



Department
for Education

Evaluation of the Special Educational Needs and Disability Pathfinder Programme

Thematic Report: Collaborative working with social care

Research report

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Rhian Spivack, Meera Craston & Rachel Redman – SQW

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Key findings

This report was produced as part of SQW's evaluation of the Special Educational Needs (SEN) and Disability Pathfinder Programme for the Department for Education. It **focuses on collaborative working with social care, providing insights from five pathfinder areas**. The key learning points, useful to other areas preparing for the SEN and disability reforms were that:

- **The SEN and disability reforms have taken place against a backdrop of other reforms** including the Adoption reforms and Munro Review, and during a time of reductions to funding, which had limited the engagement capacity of social care professionals across the five case study areas
- However, **children's and adult social care have had considerable involvement in the reforms** in these areas, facilitated by a series of key strategic and operational mechanisms, the majority of which remained in their early stages of development:
 - **Development of a multi-agency service** – Restructuring to move social care teams together with SEN and/or health to improve familiarity between professionals across agencies and provide structures for joint working
 - **Joint commissioning** – Reforms have led to the set-up of new structures including joint commissioning meetings and joint commissioning posts to strengthen strategic multi-agency decision-making
 - **Involvement of social care professionals in development** – Adult and children's social care professionals have been involved in the development of the reforms, bringing previous experience of personalised working to the development of the new approaches
 - **Involvement of social care professionals in delivery** – Children's social care professionals have been involved *throughout* the Education, Health and Care (EHC) planning process, while their involvement in the SEN Statementing process was generally limited to completion of a form during Statutory Assessment. Adult social care have had more limited opportunities to be involved operationally to date, although they have shown a desire to engage strategically and in training
 - **Multi-agency training and support for professionals** – A range of mechanisms have been put in place for social care and other professionals
- Whilst much work has been undertaken to date, further efforts are required to involve all relevant social care professionals in delivery of **the EHC planning process** and wider reforms. This will require areas to consider how to overcome some remaining challenges, including: **moving from strategic development to operationalisation of the new process; reducing duplication of information within EHC plans; the transition between children's and adult social care; and the reductions in funding and associated operational uncertainty faced by social care.**

1. Introduction

Evaluation of the Special Educational Needs (SEN) and Disability 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 website¹. 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 – *collaborative working with social care*.

Rationale for the research

Improved multi-agency working is one of the primary objectives of the pathfinder programme. It relies heavily on drawing together the skills and expertise from across SEN, social care, specialist health and other relevant agencies. Evaluation findings from the first 18 months of the programme illustrated that social care engagement had improved over time at both strategic and operational levels, but anecdotal evidence from the pathfinders identified:

- A lack of clarity on the part of social care practitioners about how they should contribute to meeting the SEN and disability reforms
- Concern around the extent to which the Education, Health and Care (EHC) plan could act as a replacement for traditional care/support plans.

It was therefore decided to review collaborative working arrangements with social care in more detail to inform future practice. Collaborative working with health, schools and post 16 providers is explored in detail through a set of separate thematic case studies.

Research focus

This thematic report provides further insight into:

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

Figure 1 Social care thematic study research questions

Expectations	What role(s) do social care professionals/non-social care professionals think social care (both children's and adult) has to play in meeting the SEN&D reforms? Which specific social care professionals (roles) should therefore be contributing to the delivery of the reforms across the 0-25 age range?
Models of engagement	What models of collaborative working between social care and SEN/specialist health are being adopted by pathfinder areas to meet these expectations? How are adult care services being engaged? How are the identified models different to the previous ways of working for social care professionals and providers?
Collaborative working in relation to the Pathfinder	Which social care professionals (children's and adult) have been involved in the delivery of the pathfinder and how have they been involved (including involvement in EHC plan assessments, planning and resourcing decisions)? How have social care professionals and providers contributed to and made use of the Local Offer?
Remaining challenges	Are there any remaining gaps in the collaborative working arrangements between social care and SEN & specialist health / the provision of social care services and if so why? What could be done to resolve the remaining challenges?
Value added	What system changes / outcomes have arisen as a result of the identified collaborative working with social care?

Source: SQW

Our approach

Evidence was gathered from five pathfinder areas – Devon, Gateshead, Hertfordshire, North Yorkshire, Oldham – via a series of in-depth face to face and telephone interviews, with key individuals including the pathfinder lead and manager, the lead for children's and adult social care, strategic and operational social care professionals (including providers) and the lead for specialist health and SEN. A representative from the Association of Directors of Children's Services was also consulted. We would like to express our sincere thanks to all those that have contributed to the research.

Intended audience

This report is intended to support those charged with facilitating collaborative working with social care to meet the requirements of the SEN and disability reforms.

2. The social care landscape and pathfinder expectations

Context

The SEN and disability reforms have taken place during a time of substantial wider change within both children's and adult social care, which has meant that social care practitioners have had to simultaneously digest and develop a series of reforms. This has included:

- Reforms to the child protection and adoption systems following the 2011 Munro Review² and 2011 Action Plan for Adoption³, which had implications for specialist children's social care teams, which were likely to be involved in developing and delivering the new EHC processes
- The Care Act⁴, which became statute in May 2014 and affects the care and support offered to adults by adult social care teams and therefore has implications for the support provided to young people over the age of 18
- Reductions to local authority funding, which have had, and are likely to continue to have, substantial implications on children's and adult social care services⁵.

Arrangements prior to the pathfinder

In advance of the pathfinder, the five case study areas most commonly had separate services for children's social care (including specialist and mainstream provision) and adult social care, as well as SEN and specialist health.

There were some existing pockets of good practice relating to joint working between social care and other services, including:

- **Good relationships between social care professionals and other agencies** which had developed over time, sometimes "*in spite of the systems*". There were

² Munro, E., 2011, *Munro review of child protection: A child centred system*, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/175391/Munro-Review.pdf

³ Department for Education, 2011, *An Action Plan for Adoption: Tackling Delay*, <http://media.education.gov.uk/assets/files/pdf/a/an%20action%20plan%20for%20adoption.pdf>

⁴ Parliament, *Care Bill*, <http://services.parliament.uk/bills/2013-14/care.html>

⁵ Within a context of rising levels of need, the National Audit Office reported that local authorities' total spending on adult social care fell by 8% (£1.4 billion) in real terms in the three years since the 2010 spending reforms (National Audit Office, 2014, *Adult social care in England: overview*, <http://www.nao.org.uk/wp-content/uploads/2015/03/Adult-social-care-in-England-overview.pdf>)

Other sources cite even larger reductions in funding (e.g. Association of Directors of Adult Social Services, 2013, *Social care funding bleak outlook bleaker*, <http://www.adass.org.uk/Content/Article.aspx?id=1034>).

examples of good working relationships between children's disability teams and other adult social care, SEN and health professionals, although frequent restructurings (particularly within adult social care and health) had reduced the extent to which these could be maintained within some areas

- A small number of examples of **co-located teams**, where professionals from the children's disability team sat alongside either health or SEN staff
- **Previous experience of joint working on pilot projects**⁶, which provided a grounding for later pathfinder relationships between children's and adult social care professionals and wider SEN and health colleagues, and highlighted some of the challenges that could be faced (e.g. in terms of obtaining strategic buy-in)
- **Joint working around specific groups of children and young people with SEN and disabilities**. This included transition teams/groups which facilitated a smoother transition between children's and adult's social care and multi-agency/complex needs panels to determine joint funding for cases where appropriate
- **Children's social care involvement in the SEN Statementing process**, which tended to be relatively limited (as described further later) and focused on cases where there was a designated social worker or where safeguarding issues were identified
- Some **initial restructuring of teams to align SEN and disabled children's social care**, which was ongoing at the outset of the pathfinder.

"Although we were talking to each other we had separate agendas."

Social worker

However, despite this good practice, there were limited structures in place to encourage joint working on a day-to-day basis and professionals from across most areas acknowledged a degree of '*silo working*', with different cultures and a limited understanding amongst professionals about what individuals across other services did.

⁶ Including as part of the Individual Budget, Short Breaks, and Learning for Living and Work Framework pilots.

Expectations

Government intentions for reform

The Children and Families Act 2014⁷ sets out responsibilities for:

- Local authorities to **ensure integration** between SEN, health and social care provision where it would promote the well-being of children or young people with SEN or improve the quality of special educational provision (Section 25 of the Children and Families Act 2014)
- Local authorities and health bodies to make arrangements to **commission education, health and social care services jointly** for children and young people with special educational needs and/or a disability (Section 26).
- Local authorities, health bodies and other local partners to co-operate with each other in the identification and support of children and young people with SEN (Sections 28 and 31).

In line with this, the Draft SEN Code of Practice⁸ advises that children's social care should:

- Be involved in cases where a child or young person has been assessed as having social care needs in relation to their SEN, providing advice, securing social care services outlined in EHC plans and undertaking EHC plan reviews
- Ensure that the arrangements for meeting the education, health and social care needs of looked after children and care leavers are coordinated effectively within the process of care and pathway planning.

Adult social care's role in supporting effective transition is covered by the Care Act 2014. This includes a requirement for adult social care and their partners to cooperate in the provision of adult care and support, clarifies funding arrangements for the cross-over period⁹ and states that local authorities must provide information and

"The Care Act 2014 requires local authorities to ensure co-operation between children's and adults' services to promote the integration of care and support with health services, so that young adults are not left without care and support as they make the transition between child and adult social care."

Draft SEN Code of Practice

⁷ Children and Families Act 2014, <http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted>

⁸ Department for Education & Department of Health, 2014, *Draft special educational needs and disability code of practice: 0 to 25 years*, <https://www.education.gov.uk/consultations/downloadableDocs/SEN%20Code%20of%20Practice1.pdf>

⁹ This is intended to ensure that children's services are not discontinued until either: i) adult social care provision has started or ii) the decision has been made that the young person's needs do not meet the eligibility criteria for adult care and support following an assessment.

advice on the range of services available (which will form part of the Local Offer for children and young people with SEN and disabilities).

Pathfinder expectations

The five case study areas reported that the central government direction outlined in the SEN and disability reforms tended to align, and add impetus to, their existing direction of travel towards more integrated working between children's and adult social care, and with

"The pathfinder reforms didn't create our thinking, but they gave us a remit for more integrated working and dovetailing of systems."
Service Manager, Adult Social Care

SEN and specialist health. Each area therefore planned to work towards improved integration and multi-agency working, albeit in differing forms and to differing extents.

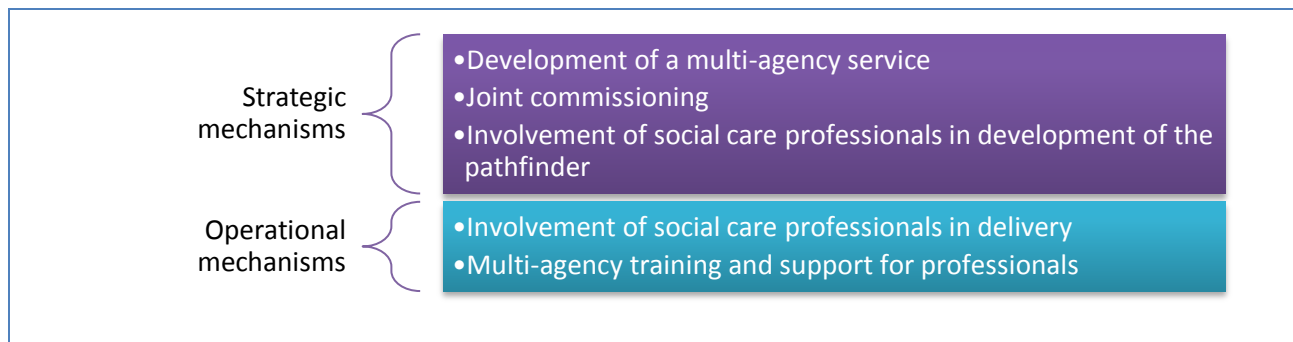
The pathfinder was expected to involve managers and practitioners from the children's disability and adult social care teams alongside health and SEN professionals in delivering the EHC planning process across the areas. This multi-agency involvement

reflected the likely eligibility criteria for the EHC plans, which were to focus on supporting children and young people with the most complex SEN and disabilities. As a result, the majority of areas didn't anticipate a significant role for mainstream children's social care services.

3. Collaborative working through the pathfinder

The five case study areas had used a number of approaches to encourage collaborative working with social care to deliver the SEN and disability reforms. Figure 2 illustrates a series of common strategic and operational mechanisms for engagement, which are discussed in further detail below.

Figure 2 Common mechanisms to support collaborative working with social care



Source: SQW

Strategic mechanisms to support collaborative working

Development of a multi-agency service

Four of the five case study areas had restructured their teams over the course of the pathfinder. This led to three main models:

- **Special Educational Needs and Disability Service** – comprising education support services and disabled children’s social care to facilitate the integration of services for children and young people with SEN and disabilities
- **Integrated Children’s Service** – comprising all specialist services for children and young people with complex needs, including children’s social care, health and SEN
- **All-Age Disability Service** – incorporating children’s social care and SEN services with adult services, to facilitate the integration of services for people with learning disabilities, SEN and disabilities.

“It was not uncommon to work together before, but the pathfinder [EHC planning process] brought us together in a more collegiate and integrated fashion. It reduced barriers”

Senior Social Worker

The key benefits that had resulted from the creation of the multi-agency services were twofold. The first of these related to an increased familiarity between professionals across social care and other agencies, which was often supported by co-location of staff within the same offices and greater day-to-day interaction, for instance through joint team meetings as well as more informal office discussions. This increased familiarity was reported to have meant that professionals developed a better understanding of what

others did, which in turn enabled them to more easily discuss and raise questions with colleagues from different backgrounds.

The other key benefit related to the creation of a shared direction, set of objectives and infrastructure that resulted from common strategic and operational leadership. While this was not an easy process and professionals were reported to have retained elements of their own cultures and ways of working, it was felt to be a big step forwards. For instance, in one area it had enabled joint funding to be achieved to ease transition between adult and children's social care, because both teams sat under a single head of service.

Joint commissioning

As outlined earlier, the Children and Families Act 2014 places a duty on commissioning bodies, including children's and adult social care as well as health and SEN, to make joint commissioning arrangements for children and young people with SEN and disabilities.

Across most of the five areas joint commissioning arrangements were in the early stages of development, but a number of initial mechanisms had been put in place including:

- **Joint commissioning meetings** – to provide a forum for social care, health and education commissioners to discuss children's' needs and how best to commission services for them
- **A joint commissioning post** – with the local authority and National Health Service (NHS) in one area joint funding an adult and children's social care and health commissioning post to bring together commissioning across the services
- **Local Offer development** – facilitating strategic and operational discussions about commissioning through joint meetings between commissioners and managers
- **Development of jointly-funded services** – one area had developed an integrated occupational therapy service which was jointly-funded by children's social care and health.

These mechanisms prompted discussions about who was responsible for commissioning different services in order to avoid gaps in provision. Commissioners had also been encouraged to think in a more person-centred way, which had led to some changes in what was commissioned. For instance, one commissioner had broadened their remit to commission housing adaptations to promote independent living amongst young people.

Involvement of social care professionals in the development of the pathfinder

Adult and children's social care were perceived to have considerable existing knowledge and experience of delivering personalised support, on which areas had drawn during the development of their new approaches (see Table 1). Social care involvement appeared to have been important in ensuring their buy-in to the new processes and had enabled them to influence the developments to ensure they benefitted all involved agencies and were therefore not 'imposed' by SEN.

Table 1 Involvement of social care professionals in the development of the pathfinder

Areas of social care expertise	Examples of use
Personal Budgets (PB)	Leadership of PB development Development of Resource Allocation System(s) (RAS)
Development of the EHC planning pathway templates	Involvement in focused task and finish groups to develop the new process
Person centred planning	Shared previous experience of person centred planning and defining outcomes Development and delivery of training Provision of support to new key workers
Preparing for adulthood	Leadership of preparing for adulthood strand Development of transition protocol
Local offer	Consultation over format and structure of the local offer Existing information fed in (including Short Breaks Offer)

Source: SQW





Social care capacity to engage in the development of the reforms had been limited in some cases as many professionals had had to participate alongside their substantive posts. This has been exacerbated by reductions in funding and increased scrutiny linked to the Munro Review. However, to address this issue, some areas had seconded in team members to the pathfinder to enable them to prioritise these activities, and some had also backfilled posts (to provide cover) to ensure wider team capacity was not lost.

Operational mechanisms to support collaborative working

Involvement of social care professionals in delivery of the EHC planning pathway

Although the exact nature of social care involvement in delivery of the EHC planning process had varied across the five case study areas, the EHC planning process was felt to provide a better structure for more consistent and integral involvement of social care professionals. Figure 3 compares the key roles undertaken by social care professionals in the EHC planning and SEN Statementing processes.

Figure 3 Involvement of social care professionals in the EHC planning process

Stage	Involvement in EHC planning process	Involvement in statementing process	Implications of the introduction of the new process
Referral 	<p>Children's or adult social worker may act as referrer or support referral</p> <p>Social care managers may be involved in the decision of whether to proceed to statutory assessment through position on multi-agency panel</p>	<p>Children's social care professionals unlikely to refer families into process</p>	<p>Increased involvement of professionals at referrals expected to lead to:</p> <ul style="list-style-type: none"> • Earlier identification of new cases • An additional cost associated with involvement of social care managers in decision making
Co-ordinated assessment 	<p>Across some areas a children's or adult social worker may act in the 'key worker' role, which ranged from acting as the named contact to a process coordinator</p> <p>Social care also encouraged to develop suggested outcomes in relation to the child/young person's special educational need while developing their existing assessments and may participate in a new Team Around the Child (TAC) meeting as appropriate</p>	<p>Children's social worker would feed in assessment information relevant to the child/young person's special educational need where available (i.e. where child known to children's social care)</p>	<p>More consistent and comprehensive involvement of social care professionals expected to lead to:</p> <ul style="list-style-type: none"> • More comprehensive evidence base for planning • Potential identification of previously unmet social care need <p>May involve more social care time attending meetings, or may be incorporated into existing assessment time</p>
Planning 	<p>Children's or adult social worker may feed into planning process through attendance at a TAC meeting</p> <p>They may also facilitate the TAC and write the plan in some areas, if they are operating in the key working role</p>	<p>Neither children's nor adult social care professionals are likely to be involved at this stage</p>	<p>Social care involvement in planning expected to lead to:</p> <ul style="list-style-type: none"> • More holistic and appropriate plans with increased focus on outcomes beyond the school day • Increased social care time associated with delivery
Sign off/ resourcing 	<p>Adult and children's social care managers likely to be involved in sign off through their positions on multi-agency panels</p> <p>Areas tended to be in the relatively early stages of signing off jointly resourced plans implying this stage in the process requires further testing</p>	<p>Neither children's nor adult social care professionals are likely to be involved at this stage</p>	<p>Social care responsibility for agreeing and delivering the social care content of EHC plans expected to lead to:</p> <ul style="list-style-type: none"> • Increased social care involvement in decision making and sign off of plans linked • Increased social care time associated with delivery

Source: SQW

In summary, transition from the SEN Statementing system to the EHC planning process had two main implications for delivery:

- **Better planning and identification of need** – The EHC planning process enabled professionals to plan more holistically with families in relation to their SEN and disabilities on the basis of all relevant information (rather than just the information that would have previously been available to that agency). This was felt to facilitate better decision-making but could also lead to the identification of needs which had previously been unmet by support from any agency
- **Increased resourcing** – The EHC planning process had resourcing implications for social care both in terms of the delivery of the process and the financing of support packages, which have not yet been fully worked through in areas. Social care professionals have become involved throughout the EHC planning process. In addition the reforms have highlighted existing children's social care duties to provide services for disabled children, including social care needs in relation to their SEN and disabilities detailed in the plan. The Care Act introduces a corresponding duty for adult social care.

"The parents really valued professionals working together in a person-centred and positive way."
EHC Strand Lead

To date, much of the operational work has been undertaken by a small group of children's disability social workers, with limited involvement from adult social care professionals. This bias reflects the nature of the families that have participated in the new process, which have in the main involved children under the age of 18. However, despite the limited opportunity to engage operationally, adult social care had shown a willingness across the areas to engage strategically and in training, and therefore it was anticipated that they would become more involved when appropriate young people were identified as needing an EHC plan.

"We hold the key to all this, we have the bigger picture, we see the family on a day to day basis and know what the child is like outside of school or hospital."
Social worker

Provision of multi-agency training and support

Multi-agency training and support were also seen as important mechanisms to bridge the gaps between professionals, increase professional knowledge and awareness of the SEN and disability reforms, and develop the skillsets of those involved in delivering the EHC planning process to families. Table 2 provides examples of formal training and support provided to social care professionals to encourage their involvement in the reforms.

"Structurally, it's not just seen as education anymore."
Social worker

Table 2 Formal support mechanisms

Support mechanisms	Example of use	Value added
Support networks	Introduction of two 'Lead Coordinators' to provide ongoing support to those undertaking the key working role, including a children's social worker (Social Care) and an Advisory Teacher (SEN)	Through jointly facilitated surgeries they provided professional advice based upon their differing but complementary knowledge, which was felt to provide professionals with more confidence to take families through the process & meant they had both social care and SEN advice readily available
Multi-agency training	A mix of professionals ¹⁰ delivered multi-agency training sessions on person centred planning and on the SEN code of practice to enable professionals to learn together and network. Social care professionals tended to lead training on person centred planning	One professional reported this had promoted an attitude of <i>"all in it together"</i> , which had encouraged more integrated working, while a SEN strategic lead reported that it had helped to <i>"bring everyone on message"</i> It also supported the building of the skills required to deliver the new process, and in this sense was regarded as <i>"really valuable"</i>

Source: SQW

Despite these mechanisms, a number of consultees noted some continued resistance to joint-working (both intended and unintended). This resistance may, at least in part, reflect the time it takes for culture to change and for professionals to settle into new ways of working. Areas with large social care teams in particular, have tended to start working with small, enthusiastic groups of social workers, so now need to consider whether and how to scale up workforce development amongst wider social care professionals.

¹⁰ Parent representatives were also involved in delivering some of the training sessions.

4. Reflections on the future of collaborative working with social care to deliver the SEN and disability reforms

More collaborative working between professionals from different agencies, including social care, has the potential to bring about real benefits; including better informed and more holistic decision-making and reduced duplication.

The SEN and disability reforms have added impetus to the five case study areas' desire to increase collaborative working between social care, SEN and health, through *strategic* and *operational* mechanisms. They have also triggered wider changes; with areas commonly now looking to integrate services for 0-25 year olds not eligible for an EHC plan and the pathfinder reported to have sped up one area's development and roll out of social care PBs. However, there is still some way to go before collaborative working between social care, SEN and health professionals becomes embedded as the norm.

Addressing the remaining challenges

Table 3 considers some of the remaining barriers to more collaborative working with social care and the mechanisms that could be (and in many cases were being) used to overcome them.

Table 3 Addressing the remaining challenges

Challenge	Possible mechanisms to overcome
Movement from strategic development to implementation of the reforms	
<ul style="list-style-type: none">Scaling up processes, including engagement of a wider group of social care professionals and wider workforce development	<ul style="list-style-type: none">✓ Consider how to scale up and roll out the reforms to involve all relevant children's and adult social care professionals✓ Consider the skillset required of social care professionals to enable them to effectively deliver the relevant elements of the EHC assessment and planning process and develop appropriate workforce development to address any gaps✓ Roll out training and support mechanisms to social care professionals not yet involved in delivery✓ Acknowledge that cultural change takes time to achieve and aim to develop a "<i>critical mass</i>" whereby knowledge and experience is shared routinely

Challenge	Possible mechanisms to overcome
Reduction of duplication between EHC and care plans	
<ul style="list-style-type: none"> EHC, care and child protection plans sit within different statutory frameworks and have different purposes 	<p>Consider whether to <i>align</i> or <i>replace</i> social care plans with the EHC plan:</p> <p><u>Aligning plans</u></p> <ul style="list-style-type: none"> ✓ Consider how best to align processes and paperwork including timeframes and professionals involved ✓ Encourage good communications and information sharing between professionals involved <p><u>Replacing plans</u></p> <ul style="list-style-type: none"> ✓ Consider the integration of processes and planning documentation for newly identified Children in Need who are not at risk of being placed in care and are not on the child protection register
Managing transition between children's and adult social care to avoid a disconnect within the 0-25 years EHC plan	
<ul style="list-style-type: none"> Different eligibility criteria and thresholds for children's and adult social care Adult social care have broader focus making it difficult to prioritise comparatively small transition cohort (relative to the elderly) 	<ul style="list-style-type: none"> ✓ Strategic mechanisms - e.g. development of transition groups/posts, all age disability service ✓ Operational mechanisms - e.g. development of transition protocols, joint outwards-facing communication mechanisms, better information sharing around children who are approaching transition
Information sharing between agencies should ensure assessment and planning can be based on up-to-date information to facilitate better decision making	
<ul style="list-style-type: none"> Some remaining concerns amongst families & social care professionals about information sharing with wider professionals, linked to perception that in school and out of school support should be kept separate 	<ul style="list-style-type: none"> ✓ Develop cross-agency protocol to agree an informed consent process for families, and when and with whom information should be shared and disseminated to professionals ✓ As part of wider cultural change and workforce development, raise awareness about the advantages of information sharing with social workers (and other professionals) to alleviate any concerns

Challenge	Possible mechanisms to overcome
<ul style="list-style-type: none"> Current agency-based IT systems not fit for purpose in relation to collaborative working 	<ul style="list-style-type: none"> ✓ Develop/adapt single IT system with 'modules' for different agencies to draw together existing information and store 'live' EHC plan¹¹ ✓ Use of secure email to allow secure transfer of documents between social care, health & SEN
Facilitating collaborative working with social care in a time of funding reductions and operational uncertainty	
<ul style="list-style-type: none"> Tension between increased social care role in delivery and competing priorities to meet additional social care-related reforms 	<ul style="list-style-type: none"> ✓ Introduce wider system change – e.g. requiring professionals from all agencies to utilise the EHC planning referral paperwork for all children at the point they enter the system thereby reducing duplication from the outset
<ul style="list-style-type: none"> Tension between social care role in funding packages of support and cuts to social care budgets (particularly in areas with lower social care thresholds) 	<ul style="list-style-type: none"> ✓ Encourage continued communication between professionals from different agencies to discuss plans ✓ Communicate the benefits of early intervention to prevent the need for more costly intervention further down the line ✓ EHC planning packages not necessarily more expensive (and can involve less resource). The focus should be on better meeting needs with the funding available through a multi-agency approach ✓ Produce case studies to showcase the benefits of multi-agency assessment, planning and packages
<ul style="list-style-type: none"> The reforms will have a substantial effect upon the commissioning process for social care providers with a likely movement away from block contracts 	<ul style="list-style-type: none"> ✓ Create transparency with social care providers through open discussions and provision of information about the nature of the reforms and their potential implications

Source: SQW

¹¹ One non-pathfinder area consulted had developed a single IT system for social care, SEN and health, where different agencies had different 'modules' and thus professionals from different agencies only have access to pre-defined fields of information

Annex A: Glossary of terms

DfE	Department for Education
EHC	Education, Health and Social Care
NHS	National Health Service
PB	Personal Budget
RAS	Resource Allocation System
SEN	Special Educational Needs
TAC	Team Around the Child

Annex B: Research methods

Research was undertaken in five pathfinder areas, selected in discussion with the Department for Education (DfE) and Pathfinder Support Team. The basis for selection of the areas included: areas that had reported strong social care engagement in their most recent evaluation monitoring data submission; a mix from across the regions; a mixture of rural/urban and large/small areas; and at least one pathfinder champion. Scoping consultations were also undertaken with a lead representative from the Association of Directors of Children's Services to identify emerging practice.

Once the five areas had agreed to participate in the fieldwork, a scoping consultation was held with the pathfinder lead in each area to discuss the research focus and objectives, gain a better overview of the involvement of social care in the reform process, and identify staff to participate in fieldwork.

Fieldwork

Fieldwork was undertaken in March and April 2014, and typically consisted of area-based consultations with the pathfinder lead, manager, leads for children's and adult social care, SEN and specialist health and strategic and operational social care professionals (including providers) that had been involved in the development and delivery of the pathfinder.

Where possible consultations were conducted face-to-face, although some follow up consultations were undertaken over the telephone to ensure good coverage of stakeholders. Between seven and fourteen participants were involved in each case study visit.

The interviews followed a semi-structured topic guide designed by the research team, which covered the five broad research themes outlined in the introduction of the report. Participants were asked to set aside approximately 1-2 hours for the consultations, and all face-to-face interviews were recorded.

Analysis and reporting

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

The report was drafted based on these findings, with an emphasis placed on developing a 'readable' and pragmatic report, which drew on a range of experiences and would be useful to those involved in facilitating social care collaboration for both the development and delivery of the reforms.



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Any enquiries regarding this publication should be sent to us at:

angela.overington@education.gsi.gov.uk or www.education.gov.uk/contactus

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