 24 and Table 25).

However, the reduction in costs experienced by two of the areas (Areas B and C) was driven by a change in the staging of the EHC planning process relative to the traditional process. This involved assessments being undertaken up-front prior to the point of referral in the new process, leading to the assessments being outside the scope of the estimation process and so data was not collected although costs were still being incurred in the system. Were these costs to be included in the estimates of the new process for the two areas, the costs that we show would rise. As a result, at least one of the two areas would show rising costs.

**Table 24 Summary of staff hours and monetised time required to deliver the SEN statement and EHC planning processes across the areas for case study 1**

<b>STAFF TIME - HRS</b>	<b>Area A</b>	<b>Area B</b>	<b>Area C</b>	<b>Area D</b>	<b>Area E</b>
SEN Statement	75.9	49.4	84.9	65.1	79.7
EHC Planning	90.6	31.5	77.6	86.3	107.7
Proportionate change	+19%	-36%	-9%	+32%	+35%
<b>MONETISED TIME - £</b>	<b>Area A</b>	<b>Area B</b>	<b>Area C</b>	<b>Area D</b>	<b>Area E</b>
SEN Statement	£1,418	£1,139	£2,062	£1,192	£1,593
EHC Planning	£1,976	£734	£1,799	£1,488	£2,147
Proportionate change	+39%	-36%	-13%	+25%	+35%

Source: SQW pathfinder cost focus groups

**Table 25 Summary of staff and monetised time required to deliver the SEN statement and EHC planning processes across the areas for case study 2**

<b>STAFF TIME - HRS</b>	<b>Area A</b>	<b>Area B</b>	<b>Area C</b>	<b>Area D</b>	<b>Area E*</b>
SEN Statement	71.6	44.4	57.9	70.4	N/A
EHC Planning	85.9	31.0	64.5	86.5	N/A
Proportionate change	+20%	-30%	+11%	+23%	N/A
<b>MONETISED TIME - £</b>	<b>Area A</b>	<b>Area B</b>	<b>Area C</b>	<b>Area D</b>	<b>Area E</b>
SEN Statement	£1,386	£984	£1,492	£1,320	N/A
EHC Planning	£1,940	£728	£1,709	£1,580	N/A
Proportionate change	+40%	-26%	+15%	+20%	N/A

\* Due to capacity constraints, Case Study 2 was not completed in Area E

Source: SQW pathfinder cost focus groups



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