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# Research on the IDP Expanded Testing Phase Main Report



# **Research on the IDP Expanded Testing Phase**

## **Main report**

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Views expressed in this report are those of the researcher and not necessarily those of the Welsh Government

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## Acronyms and abbreviations used

ALN	Additional learning needs
ALNCo	Additional learning needs co-ordinator
ASD	Autistic spectrum disorder
BST	Behaviour Support Team
CAMHS	Child and adolescent mental health service
EAL	English as an additional language
ELLS	Education, Lifelong Learning and Skills
EOTAS	Education other than at school
HI	Hearing impairment
IDP	Individual development plan
IEP	Individual education plan
GP	General practitioner
LAC	Looked after child/children
NAfW	National Assembly for Wales
OT	Occupational therapist
PCP	Person centred planning
PWU	People and Work Unit
QAS	Quality assurance systems
SALT	Speech and language therapy
SEN	Special educational needs
SENCo	Special educational needs co-ordinator
SENTW	Special Educational Needs Tribunal for Wales
SIMS	Schools Information Management System
VI	Visual impairment
WAG	Welsh Assembly Government (used until May 2011)
WG	Welsh Government (used from May 2011)

## Glossary

*Person Centred Planning (PCP)* is an approach, a way of working that starts from developing an understanding of what is important to a child or young person (or indeed an adult) and then identifies how best to support that child or young person (what is important for them). You can apply PCP without an IDP.

An *Individual Development Plan (IDP)* is a suggested format for recording the findings and decisions made through the PCP approach. It can be paper based and/or online.

A *one page profile* is a summary of what is important to a child or young person and what is important for them; and what people like and admire about the child or young person. Its purpose is to promote understanding of the child or young person's viewpoint, and to provide a summary of how best to support a child or young person.

An *Individual Education Plan*: A child or young person who has additional learning needs will have an Individual Education Plan (IEP) prepared by the school (some schools prepare such plans for groups of pupils). The plan includes short term targets, teaching strategies, what extra education provision will be made and a review date (should be six months).

A *statutory assessment*: A parent or carer or a school can request the local authority to undertake a statutory assessment of the special educational needs of a child or young person. If the local authority agree that a statutory assessment is needed it will coordinate assessments from school, educational psychologists and health services.

Following a statutory assessment of needs, a *statement of special educational needs* may be drawn up by the local authority, if it is decided the child or young person's needs cannot reasonably be met by the school without additional support. The statement of special educational needs is a legally binding document that sets out the needs of a child or young person, and how those needs will be met. These may include any non-educational provision that might be needed. The statement will also

contain details of how progress will be monitored, usually through an annual review process.

*IDP review meetings* are structured sessions that use PCP to bring together perspectives from a child or young person, parents/carers, and all agencies working with them. The meeting involves the development of an IDP, which includes all the actions agreed by attendees, and is repeated at agreed intervals to update the plan.

The pilot *Quality Assurance System* (QAS) includes information about pupils with special educational needs, the interventions, the (financial) cost and the outcomes for those pupils from these interventions. It enables information about pupils with SEN to be linked to data on the costs of provision and outcomes for those pupils.

*Multi-agency planning* involves a coordinated approach to meeting the needs of a child or young person. The objective is that all agencies involved with the child or young person come together to jointly plan interventions using a PCP approach. Typically this may include health services, such as therapists and paediatricians; social care workers; and education staff including class teachers, classroom assistants, SENCOs or ALNCOs and educational psychologists.

A *support coordinator* is the person who manages PCP for a child or young person and coordinates the IDP process. This person may be a school SENCO or ALNCO, but could also be a LA adviser, or another professional working.

*Dispute resolution services* for parents and carers are available in every county in Wales and are provided by independent bodies. Their role is to support families to work with agencies to resolve disagreements about the support a child or young person needs.

*Transition planning* focuses on significant changes on a child's or young person's life, typically a change of school or leaving school. The objective is to prepare the child or young person, the family or carers and the receiving institution in order to ensure that the transition is appropriate and will meet needs, and that it is made with as little disruption or stress as possible.

## **1. Introduction**

### **Reform of the statutory framework for children and young people with special educational needs**

- 1.1. The Welsh Government is planning to reform the statutory framework for children and young people with special educational needs (SEN). Policy reviews identified weaknesses in relation to each stage of the current process for meeting special educational needs (identification, assessment, planning and review) and in relation to quality assurance and evaluation of the process. The system was judged to be insufficiently child or parent/carer centred, too complex, bureaucratic, costly, and time consuming. Its weakness contributed to delays in providing support for pupils with special educational needs and to a lack of understanding and trust in the current system, creating tensions and a divide between professionals and families (Estyn 2003; NAFW, 2004, 2006).

### **The ALN pilot projects**

- 1.2. In response to the weaknesses of the existing legislative and policy framework, the additional learning needs (ALN) pilot projects were established in 2009 to develop and test alternatives to the current SEN framework. The aspects being piloted included an individual development plan (IDP) which sets out a child's or young person's learning needs and the actions required to support them; a quality assurance system (QAS), designed to monitor outcomes and to enable ALN provision to be evaluated; and developments in the roles and responsibilities of a SENCo/ALNCo (SEN co-ordinator/additional learning needs co-ordinator) in learning settings.
- 1.3. The pilots consisted of three phases. The first phase involved the development of the individual development plan (IDP), quality assurance systems and the ALNCo role, and was completed in August 2011. Phase two involved the robust testing of the IDP planning process via a "whole system" approach in all eight local authorities involved in the pilot development phase.

Both of these phases were supported by a programme of action research. The action research focused primarily upon processes by, for example, identifying what was, and was not, working well. The limited piloting of models and approaches, in terms of time, the number and range of settings and children and young people involved, meant that the scope to evaluate outcomes were constrained.

- 1.4. The final phase of the pilots commenced in September 2012 and aimed to build upon the previous phases by testing the whole system across the age range of 0 to 25 in pre-school, a local cluster of schools, both feeder primary and secondary, and further education institutions. Where possible and relevant, links were to be made to other providers (e.g. the voluntary sector) and related initiatives (e.g. Families First). This extended trialling was intended to provide a better foundation for understanding the effectiveness of the pilot models and approaches across a system.

### **This research study**

- 1.5. The overall purpose of this study was to assess the effectiveness of the IDP process within the context of the “whole system” approach.
- 1.6. The specific objectives were:
  - to investigate the influence of person centred planning (PCP), the IDP process and QAS upon the identification of need for children and young people with SEN, in relation to integrated planning;
  - to compare and contrast the different planning experiences of all relevant stakeholders with implementing PCP, the IDP paper-based version, the IDP web based tool and QAS with the current system;
  - to assess how far the different elements of the system (including the QAS, IDP, PCP and the role of the support co-ordinator) worked together and how multi-agency planning facilitated this; and

- to identify the wider implications of implementing the elements of reform (e.g. possible impact on the Special Educational Needs Tribunal Wales (SENTW) and use of dispute resolution services).

1.7. The specification for the study makes clear that the study was not “an evaluation of the final phase of the pilots” as such data was collected via self-evaluation of the pilots themselves. Some of this data is drawn upon in this report to add context to the research findings.

## 2. Approach and methodology

### Introduction

2.1. This was primarily a qualitative research study, which draws upon four key sources of data:

- research with 16 learning settings and one service (The ISCAN project) involved in the pilot (including interviews with a total of 25 professionals);
- responses from sixteen families, drawn from:
  - interviews with parents of eight children and young people involved in phase three of the pilot (eight families);
  - material gathered from five parents during phase two (four families); and
  - the views of four parents who attended an evaluation session run by one of the pilot local authorities in the summer of 2013 (another four families).
- interviews with nine key stakeholders from local and central government, Careers Wales and the voluntary sector; and
- a desk based review of pilot self-evaluations.

2.2. Semi-structured interview schedules were developed, to provide a strong focus upon the key issues of interest to the study (based upon the study objectives, outlined in paragraph 1.6) whilst providing the flexibility to enable the study to identify and explore unexpected issues.

2.3. The interviews generated rich, often narrative accounts, of stakeholders' experiences of the pilots. These accounts were analysed in order to identify key themes and patterns of responses, in relation to each of the study objectives. For example, in relation to the study's second objective, "to compare and contrast the different planning experiences of all relevant

stakeholders with implementing PCP, the IDP paper based version, the IDP web based tool and QAS with the current system” the analysis involved:

- identifying which stakeholders had experienced each of the different aspects of the pilot and the mapping the nature of their involvement;
- assessing how positive (or negative) their experiences had been; and
- identifying the key factors that influenced or shaped their experiences;

2.4. This process enabled the experiences of different individuals and groups of stakeholders to be compared and contrasted and the reasons why experiences differed to be explored.

2.5. In order to highlight the key commonalities and differences in the experiences and judgments of stakeholders, the report distinguishes between responses from two key groups of stakeholders: “professionals” such as school teachers, SENCos and health professionals, and “parents and carers”. Within each of these two broad groups, in order to provide an indication of the balance of opinion on a particular issue, the report uses Estyn’s (2011) convention to indicate the proportion of research participants making a particular point.

nearly all = with very few exceptions

most = 90% or more

many = 70% or more

a majority = over 60%

half = 50%

around half = close to 50%

a minority = below 40%

few = below 20%

2.6. In interpreting responses, it is important to bear in mind that because this was a qualitative study using semi-structured interviews, not every stakeholder commented on a particular issue discussed in the report. Therefore, even if, for example, a “minority” of interviewees are recorded as having made a particular point (as is frequently the case, as it was rare for more than 12 of

the 25 people interviewed to make a particular point), this does not mean that the “majority” disagreed.

## **Research with learning settings and services**

- 2.7. The focus of research with learning settings was upon integration and the “whole systems” approach both within and between learning settings and other services. Therefore, the research explored the integration of the different elements within a particular setting, and also their integration across a school cluster and across other services, such as health and social care, and other learning settings, such as an FE college.
- 2.8. The learning settings and services involved in the pilot that took part in the study were:
- Fitzalan High School, Cardiff
  - Grangetown Primary School, Cardiff
  - St Paul’s Primary School, Cardiff
  - Glan-y-mor Secondary School, Carmarthenshire
  - Ysgol Y Castell Primary School, Carmarthenshire
  - Burry Port Primary School, Carmarthenshire
  - Pembrey Primary School, Carmarthenshire
  - St Mary’s Roman Catholic Primary School, Newport
  - St Joseph’s Roman Catholic High School, Newport
  - Abersychan School Special Needs Unit, Torfaen
  - West Monmouth School, Torfaen
  - Penygarn Primary School, Torfaen
  - Crownbridge Special School, Torfaen
  - Heronsbridge Special School, Bridgend
  - Tŷ Glyn, Torfaen (a Pupil Referral Unit)
  - Pembrokeshire College
  - The ISCAN project, Caerphilly (an Early Years setting)

- 2.9. Where possible, a range of stakeholders involved in the pilot in each setting were interviewed. These included special educational need co-coordinators (SENCOs), school leaders, school teachers and support staff, school nurses, social workers, parents and carers.

### **Interviews with parents and carers**

- 2.10. As outlined above, learning settings were asked if they could identify parents and carers involved in the pilot who would be willing to take part in the research. In addition, given their links to parents and carers, SNAP Cymru were also asked if they could identify parents and carers involved in the pilot who would be willing to take part in the research. In total 12 parents and carers were identified and the study team were able to interview eight parents, who all took part through a telephone interview.
- 2.11. The interviews with parents were very valuable, but small in number. They provided first hand accounts of parents' experiences of PCP and the IDP processes<sup>1</sup> and enabled the research team to explore in depth, the reasons why experiences were positive or negative. The interviews also enabled the research team to explore: the impact of the PCP and IDP processes upon identification of need; multiagency working (from a parent's perspective); and some of the wider implications of the proposed reforms, most notably the impact upon relationships between parents or carers and schools and the local authority.<sup>2</sup> However, the small number of interviews increases the possibility that the sample was biased<sup>3</sup> or not representative of the experiences and views of all parents and carers involved in the pilot. This limits the extent to which we can infer that the experiences of this small

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<sup>1</sup> This reflected the study's first objective: "to compare and contrast the different planning experiences of all relevant stakeholders with implementing PCP, the IDP paper based version, the IDP web based tool".

<sup>2</sup> These reflected the study's second, third and fourth objectives: "to investigate the influence of PCP; the IDP process and QAS upon the identification of need ... in relation to integrated planning"; to assess how far the different elements of the system .. worked together and how multi-agency planning facilitated this"; and "to identify the wider implications of implementing the elements of reform".

<sup>3</sup> For example, it is possible that only those parents with the most strongly held views or affecting experiences (either positive or negative) would be motivated to take part in the study.

sample were shared by other parents and carers, involved in the pilot (but not interviewed as part of this research).

- 2.12. In order to try to offset the risk that the sample was biased, the research also drew upon evidence from interviews with five parents, gathered during research into the second phase, and evidence from a focus group involving four parents that one of the pilot areas convened. In addition the research considers the experiences and views of these parents in the context of evidence from other stakeholders, most notably that reported by professionals and the pilots (through their self evaluation reports).

### **Pilot area self evaluations**

- 2.13. A self-evaluation template was developed which was comprehensive, but also lengthy and was completed in different ways by different pilot areas. For example some areas provide a summary from the local authority's perspective, whilst others distributed the template to learning settings and included the settings own commentary in the template. The resulting reports provide rich data, but make a quantitative analysis or direct comparisons between different pilot areas difficult. For example, where comments from a range of settings were included, and the experiences and views of settings differed, it was sometimes difficult to generalise about the experience in a particular area<sup>4</sup>. Moreover, as with the interviews, not every pilot area commented on a particular issue in their report. Notwithstanding these limitations, in order to provide an overview of the issues identified by pilot areas, a crude quantitative analysis of responses was conducted, and is included in the appendix. A joint report on Cardiff and Newport was provided and this was treated as a single response, i.e. as if it represented one, rather than two, pilot areas. This quantitative analysis was complemented by a qualitative analysis of the area reports.

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<sup>4</sup> This means, for example, that there are apparent contradictions, and in the analysis (included in the appendix), a pilot area may be recorded as having reported both a positive and a negative response from parents.

### **3. Findings: The identification of need for children and young people with SEN**

#### **Introduction**

3.1. As outlined in the introduction, the study was required to “Investigate the influence of PCP, the IDP process and QAS upon the identification of need for children and young people with SEN – in relation to integrated planning”. In this section we therefore consider:

- the impact of PCP and the IDP process upon identification of and planning to meet need;
- the participation of children and young people and parents and carers in the process of identifying, assessing and planning for needs;
- the impact upon stakeholders’ experience of the process; and
- issues related to information sharing, the workloads of those involved and the information technology used to support the process.

#### **Existing processes for identifying need**

##### *School Action and School Action Plus*

3.2. As outlined in the SEN code of Practice for Wales, the prime basis for identifying that a child or young person (in a primary or secondary school) may have special educational needs is that their attainment “fall[s] significantly outside the expected range” (p. 43, WAG, 2004).<sup>5</sup>

3.3. Where a child or young person is not making satisfactory progress and class teachers judge that the child is not learning as effectively as possible, they may need to consult the SENCo on what else may be done. The first step is

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<sup>5</sup> In order to monitor pupils’ progress (in order to identify significant under-performance) schools can draw upon a number of sources including : “evidence from teacher observation and assessment; progress in their literacy and numeracy; the pupil’s performance compared to the level descriptions within the National Curriculum at the end of a key stage; and standardised screening or assessment tools, and potentially, at School Action plus level, specialist assessments (pp. 45, 60, 71 WAG, 2004).

to review the strategies that are being used and the ways in which they could be developed. If that review concludes that the child or young person requires an intervention that is “additional to or different to” those “provided as part of the school’s usual differentiated curriculum offer and strategies”, the pupil may need to be helped through School Action. If the child still struggles to make progress and additional external support is required, this may be provided through School Action Plus (WAG, 2004).

- 3.4. In order to help inform decisions about the type of additional support that might be provided through School Action or School Action Plus, as outlined in the SEN Code of Practice for Wales, the class teacher, together with the SENCO “should collect all the available information about the child and seek additional information from the parents” (p. 52, *ibid.*). The strategies adopted should be recorded in the child’s or young person’s individual education plan,

#### **The Individual Education Plan**

As outlined in the SEN Code of Practice for Wales, an IEP should include information about:

- “the short-term targets set for or by the child
- the teaching strategies to be used
- the provision to be put in place
- when the plan is to be reviewed
- success and/or exit criteria [and]
- outcomes (to be recorded when IEP is reviewed).” (p. 53, WAG, 2004).

## *Statutory Assessment*

- 3.5. Statutory assessment involves first identifying if a statutory assessment is necessary<sup>6</sup>, and if so, undertaking it. This involves considering:
- the progress made by a child or young person;
  - the steps taken to support the child or young person; and
  - evidence from both the child or young person themselves, and those who know the child or young person, about the nature, extent and cause of their learning difficulties.
- 3.6. Once a decision to undertake a statutory assessment has been taken, the LEA must seek “parental, educational, medical, psychological and social services advice”. The advice from professionals “**must** relate to the educational, medical, psychological, or other features that appear relevant to a child’s current and future educational needs”. “The advice **must** also set out how those features could affect the child’s educational needs” (emphasis in original, pp. 90-91, *ibid.*). In addition, “LEAs should also seek to ascertain the views of children and young people as part of the assessment” (*italics omitted*, p.92, *ibid.*). Following the statutory assessment, the LEA must decide whether a statement of SEN is required.<sup>7</sup>

## *Comparing and contrasting existing processes and the PCP approach and the IDP*

- 3.7. As table 1 illustrates, there are some important differences of emphasis in the PCP and IDP processes compared to assessment for School Action and School Action Plus or a statutory assessment. In particular, the PCP approach defines a child’s needs in relation to what is important to them and for them. It also focuses upon a child’s or young person’s strengths as well as their challenges or difficulties. In addition, as the table illustrates, PCP and the IDP

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<sup>6</sup> A Statutory Assessment should only be undertaken if the “LEA believes that the child probably has special educational needs and that the LEA needs or probably needs to determine the child’s special educational provision itself by making a statement.” (p. 73, WAG, 2004).

<sup>7</sup> The LEA must issue a statement when “it considers that the special educational provision necessary to meet the child’s needs cannot reasonably be provided within the resources normally available to mainstream schools and early education settings in the area.” (p. 94, WAG, 2004).

broadens the focus to potentially include a wider range of additional needs and support than the existing processes and plans (which focus solely upon special educational needs). For example, it can include “additional learning needs”, linked to, for example, changes in family circumstances such as bereavement. The PCP and IDP process is also intended to ensure that assessment of and planning for need is more of a process, rather than a single event.

- 3.8. Nevertheless, as Table 1 also illustrates, there is still a large degree of overlap between the existing processes/plans and PCP and the IDP. For example, they all share the same aim: to meet a child’s/young person’s needs and the support needed by a child to address their learning difficulty and a review of the effectiveness of that support would be a feature of all three processes and plans.
- 3.9. In comparing the impact of the PCP and IDP processes upon the identification of need, it is important to bear in mind that only a small number (and a small proportion) of children and young people go through the statutory assessment process<sup>8</sup>. Most children and young people (with a special educational need) will have their needs assessed and met without recourse to statutory assessment (because their needs are, for example, met at School Action).<sup>9</sup> It is also important to consider the strengths as well as the weaknesses of a statutory assessment process. Despite its weaknesses, outlined in the introduction, such as the time and cost required, and the focus upon a child’s problems (rather than their strengths and aspirations), the statutory assessment process was felt to provide a rigorous assessment of need.

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<sup>8</sup> 1,870 assessments were completed or ongoing in Wales in 2012.

<sup>9</sup> In 201/13 there were 103,791 pupils with a special educational need. Of these, 12,738 were statemented, 56,000 were supported at School Action and 33,053 supported at School action plus.

**Table 1. Comparing PCP and the IDP with the existing assessment and planning processes**

<b>Process</b> <b>Elements</b>	<b>School Action or School Action Plus</b>	<b>Statutory assessment</b>	<b>Individual development planning</b>
<b>Plan / document</b>	Individual Education Plan	Statement of SEN	Individual Development Plan
<b>Purpose of the process</b>	To identify additional or different action to enable the child /young person to learn more effectively	To identify the child's/young person's learning difficulties and any non-educational needs <sup>10</sup> and the provision necessary to meet the child's/young person's SEN	To identify what is important to the child/young person; their strengths as well as the challenges <sup>11</sup> they face; and how best to support them (what's important for them)
<b>Review of existing support</b>	Review of the strategies that are being used and the ways in which they could be developed	Review of the steps taken to support the child/young person	What is working and what is not working? (which would include reviewing strategies and interventions)
<b>Desired outcome</b>	The short-term educational and/or developmental targets set for or by the child/young person	Longer term objectives which the additional provision aims to meet.	Realisation of what's important to and for the child/young person (which should include educational and/or developmental targets)

<sup>10</sup> Part 2 of the statement describes all the child's learning difficulties identified during the statutory assessment and the child's current functioning; Part 5 describes any non-educational needs.

<sup>11</sup> This would include, for example identifying what is and what is not working.

## Impact of the PCP approach and the IDP upon identification of need

### *Understanding who the child/young person is*

3.10. PCP was felt by many of the professionals, and by nearly all of the parents and carers consulted, to provide much richer information about who the child/young person is and what is important to and for the child or young person. It was often described by professionals as providing a more holistic picture of the child or young person than existing processes, such as statutory assessment. Only one professional reported that they had not learned anything new about a young person from the PCP approach. Parents often commented on how they felt that the process is much more about their child, rather than their child's problems or condition. For some professionals, PCP also provides a better understanding of children or young people's needs. For example, many professionals talked about the "insights" (or similar) the process generated and both professionals and parents often talked about how it helped "everyone to see the bigger picture", as one parent put it.

3.11. The findings from the study interviews on the richness of information generated by PCP was broadly consistent with self evaluations done in pilot areas (summarised in the appendix), although the pilot areas' evidence from schools is stronger than their evidence from parents and carers:

- six of the seven pilot areas<sup>12</sup> identified that schools reported the process provided better or richer information than existing processes and six reported that schools felt it provided a more holistic picture of the child or young person; and
- parents were generally reported to be positive, or very positive, about the PCP experience in all seven pilot areas. However, only three pilot areas explicitly highlighted positive feedback from parents on the quality or relevance of information generated. Only two pilot areas

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<sup>12</sup> As noted in section two, because there was a joint report for Cardiff and Newport, it was treated as if it were a single pilot area.

highlighted that parents felt the process gave a more holistic view of their child/young person.

3.12. A minority of professionals who worked closely with children or young people (and therefore thought that they knew them fairly well) reported that they were surprised by how much more they learned from the PCP and IDP processes. This reflected:

- a reframing of questions, from a deficit approach (characterised by questions being focused on diagnosis and what the child cannot do) to a strengths-based approach (characterised by a focus on what others, such as family and teachers, like and admire about the child or young person, what he or she is good at, what is needed to help him or her function better); and
- the involvement of, and dialogue between, a number of people who knew the child. The more inclusive way that parents and carers were drawn into the process, was felt to be particularly important here, given both their knowledge of their child and the insights this gives professionals into the child or young person's home life. Examples were also given of how involving professionals who might not otherwise have been involved, generated new insights into the child.

3.13. For example, as one SENCo explained:

From a teacher's point of view, I think the information we get allows us to put in a lot more support for the child; to get to know a lot more about the child, so you can change things. For example, one child with autism, things mum said were noted too, so we can put things in place to support him...[it's about] putting things together – [so they're] not in isolation; [we're] working together more.

### *Impact of the IDP and PCP upon identifying the child's/young person's needs*

- 3.14. Opinions amongst the professionals and parents interviewed for this study were divided about how rigorous the PCP approach and the IDP were compared to the existing processes for assessing and planning for need. Opinions were most sharply divided when PCP and the IDP were compared with a statutory assessment and statement of SEN. As we outline below, some stakeholders felt aspects of the PCP and IDP processes were stronger, but that other aspects were weaker than existing processes. Moreover, some parents in particular, felt that the changes in emphasis and focus meant that the processes were weaker than the existing statutory assessment process.
- 3.15. The aspects of the PCP and IDP processes that were felt to be stronger included: the richness of the information generated by PCP (highlighted by many of the professionals, and by nearly all of the parents consulted) and the shift from a deficit to strengths-based approach (welcomed by a minority of professionals<sup>13</sup>). Professionals generally welcomed the shift from a deficit to strengths based model. For example, a minority of professionals acknowledged that only focusing upon a diagnosis was unhelpful as, for example, it told them nothing about its impact upon the child's life and aspirations. Half the parents also welcomed this shift.
- 3.16. However, not all stakeholders were happy with the change of emphasis in the PCP and IDP processes. The shift the shift from a deficit to strengths based model was a particular cause of concern. One professional and a majority of parents were concerned that there was not enough emphasis upon a child's diagnosis. For example, by focusing exclusively on current functioning and needs, the insights that a diagnosis and in depth assessment of needs, such as that offered by a statutory assessment, was felt to be lost. Moreover, a minority of parents were uncomfortable with the shift from a deficit to strengths based approach. For example as one parent put it, "I don't need to

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<sup>13</sup> As Torfaen's self evaluation report notes "For example, [a] diagnosis of cerebral palsy tells you nothing about an individual young person. A description of their needs does."

come here [to the review meeting] to tell my child how good he is – I tell him every day; we need to talk about his problems and what help he needs.”

- 3.17. To a lesser degree, the shift in emphasis from a narrow focus upon learning difficulties and educational progress to a more holistic view of the child and how best to support them, was also a cause for concern. For example, information on a child’s or young person’s learning levels and targets, was seen as important in planning school provision but was sometimes felt to have been pushed out of the PCP approach.
- 3.18. In many cases, parents’ discomfort with the shift from a deficit to a strengths based model appears to reflect a lack of confidence in the process. Parents appeared to be concerned that their child would not receive, or continue to receive, the support they (the parents) felt their child needed, unless there was a strong focus upon the problems their child faced. This reflects a system which has rationed access to resources through eligibility criteria, and required a focus upon a child or young person’s problems in order to access services. This is not a problem with the PCP or IDP process, but it highlights the ways in which experiences of the existing system shaped stakeholders perceptions of the pilot models,
- 3.19. In addition, some professionals reported that parents or carers can find it hard to see their child’s strengths or are concerned that they and the family may lose benefits or services if there is insufficient focus upon their child’s difficulties. For example, as one put it: “the existing system is very much about parents wanting to put their child into boxes to get additional money and provision.”
- 3.20. Nevertheless, although it may be rooted in experiences of the existing system, the discomfort of some parents with the changes in emphasis should not be dismissed as simply a “hangover” of the existing system. There is, for example, evidence that in some cases, at first, the emphasis shifted too far, and that, for example, insufficient attention was paid to academic progress. More broadly, the evidence suggests that for those children and young people

with more complex needs (which could not be met under either School Action or School Action plus), there can be problems if the PCP review meeting is used as, or seen as, an alternative to, rather than complement or enrichment of the expert advice that is an integral part of the existing statutory assessment process.<sup>14</sup> For example, a PCP review meeting is not an alternative to a detailed medical assessment of a child's or young person's condition. Instead, the medical assessment can be done in a more person centred way and used to inform discussions in an PCP review meeting about what is important to and for the child or young person and what is and what is not working.

- 3.21. The above findings from this study on the balance between an assessment of needs/diagnosis and a focus upon functionality and what is important to and for a child and what is/is not working, is broadly consistent with the pilot self evaluations. For example, four pilot areas highlighted schools' concerns about how a diagnosis could be included in the process. In part though, this reflects the difficulties some schools have experienced fitting information not generated through a PCP or IDP review meeting into the current structure of an IDP<sup>15</sup>, rather than the use of information from a diagnosis in the PCP approach itself. It also reflects problems some schools have found in using the IDP for other purposes, most notably requests for additional resources, where schools have often been asked to provide more detail on a child's or young person's condition and their academic level.

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<sup>14</sup> As the SEN Code of Practice outlines, "the advice **must** relate to the educational, medical, psychological, or other features that appear relevant to a child's current and future educational needs. The advice **must** also set out how those features could affect the child's educational needs and the provision that is considered appropriate in the light of those features" (emphasis in original, p. 90 WAG, 2004)

<sup>15</sup> The implication is that people believe that diagnostic reports cannot or should not be included in the IDP. For example, Cardiff's self evaluation report makes the point that a diagnosis can be useful in explaining the nature of a child or young person's needs, but cannot be efficiently incorporated under the existing headings (important to/for etc).

## Impact upon planning to meet need

3.22. The richer understanding provided by PCP, meant that the process was felt by a majority of professionals to offer a very effective way of sharing information and insights . For example:

- teachers talked about the value of sharing one page profiles with other teachers (particularly in secondary schools where a young person would often have a wide range of different subject teachers);
- teachers, SENCos and college tutors all talked about the value of one page profiles and, to a lesser degree, IDPs, when children and young people made transitions (e.g. from primary to secondary school, secondary school to college, and/or from one service to another); and
- some parents and carers identified the role of the IDP in transition planning as particularly important and effective.

3.23. However, despite their potential to share information and insights, the use and effectiveness of one page profiles and IDPs in non pilot settings varied. Nine examples, where they had been passed onto a non pilot setting (by a pilot setting), were identified. In five of these cases they were seen to be very effective and in three cases they were judged to have been either not used or ineffective (it was not known what happened in the remaining case). It was felt that this was because one page profiles, and IDPs in particular, were generally not understood by those (in non pilot settings) who had not been trained in their use.

3.24. Some professionals draw a distinction between the richer and more rounded understanding PCP and the IDP could offer (in effect, assessment of need) and its potential to influence planning and provision, by making interventions more person- (or child-)centred, rather than service-centred. For example, as one professional put it, the impact of a one page profile should not just be 'oh that's interesting'; it should inform and develop work to support the child or young person. PCP can be used as a way to not only identify needs but also plan for and, if necessary, change the way services are delivered. For

example, if the person-centred process has identified that parents have difficulties in attending meetings in school, rather than requiring parents to come to school (service-centred) professionals can offer to conduct meetings in the home environment (person-centred).

- 3.25. Given the distinction between the impact upon identification and assessment on the one hand and planning and provision on the other, it was therefore notable that many of the examples professionals gave of the impact of the process related to the way they treated or communicated with children and young people. For example, many highlighted the way the process had helped identify and share information about “triggers” to a child becoming upset, so that they could be avoided. Another school explained how:

“one child with a severe speech impediment said [in the IDP meeting] he gets bullied in the playground and the dinner ladies [lunch time supervisors] don’t understand him when he tries to explain to them as they lack time, patience and know how.”

They explained that, as result of understanding the problems the child experienced, they had worked with the lunch time supervisors, to ensure that they understood the need to listen more carefully to him.

- 3.26. Although these small changes could have a big impact upon children’s and young people’s lives, it was notable that there were only a few examples of more fundamental changes to the type of interventions that were delivered or to long term planning . The examples where there were more significant changes included: a PCP review which enabled both family and professionals involved to re-assess and change a young person’s plan for transition as the review highlighted needs that would not be met if the proposed approach was taken; a young person who was able to convince the school to allow him to access the full curriculum, for the first time; and changes to classroom management which led a parent to describing her child as ‘coming on in leaps and bounds this year’. Because there were so few examples, it is possible that the full potential of PCP is not being realised.

3.27. Resource constraints are likely to be one reason why there have not been more changes in the type of provision made for children or young people. The PCP and IDP processes do not (and were never intended to) increase the total amount or type of resource available to meet needs. The focus is on enabling more effective and creative ways to use existing resources through multi-agency working and collaboration. Examples were given where, for example:

- schools were concerned about what would happen when additional (short term) resources end, such as the Real Opportunities project<sup>16</sup> which had helped meet many of the needs identified through the PCP and IDP processes; and
- some parents felt that children's needs were still not being met because the funding (they felt was needed) was not available, and the PCP review had not been able to convince them that their child's needs were being met.

3.28. As a consequence, a few professionals and half the parents concluded that although the experience was positive overall (which we discuss further below), they thought that the actual outcomes of the process were not very different from what they would have been anyway. This is consistent with another recent study of the impact of PCP in Wales (Welsh Government, 2012), which concluded that the main impact has been upon the experience of the process (which is considered much more positive), rather than the outcome of the process.

3.29. A large longitudinal study of outcomes (as distinct from experiences of the process) in England (Robertson, et al, 2005), concluded that PCP was associated with positive outcomes in areas such as community involvement; contact with friends; contact with family and choices. However, the study found no impact on other areas such as employment, physical, activity or medication, and evidence of negative change in relation to "risks, physical

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<sup>16</sup> A European Social Fund-supported project to support SEN young people's transition to employment across the Convergence areas of south Wales

health, emotional and behavioural needs". The study also illustrated the differences in outcomes for different groups of people, and in different settings (Robertson, et al, 2005).

- 3.30. The findings on the impact of PCP upon experiences of the process are important. They mean that although PCP often did not lead to significant changes in the provision made for children and young people, it fostered much greater trust and confidence in the process, particularly amongst parents and carers, (an issue we discuss further below), improving their experiences. This finding is also consistent with evidence on the weakness of the existing system, outlined in section one: crucially, the weaknesses related more to the process itself, rather than the provision made for children and young people as result of the process.

#### *Impact upon parents' or carers' role in meeting needs*

- 3.31. The holistic process and plan, meant that it was not only focused on the learning setting. In some cases, the PCP and IDP processes were felt to have helped parents and carers understand what they (as distinct from the school) could do to help their child. There were also examples of targets written specifically for parents, to ensure a consistency of approach in both the home and school. In some cases, the process was felt by a few professionals to have helped identify or highlight the extent to which parents' or carers' attitudes or behaviours needed to change. One parent we spoke to also acknowledged that the process made them realise that they had over-estimated their son's ability and that they needed to accept he would not just 'grow out of it' but would need ongoing help.
- 3.32. The use of the process to identify parental or carer difficulties was seen as a real strength by professionals. A minority of professionals talked about how the process had revealed previously unknown problems at home. In contrast, a minority of professionals also talked about how they felt they knew in advance what the problems were and were using the process to build trust with parents or carers. This, they felt, enabled them, over time, to have more

open and frank discussions with parents and carers and, in some cases, include parents' attitudes and/or behaviours in "what was not working" for the child. This approach was likened by one SENCo to playing a "long game", which enabled "tricky" issues to be addressed, but which by increasing parents' involvement in the process, also created risks that parents might feel manipulated. As one professional noted, "pupil progress depends on relationships between peers, parents, teachers and so on, and if that breaks down, progress stops". We discuss the skills need to perform this type of sensitive role further in section six.

- 3.33. This use of the approach has risks though. For example, one parent talked bitterly about how they felt that their involvement in the process had led to them being blamed for their child's problems (which they understood as being put down to their poor parenting skills) and had led to the involvement of an Education Welfare Officer in what she saw as a punitive step. As she put it, she felt that "threatening her is not helping at all".

#### *Impact on action planning and target setting*

- 3.34. The involvement of a range of professionals, alongside parents and carers, is generally felt to improve action planning. It means that actions can be agreed during the IDP review meeting. Where professionals cannot, or do not regularly, attend (we discuss patterns of attendance below), it is important that there are effective links. For example, in one setting, the involvement of a school nurse was felt to be very important because it gave a direct link to more specialist health services, such as paediatrician and CAMHS, who would not usually attend meetings themselves. As outlined in the boxed text, this approach facilitated information sharing and enabled referrals to more specialist services to be made, where needed. However, it was reported that the involvement of a school nurse was the exception, rather than the rule, in that geographical area.

### **The School nurse role**

In one setting a school nurse described their role in the PCP approach and the IDP. The nurse acts as an important link to other health professionals who cannot attend meetings. For example the nurse explained that they “feed back to the paediatrician; can bring information about the plan of care; and information that they will only pass to [name omitted]. I can refer to CAMHS [child and adolescent mental health services] – avoids the SENCO having to do all the paperwork [to make a referral]”. They went on to explain that “ ...it’s difficult, as there’s also LAC, child in need, child protection meetings: other competing priorities, but by attending the meetings, I get to know the child better, the background, I meet the [teaching] assistants...I can give my phone number so parents can phone me. [The consequence of this is that] I’m used more; I’m more of a school nurse, and you’re part of the team.”

3.35. As outlined above, the holistic nature of the PCP and the focus upon important to/for has been generally welcomed. Nevertheless, there is a concern amongst a minority of professionals that this approach does not always or naturally lend itself to target setting. In some cases, targets related to actions rather than the intended outcomes. One school also reported that they had concerns that because the IDP does not require clear educational targets<sup>17</sup>, some of the rigour required in the existing Individual Education Plan and statement planning would be lost. Therefore they felt that the IEP would still be needed.<sup>18</sup> Pilot area self evaluations provided divided responses on this issue. Three pilot areas reported that some schools felt that target setting was effective and four pilot areas reported that some schools felt that some targets were too broad or subjective.

3.36. One stakeholder involved in developing the pilot suggested that initially the process addressed wider social, health and emotional issues impacting on the

<sup>17</sup> They can be included – but this was not required in the pilot.

<sup>18</sup> During training, schools were told that the IEP should be incorporated into the IDP. However, the research suggests some schools have struggled to do this, at least initially, and that educational targets were not always included.

child or young person, with target setting in all these areas becoming more specific as the process progressed. Identification of detailed educational targets then followed. Weaknesses in target setting may also reflect the failures to fully integrate PCP and the IDP with the QAS (see section four).

### **The IDP as a record of the PCP approach**

3.37. Although many of those we interviewed did not distinguish between PCP and the IDP as a record of and output from the approach, they are distinct. For example, PCP can be used to inform a range of different plans. As outlined in the appendix, five of the pilot areas reported that schools felt that the IDP was a good record of the approach, and four pilot areas reported that parents/carers felt that the IDP was a good record. Parents in all pilot areas were reported to be positive about IDP's clarity, its structure and the actions in IDPs, and parents in four pilot areas were reported to feel that the IDP was a good record of PCP. In contrast, as noted above, there were mixed responses from schools on target setting and there were concerns that there was no obvious place to record a diagnosis in an IDP.<sup>19</sup>

### **Impact on stakeholders' experience of the process**

#### *First impressions*

3.38. One professional explained that it had been quite difficult and taken a long time to explain to parents and carers what the new process involved. Two parents also confirmed this. One parent explained that, although she had attended a training course, she had found the process very 'liquid' (hard to pin down) and felt unsure of it. She explained that they were told there would be lots of coloured dots on the wall which they could not really grasp the meaning of, and she was left not understanding the structure. Some professionals were also reported to be initially sceptical about the process; a point also highlighted by two pilot areas in their self evaluations.

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<sup>19</sup> Although there is no section in the IDP that requires a diagnosis to be recorded, there is no reason that a diagnosis cannot be included, if relevant.

3.39. Although difficult to explain, parents reported that once they had begun the process, it became much clearer and PCP is reported by over half the professionals to be generally well received by those parents and carers, schools and professionals who had taken part in the process. These findings are consistent with pilot self evaluations (summarised in the appendix): all seven pilot areas reported that most parents and carers were positive about the experience; five areas reported positive response from schools; and six areas reported a positive response from other professionals (such as health visitors and educational psychologists).

*A more inclusive process for most families*

3.40. A majority of professionals and many parents talked positively about their experience and in particular families' experiences of the process through which needs were identified. This was generally felt to be more informal, and, as one parent put it, "more personal", than other processes, such as statutory assessments and reviews. For example, a few professionals and parents described previous, non-PCP, meetings as tedious as reports were just read out. More fundamentally, it was felt that in a small number of cases, it gave parents a voice in the process, which they had not previously felt they had. For example as one SENCo put it, parents felt as if "finally someone's listening" (to them).

3.41. The findings from the study interviews on families' experiences were consistent with pilot self evaluations. As outlined in the appendix, six pilot areas explicitly reported positive feedback from children and young people and all seven pilot areas reported positive feedback from parents or carers. Pilot area self evaluations also consistently identified that most parents and pupils welcomed the opportunity to contribute to the process.

3.42. In addition to the "voice" it gave them in the process, there are a number of other reasons why parents, in particular, responded positively to the PCP approach. The emphasis upon what "we like and admire" and the strengths of their child was often seen as a refreshing change from other meetings or

processes that focus upon the problems their child faces. Some professionals report that they feel IDP review meetings help show parents and carers how much they are doing for the child, how many professionals are trying to help their child and how committed they are to that child's well-being. The more informal approach, and emphasis upon a "conversation" or dialogue between partners, is reported to help foster trust and collaboration between schools, services and the family.

- 3.43. The emphasis upon a collaborative approach was seen as particularly important. As one teacher summed it up, "In the past it might be done to them...this [the IDP] is done with them". This was felt to increase trust and confidence in the process (we discuss the impact of this upon disputes further in section five). For example as one SENCo explained:

I think it will make a huge difference with another boy with Down's syndrome. There will be difficult decisions about provision [in the future, i.e. whether the child would be placed in a mainstream or special school] and having gone through the process [with the family] will make that difficult decision easier"

- 3.44. Nevertheless, a few professionals and parents reported that parents or carers, who have been used to "fighting" to get the support they feel their child needs, have found the change to working collaboratively difficult to accept.
- 3.45. Family support services, like the Family Support Worker posts in Carmarthenshire were felt to be very important in encouraging and enabling parents' and carers' participation. Within the study, SNAP Cymru was reported by parents they had worked with, and by professionals, as being supportive of the process.

*Examples where the process has not worked so well with families*

- 3.46. Although, as outlined above, in general the experience of the process has been positive for families, half the parents interviewed for this study talked

negatively about aspects of the PCP and IDP processes . This reflected a number of factors, including:

- the way in which their child was involved (discussed below)
- the way the review was organised and the ways in which they were asked to contribute;
- the shift from a “deficit” to “strengths” based approach to planning (discussed above); and
- dissatisfaction with the outcomes of the process, such as unhappiness with the provision made for their child, and/or a perceived failure to implement agreed actions.

3.47. Three parents felt that the process as a whole made “absolutely no difference”, as one put it. As one parent explained, they felt it involved a lot of unnecessary repetition (as they put it: “I just kept repeating myself over and over”), revealed nothing new about their child and was therefore a waste of time.

### **The participation of different stakeholders in the process**

3.48. As the current SEN Code of Practice for Wales makes clear, existing processes, such as IEP and Statement reviews, should include the views of a range of stakeholders including children and young people, parents, carers and professionals working with and for the child or young person. However, in practice, participation by different stakeholders is often patchy and consequently, processes like IEP review meeting can become paper based exercises, with limited input from other stakeholders.

### *Children and young people’s participation in the PCP approach*

3.49. Children’s and young people’s participation in PCP and the IDP was mixed across the pilot areas. All settings visited recognised the importance of the participation of children and young people and parents and carers in planning and had processes in place to promote this. PCP and the IDP were felt to build upon and extend this and, in some cases, steps were taken to involve

children and young people who had not previously participated in meetings and/or in the wider process for developing plans.

- 3.50. As outlined previously, the PCP approach was reported by half the professionals interviewed to be positive for families and this was supported by the pilot evaluations. For example, all seven pilot areas reported that it was a positive experience for pupils and four areas reported that many pupils enjoyed the experience. Some children and young people have participated in meetings, and enjoyed the experience, and others are reported to have found the emphasis upon the positive and what people like and admire about them, empowering. This is reported to be particularly important for those children and young people with low self-esteem. Children and young people are also reported to have liked their one page profiles. Moreover, even where the young person does not attend the meeting, both professionals, and in some cases parents, said that their voice was now being heard.
- 3.51. Nevertheless, some settings report that it has been difficult to meaningfully involve children and young people, particularly young children and/or those with more complex needs, in IDP review meetings (as distinct from other parts of the process). These findings are consistent with pilot area self evaluations (summarised in the appendix): three pilot areas report that schools have found it difficult to involve younger children and one area reports that schools found it difficult to involve children and young people with severe needs in meetings.
- 3.52. The involvement of children and young people in meetings worked well in some cases, but not others<sup>20</sup> and the training for pilot schools was intended to convey the message that although schools *may* involve children and young people in meetings, they were not required to. Despite this, one setting reported feeling under pressure to involve children and young people in

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<sup>20</sup> Crucially, even if it is not appropriate to involve a child or young person in part or all of a review meeting (e.g. because of the severity of their needs or the sensitivity of issues to be discussed), this does not mean that they cannot be included in the wider process. For example, their views can be identified advance of a meeting and presented in written or audio-visual form or can be expressed by an advocate, in the meeting.

review meetings, and this feeling appeared to be quite widespread. In contrast, some settings have focused upon involving children or young people in the process as a whole, rather than the meeting itself, identifying other ways of involving children and young people before and after meetings (examples of this are given in the boxed text below). However, they reported that they were not confident always that it is appropriate or acceptable to not actively involve children and young people in meetings, but instead to focus upon involving them before and after meetings.

### **Involving young people in the process rather than in the meeting**

As one head teacher explained young people's involvement must not be "tokenistic": it's important to think about the purpose – the reason why you're involving the child or young person in the meeting and identify whether the best way to achieve that is by involving them in the meeting or by involving them in some other way. They also stressed that it is not person centred to involve children in a meeting when they don't want to be there.

They gave examples of how they had tried involving children in meetings, by bringing in objects of reference. However, they explained that it wasn't clear how much the child understood. For example, if you brought their swimming trunks to show the child liked swimming, would the child think they were going swimming? They explained that in their view the important thing was to know if the child liked swimming or not and you could demonstrate this by bringing photos of him swimming (rather than involving the child and bringing in objects of reference). They also explained that the "best place they can tell you if they're enjoying something is when they're doing it [e.g. when they're swimming]"; rather than in the meeting room.

Therefore, in order to involve children and young people with more complex or severe needs, they explained that it is the "advocate system that works well". This relies upon staff working with the child throughout the year in order to understand what's important to and for the child and what is and is not working.

- 3.53. Moreover, in some cases, it appears that children or young people were involved in meetings inappropriately. For example, in one case, a parent reported that their child “did not want to be there” and that “he came in at the end but sat with his head phones on and did not take part”. Another parent reported that “emotions ran high at the meeting”, that the atmosphere was “very bad” and that her daughter “was angry”. She explained that she felt that the structure would work well with a lot of children and young people but it was not the right thing for her daughter. These examples run counter to the person centred ethos of PCP.<sup>21</sup> It is important that children and young people have a voice in the process, but they should be involved in deciding the best ways for them to articulate their voice. In some cases, this will be through a meeting, in other cases other approaches (illustrated by the boxed text above), such as an advocacy model, will be more appropriate.
- 3.54. There was also a feeling amongst a few professionals in secondary school settings that the language and layout of the IDP, whilst accessible and appropriate for children and young people in Key Stage 3, was less appropriate for young people in Key Stages 4 and 5. As one professional put it, it just wasn’t “cool enough” for young people aged 14 and over. There is no reason though why the language of the IDP cannot be adapted for different age groups.

#### *Parents’ and carers’ participation in the process*

- 3.55. In general, patterns of participation by parents or carers did not change: those parents and carers who attended meetings under the existing system also attend IDP meetings. Conversely those who did not engage with the existing system often did not engage with the PCP and IDP processes<sup>22</sup>.  
Nevertheless, there were exceptions to this, with parents engaging who had

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<sup>21</sup> This was emphasised as part of the training, which stressed that that the language used should be positive – professionals and parents should not speak negatively in front of children/young people as this can be very damaging.

<sup>22</sup> For example, if they attended IEP or statement review meetings, they also attended the IDP meetings. In contrast, where they had not attended IEP review meetings, they also did not attend IDP review meetings.

not previously done so. Moreover, as outlined above, (for those who took part) the nature of their participation and their experience of that participation was generally much more positive.

- 3.56. Some parents and carers have consented to their child taking part, but have chosen not to take part in the process themselves. For example, as outlined in the appendix, three pilot areas reported that some parents or carers did not attend meetings. In these cases, the process has continued without their involvement in review meetings. More broadly, four pilot areas report that some parents were reluctant to contribute or to fully engage in the process.
- 3.57. The lack of parental engagement or involvement is reported by professionals to be a long standing problem that pre-dates the introduction of PCP and the IDP. Professionals identified a number of reasons for this:
- some parents or carers are reported to feel that the school and/or other services are responsible for helping their child and that they therefore do not need to be involved;
  - some parents or carers are reported to be daunted by the size of some review meetings (particularly for meetings to discuss children or young people with complex needs, where in some cases as many as 20 people may attend); and
  - some parent or carers, particular those with poor literacy skills, are reported to find participation in the process daunting.<sup>23</sup>

These factors are not changed by the introduction of PCP and IDPs.

- 3.58. Some groups, such as Gypsy and Traveller families, and some parents or carers who are judged to have complex needs themselves, are generally regarded as particularly hard to engage (although some settings have had more success than others). Moreover, some aspects of the IDP, such as its online presence, are reported to have created additional barriers to engaging

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<sup>23</sup> Approaches to supporting parents or carers who may themselves have an additional learning needs, are emphasised as part of the training.

Gypsy and Traveller families (given a mistrust reported amongst many Gypsies and Travellers of storing data online).

### *The participation of professionals*

3.59. As with parents and carers, the pattern of participation by professionals in PCP reviews and IDP processes generally mirrored their participation in existing processes. In addition, as we outline below, there were marked differences in patterns of participation across different settings and different counties.

3.60. Table 2 illustrates the range of agencies involved in IDP review meetings. It is based upon pilot self-evaluation reports and differences in the detail and way attendance was recorded make direct comparisons between the participation of different types of professionals and between local authorities, problematic. Moreover, it is important to bear in mind that the number and range of professionals who would be expected to attend, depends upon the needs of each individual child. Nevertheless, it indicates the general picture of:

- relatively high levels of participation by school based staff<sup>24</sup> and local authority staff/services, such as advisory teachers and educational psychologists;
- a mixed picture of participation by health staff/services, with relatively high levels of participation by health visitors and physiotherapists and generally much more mixed or lower levels of participation by others such as paediatricians, speech and language therapists (SALT) and occupational therapists (OTs); and
- a generally low level of participation by social workers<sup>25</sup>.

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<sup>24</sup> For example as one teacher summed it up “: participation is “really good with people in the school; the struggle is with people [who are] not based here”.

<sup>25</sup> The principal exception to this were school based social workers.

**Table 2 Participation by selected professionals in IDP review meetings**

Key	A= Attended	M = Mixed picture	DNA – did not attend	(Blank = no information in the pilot report)
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	Bridgend	Cardiff and Newport	Caerphilly	Carmarthenshire	Flintshire	Pembrokeshire	Torfaen
LA Service							
Advocates						A	A
ASD service/team/officer		A			A		A
BST*					A		
Careers Wales	A					A	A
CAHMS	A	A			A		
Children's services		A					
Dietician				A			
EAL					A		
EP	A	A		A	A	A	A
Health (e.g. GP, specialist nurse)				DNA	A	M	
Health visitor			A	A		A	
Key worker/transition support workers				A		A	A
LA advisory service		A		A		A	
LA inclusion service	A				A	A	A
LAC coordinator				A			A
Learning support services					A		

OT	A	M		M	A		A
Paediatrician		M	DNA	M			
Physiotherapist		A		A	A	A	A
SALT	A	M		M	M	A	A
SPLD service		M					
School nurse	A			A	A	A	
Sensory impairment (e.g. VI, HI) teachers/specialist service			A	A	A	A	A
Social worker/social care	A	M	DNA	DNA		DNA	M
Parent partnership/SNAP		M			A	A	A

Source: Pilot self evaluations

3.61. Pilot areas identified a range of reasons for non attendance. These included:

- time pressures;
- insufficient notice;
- the numbers of meetings professionals were asked to attend;
- reviews being perceived as “education” meetings or not being perceived as a priority by other staff/services<sup>26</sup>; and
- key people (who had committed to and understood the pilot) leaving or moving on.

3.62. In addition to these reasons, the quality of relationships between schools and other services are likely to be important. It also appeared that the skills, including those of persuasion and persistence, of education based staff tasked with engaging other professionals were important.

3.63. School teachers’ and leaders’ feelings about the decisions made by (non-school based) social workers and paediatricians not to attend were often polarised. There was often frustration where social workers did not attend. In some cases, school professionals contrasted the way that they attended meetings called by children’s services, with the failure of children services staff to attend meetings the school arranged. In contrast, there was often a feeling amongst school staff that it was not realistic to expect paediatricians to attend meetings, given the other demands upon their time. In particular, issues such as long waiting lists, which school staff felt were priorities for paediatricians, meant there was more uncertainty amongst school staff, about whether attending review meetings would be the best use of a paediatrician’s time, compared to that of a social worker. The involvement of a school nurse in some settings, as outlined above, provided a direct link to health services was therefore notable and welcomed.

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<sup>26</sup> For example, as one SENCO described to us “A request to attend a meeting from a SENCo may carry less clout” than a request from another professional.

## *Discussion*

- 3.64. As outlined above, the pattern of participation by adult stakeholders in PCP reviews and IDP processes mirrored their participation in existing processes. Pre-existing patterns of participation were therefore important, because they meant that the PCP and IDP processes worked best where parents and carers and professionals were already involved in existing processes.
- 3.65. Although, as outlined above, in most cases the pattern of participation (in terms of who took part), did not change markedly, the nature of stakeholder's participation changed markedly. Stakeholders often contrasted existing IEP/statement review meetings with IDP review meetings. As one professional put it, IDP review meetings were less of a "paper based" exercise, than IEP/Statement review meetings which typically had limited involvement or input from children or young people and parents and carers. Another professional summed it up as an IDP meeting being more of "conversation" rather than "a series of speeches about what each professional is doing". One parent (reported in a pilot self evaluation report) also contrasted being told what would happen to their child in a statement review, with the discussion they had through the PCP and IDP processes about what was needed. This highlights the greater dialogue and discussion between stakeholders in IDP review meetings.
- 3.66. The pattern (or extent) and nature of stakeholders' participation are therefore both important. As one professional put it, "the IDP is only as good as what you put into the process". Therefore, in the small number of cases where key people had not taken part, the value of the process was felt to be reduced (but not eliminated).

## **Information technology and Information sharing**

- 3.67. The online dimension to the IDP was generally welcomed in principle, but has experienced technical problems in practice. There was frustration in some pilot areas amongst some parents who had been told the process would be

online, when this could not be delivered. In contrast, in Torfaen, where it was partly available, its introduction created some anxiety, but also some satisfaction,. Much of the frustration was because the process had been “sold” to parents as an online process, and this could not be delivered. The anxiety related to professionals’ lack of confidence using what was still (for them) a new system. There were also some concerns about how parents with poor digital literacy and/or limited access to hardware, such as computers, would cope and whether schools would have to take responsibility for enabling them to access online IDPs (further increasing demands upon schools). Three parents we spoke to were using the online system. One in particular was finding it very useful and reported that the family had got their life back because he no longer had to spend his days chasing documents, and filing it all. However, two reported that it did not work well in practice.

- 3.68. There was also a sense in some settings that the information technology had not delivered all that was promised or expected of it. For example, there was only limited evidence of parents or carers accessing information online, and in almost all cases, IDP reviews were still done on paper and then inputted onto the online IDP (rather than an online IDP being created in “real time” during the meeting).
- 3.69. One setting reported that it had been very time consuming having to ask parents for permission to upload every time a report is issued or changed. They queried whether a blanket permission to make changes to an IDP could be made.

### **The impact of the new processes upon professionals’ workloads**

- 3.70. Just under half of professionals felt that while the PCP and IDP processes were worthwhile<sup>27</sup>, they were markedly more time consuming than existing processes. Just four professionals said the process was not more time

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<sup>27</sup> Although, as outlined above, professionals who felt the process was more time consuming, sometimes judged that it was still worthwhile, although one mainstream setting reported that the costs, in terms of the time spent on the small numbers of IDPs they had created and reviewed, had outweighed the value of the process

consuming than existing processes. One setting, for example, said that they allowed twenty minutes for a multi-agency review meeting. In contrast, in some cases, review meetings were reported to have taken two hours or more. The time needed to set up the meeting, invite people and do preparatory work with the child or young person and parents or carers and the professionals working with the child, was also reported, by some, to be considerable. This meant that IDP review meetings took much longer than the existing statement and IEP review meetings, and were held more frequently. As a consequence, many talked about their fear of how they were going to cope, if they had to scale up from the currently small numbers of IDPs that had been developed and were being reviewed. For example, as one teacher vividly put it “teachers are petrified: how will we do it?”

#### **Taking time to understand a child’s needs**

One SENCo described an IDP review that took two hours (in contrast, they explained most took 1 to 1.5 hours and an IEP review would usually be no more than 30 minutes). They explained that: “It took a long time as the child was autistic, recently diagnosed, lots needed to be discussed about how he’s included in the classroom, lots to discuss [with the] ASD officer, support staff and the teacher and the information got was superb. I didn’t feel it was a waste of two hours, but it is a long time.

Although there is no minimum time needed for PCP, professionals consistently reported that it took time to involve and listen to stakeholders and while they felt they could become more efficient at running review meetings and develop other aspects of the process, if the process was rushed much of the value would be lost. In practice this means that the minimum time needed for an initial PCP review is likely to be around one hour and in some cases (e.g. where a child or young person has complex needs) considerably longer. In addition, time is needed to set up meetings, collect information and views from participants (before the meeting) and to write up and disseminate the IDP (after the meeting). Subsequent reviews will generally be faster, but at key points, such as transition, are likely to require more time.

- 3.71. In all but three of the primary and secondary schools visited<sup>28</sup>, the IDP process has been co-ordinated by a SENCo.<sup>29</sup> Because the IDP process generally took longer than existing processes it has increased their workload. As a consequence, many SENCos, in particular, felt that using such an approach more widely would only be viable for SENCos who had sufficient non-teaching time and administrative support.
- 3.72. The findings from interviewees about the increased time needed and concerns about the impact of this are broadly consistent with the pilot self evaluations, summarised in the appendix: five pilot areas report that schools find the process more time consuming and three areas (including most notably Cardiff and Newport) highlight serious concerns about the manageability of the process.
- 3.73. In contrast, a few professionals felt that the process was not more time consuming, or could even save time. For example, one special school has managed to scale up the development and review of IDPs to all children and young people in the school.

#### **Scaling up the PCP approach and the IDP**

One special school which has successfully scaled up PCP and the IDP to cover all pupils described their experiences now that systems were established: They explained that it “feels like less work for me now, starting the second cycle, reviewing IDPs”. In the first cycle, they explained that “I’d need to take all the notes of the meetings and reasonably lengthy notes of what went on the flip charts, using the PCP review process”. They explained that they were “... trying to make the process quicker” by focusing upon the IDP, “looking at actions, what worked, what didn’t work, putting up what’s

<sup>28</sup> In one primary schools, it was coordinated by LA adviser – and while the head said that she knew the SENCo would have to do it eventually she was nervous of this; in one local authority the ASD adviser had coordinated IDP reviews for ASD pupils; and in one secondary school, the support coordinator in the special needs unit (not a SENCo) coordinates the process.

<sup>29</sup> It is also worth noting that some SENCos felt that even if they did not co-ordinate a meeting, they would still need to attend it, so the impact upon a SENCo’s workload of other professionals taking on the co-ordinating role might be limited.

important to/for, so [they were] not starting from scratch, focusing on action plan: is there anything we can tick off?... asking, ‘does this still sound like Duncan?’” They also described how they “send out sheets in advance, to identify what’s important to/for the child or young person, encourage parents to reflect in advance of the meeting, teachers also prepare on, on what is/not working”.

As a consequence, “it’s much quicker than [the initial review]; not having to draw it out” saves time. They were very conscious of the need for efficiency and the danger that the process could take too long to be sustainable on a large scale. As they explained the review meeting has “got to be purposeful...to be used for a good purpose... [it] can’t be catch all...[but there] can be follow up actions [thing that happen after the meeting]...it’s not a meeting for other professionals to catch up on business...got to listen to parents.”

- 3.74. Although parallel and sequential planning processes, which we discuss in section 4, limited the scope for time savings, there were examples where PCP and the IDP could save time. For example, it was felt to ease transition planning and the one page profile provided a teacher or lecturer with easy access to understanding the child or young person’s needs. There were also cases where the IDP had meant that parents had chosen not to ask for or pursue a statutory assessment, with a view to getting a statement of SEN issued for their child, because they were confident their needs were being met through the provision underpinned by an IDP. We discuss issues of confidence further in section five.

#### **The challenge of time**

One SENCo currently running the IDP and PCP with eight pupils had found it difficult to make the process much faster. They described “preparing, organising, and chairing the meeting: Ensuring everyone has the documents, which actions are followed up: lots of administrative tasks. Admin shouldn’t

be the issue, but it needs skills and knowledge....you can say to admin that I want these three targets changed: I can tell them, but I still have to check them. It takes time to gather the information from everyone and compile it.” When asked it compares to the existing system, they explained that “it’s a huge issue for us now: everyone’s always saying ‘it’s just the time’ [that’s the problem]....time is precious...needs to be productive”.

They also described some of the inefficiencies created by parallel planning that made it difficult to save time. For example, they had “been in the ridiculous situation where asked to [contribute to] an individual development plan, a PEP [personal education plan] as LAC, then appendix B, then D meetings<sup>30</sup> [for the same child]: all the information was exactly the same”.

3.75. Overall, there was some evidence that generally the process was faster once established (so that subsequent reviews of IDPs took less time than the initial set up meetings). For example one SENCo explained how, by sending out questions in advance of meeting, they had got the length of time needed for the meeting itself down to one hour twenty minutes. Nevertheless, it was felt that the nature of the process, with its emphasis upon informality and dialogue, made it difficult to reduce the time needed for a review meeting to much below one hour. It was also hoped that as the IDP process was employed more widely, subsequent reviews would be quicker. There were exceptions to this, and in one case some follow up reviews were still taking two hours to complete.<sup>31</sup>

3.76. The relative time need for set up and subsequent review meetings may have implications for the impact upon primary and secondary schools’ workload. As outlined above, the initial meetings to create an IDP generally take longer than the subsequent review meetings, and many needs are identified in primary schools (meaning the initial reviews will take place in primary

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<sup>30</sup> In this case, the child also had a statement of special educational need. Appendix B of a statement of special educational need covers “Educational Advice” (e.g. from the school or specialist teacher) and Appendix D includes “Advice from the Social Services Authority”

<sup>31</sup> The length of time needed may often be elastic and change, as a child’s needs change, and when, for example, they come to key transition points.

schools). As a consequence, the net effect of this may be to shift some of the impact of a more lengthy planning process, from secondary to primary schools.

- 3.77. The time implications of rolling out the QAS are unclear due to the limited trialling and the failures to integrate the QAS, PCP and the IDP (see section four). Moreover, different settings have taken different approaches. For example, the QAS process is managed and undertaken by SENCOs in some settings and only led by SENCOs in other settings, with class teachers taking the lead. Subject to these caveats, the general view is that although the QAS system takes time to set up, it can save time over the medium term.

## 4. Findings: integration and stakeholders experiences

### Introduction

4.1. As outlined in the introduction, the study was required to “Assess how far the different elements of the system (including the QAS, IDP, PCP and the role of the support co-ordinator) worked together and how multi-agency planning facilitated this” and “Compare and contrast the different planning experiences of all relevant stakeholders with implementing PCP, the IDP paper based version, the IDP web based tool and QAS with the current system”. In this section we therefore discuss:

- the evidence of parallel or sequential planning;
- the integration of different elements of the pilot;
- integration across settings ( “whole systems” trialling); and
- inter-agency working

### Parallel or sequential planning

4.2. There are very few examples of the IDP directly replacing other plans or documents (other than statements of special educational need) at this stage. The only examples identified were a partial replacement of the reports needed by resource panels and even in these cases, additional information was often required by resource panels. Nevertheless, local authorities such as Carmarthenshire and Torfaen are looking at streamlining processes and, crucially, paperwork<sup>32</sup> so that the IDP can replace other education plans and documents<sup>33</sup> that schools (and other bodies) are required to produce.

4.3. There are more examples of the PCP and IDP processes informing (but not replacing) other plans, such as Individual Education Plans (which should be

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<sup>32</sup> The distinction is important, as it has often been easier to integrate processes than plans, so that a single PCP approach can generate a number of different plans and documents.

<sup>33</sup> It has proved much more difficult to replace other plans, outside of the education sector, particularly where services are required by law to draw up a specific plan.

incorporated into the IDP), Individual Behaviour Plans, Looked After Children's Personal Educational Plans, and in some cases, Team Around the Family plans. However, other services, and social services in particular, were reported to be both unable to change the reports they produced (given statutory requirements) and unwilling to combine planning meetings which could inform the production of more than one plan or report. For example, one professional reported that "social services still have their own plans and paper work... [sometimes there] might be two meetings a week [to discuss the same child]".

- 4.4. In one case, an Early Years' setting tried using PCP and the IDP for their service plan and, whilst valuing PCP, found that the IDP was less effective and more time consuming to produce than its existing family centred plan.

#### **A multi-agency early years service's experience with the IDP**

The service is an integrated service for children with additional needs. It includes members of the health, education, social and voluntary sector working together to improve partnership working for disabled children with emerging/identified additional needs/disabilities.

The service currently uses the Early Support Family Plan and piloted PCP and the IDP. The service found person centred training useful. However, they found that the IDP structure of important to and for the child or young person did not fit well with the whole family ethos (and consequent focus upon what was important to and for the family). In addition: some services found it difficult to fit into the IDP structure; some were reluctant to commit to actions in the IDP as they saw it as a more formal, "legal" process; and it was felt that the process took too long (roughly an hour and half) compared to their exiting meetings (which usually took about an hour).

## Integration across the different pilot elements

4.5. With the exception of PCP and the IDP, there has been relatively little integration of the different elements of the system in the settings visited. For example, as one stakeholder put it, “people [are] not seeing how it fits together”. This finding was broadly consistent with the pilot self evaluation reports, which highlight a mixed picture, with links made between the different elements by some settings, but not others.

### *Integration of the QAS and IDP*

4.6. A few learning settings visited had made the link between tracking progress (using the QAS) and the IDP (see boxed text).<sup>34</sup> Pilot self evaluation reports that indicate that:

- the majority of schools in Flintshire understood the link and were evaluating interventions in the IDP by using the QAS<sup>35</sup>;
- SENCOs in Torfaen understood the link and some were using the QAS to evaluate interventions in IDPs;
- schools in Caerphilly understood the link, but felt they needed more training;
- schools in Pembrokeshire understood the link, but were not fully utilising the system;
- delays introducing the IDP, meant that use of the QAS as a tool for monitoring its impact was limited in Bridgend
- only two schools in Carmarthenshire understood the link; and
- schools in Cardiff and Newport struggled to make the link and to use the QAS to evaluate interventions in the IDP.

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<sup>34</sup> Bridgend, which has perhaps made the most progress of the pilot areas in implementing the QAS and which was therefore best placed to make this link, had unfortunately made much less progress in implementing the IDP.

<sup>35</sup> It is probable that this reflects Flintshire’s leading role in developing the QAS.

### **Examples of how the IDP and QAS could be integrated**

- using the QAS to provide the relevant information in order to make decisions around whether to start the IDP process and to inform judgments about whether outcomes are met and progress made; and
- using the IDP to generate data about pupils needs, provision and outcomes, which can “populate” the QAS.

- 4.7. As a consequence of the failure to link the IDP and QAS processes there was often a separation between planning and review at the level of an individual, through an IDP, and at a group level, where, for example the progress of groups of pupils is evaluated. In addition, some schools are also reported to be reluctant to share information on the QAS with local authorities.
- 4.8. Use of the QAS by consortia education services remains uncertain. Consortia have been developing tracking tools which duplicate some, but not all the functions of the QAS and pilots have struggled to engage consortia. For example, Torfaen is working with local authorities across the SE Wales consortium to try to implement a Gwent wide approach to the collection and reporting of QA information. However, the outcome of this is uncertain and levels of awareness of the QAS amongst systems leaders is reported to be patchy at best.
- 4.9. More positively, in areas such as Torfaen, there are examples of other professionals, such as Looked After Children, Gypsy and Traveller, and English as an Additional Language coordinators seeing the potential of the QAS to provide information they need.

#### *Integration of Parent Partnership Support Services*

- 4.10. A few learning settings visited had integrated parent partnership support services into their work. Pilot area self evaluations paint a mixed picture:

- Cardiff and Newport reported effective links with SNAP in some settings, but not others;
- Caerphilly reported that a number of schools have engaged with parent partnership services, who have helped share information and were now seen as more independent;
- Carmarthenshire reported that their parent partnership service (SNAP Cymru), provided and shared information effectively, and attended some meetings, but were not always perceived as independent by schools;
- Torfaen reported that SNAP Cymru attended some reviews and were perceived to be independent;
- Bridgend reported that although no referrals were made to SNAP Cymru, they were involved in developing the work in Bridgend;
- Flintshire reported that no referrals were made to the local parent partnership service (operated by the Citizens' Advice Bureau); and
- Pembrokeshire reported that community information points were set up in schools, and that Snap Cymru worked with a couple of families.

### **Integration across settings: The extent of “whole systems” trialling**

4.11. There is relatively little evidence for a “whole systems” approach. Most trialling of the IDP and QAS has been within schools and even trialling within school clusters (in Torfaen, Carmarthenshire, Cardiff and Newport) has often been limited. This limits the conclusions that can be drawn about effectiveness and operation across a system.

4.12. The limited evidence that is available suggests that the impact and effectiveness of work has been lessened (but not eliminated) when learners move from learning settings that have used PCP and the IDP to those that have not. Outputs of PCP, such as the one page profile and the IDP, contain useful information that can support and aid transition from, for example, school to college. However, as outlined in section three, unless people at the

settings that learners move to have been trained and understand what an IDP is and how it can be used, its value is often limited.

#### *Trialling across school clusters*

4.13. Trialling within school clusters (in Torfaen, Carmarthenshire, Cardiff and Newport) has often been limited, with limited evidence of integration of primary and secondary school systems and processes within the pilots, beyond improved information sharing and transition planning. There are exceptions to this though, and, for example, the work of a cluster lead ALNCo in Carmarthenshire is notable. They have worked across the cluster as a champion, helping develop systems and approaches. This has focused in particular upon developing the QAS and provision mapping.

#### *Trialling in non-school settings*

4.14. The PCP and IDP processes have had only limited trialling in further education colleges. The relationship between the IDP and the Learning and Skills Plan is not clear and interviews and area self-evaluations indicate that, to date, the IDP has been most useful in relation to transition (ensuring that the college received information about the young person's needs, the provision previously made for them and services they were in contact with). The college reported that having information about students from schools was extremely useful, but that they frequently get little or no information. The college asks for copies of statements of SEN, where applicable<sup>36</sup>, but finds that these often contain historical information on needs when the student was very young that is of little use for understanding their current needs. In contrast, one page profiles and IDPs offer much more up to date information and a richer picture.

4.15. The college has worked with students to develop one page profiles for one student group, and had used the IDP format to record information from

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<sup>36</sup> Rates of statementing in this area are low.

reviews of two students. However, there is little evidence that PCP has been used or restarted in the college in order to plan or develop new provision. This reflects both the college's limited engagement in the pilot and their limited offer to young people with ALN/SEN<sup>37</sup>. Nevertheless, in talking it through for the evaluation, the potential for IDPs to inform provision for students attending mainstream college courses was seen as significant by one interviewee, along with the potential for IDPs to provide the college with a mechanism to inform higher education institutions about need as the student progressed.

- 4.16. There has been trialling of PCP in a Pupil Referral Unit in one local authority. All pupils have one page profiles and the PRU is very positive about both PCP and one page profiles. For example, as one of the staff explained, one page profiles provide a "profile of what's important for the pupil and how best to work with them". They have also found it a positive way to engage pupils and involve them in planning.
- 4.17. There has been limited trialling of PCP and the IDP in early years' settings in one local authority. As outlined above, whilst the PCP approach was welcomed and was seen as a natural development of existing practice, the IDP itself was felt to be a "backward step" by the early years' setting.
- 4.18. Despite approaches to Youth Offending Teams by a number of pilots, there has been no significant trialling with a Youth Offending Service in any area.

### **Inter-agency working**

- 4.19. As outlined in section three, the engagement of other services has not been consistent. For example, there were problems engaging social services in PCP and the IDP in Carmarthenshire and Caerphilly and in engaging health services in Pembrokeshire. Crucially, in most cases, the PCP and IDP processes have not changed or altered pre-existing patterns of participation by non-school services in the planning processes.

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<sup>37</sup> The college has 3 courses offered at 3 levels which take students with significant, but not severe or complex needs.

## 5. Findings: the wider implications of reform

5.1. As outlined in the introduction, the study was required to “Identify the wider implications of implementing the elements of reform (e.g. possible impact on SENTW and use of dispute resolution services)”. In section three we discuss the implications for professionals’ workloads and in this section we discuss:

- parents’ and carers’ confidence in the process;
- the implications for contesting appeals; and
- the implications for workforce development.

### Parents’ and carers’ confidence in the process

5.2. There remain substantial concerns amongst parents and carers about the legal status of IDPs, and whether they will lose the legal protection they feel a statement of SEN provides. This indicates a lack of confidence in the process, which we discuss further below. As a consequence, some parents have continued to ask for statements, or in a few cases either refused to take part in or withdrawn from the pilot in order to seek a statement of SEN (see boxed text). In some cases, they feared that their participation in the pilot might affect the statutory assessment process. Equally, there are also cases where parents or carers have chosen not to seek statutory assessment, because they are confident that their child’s needs are being met through the PCP and IDP processes.

#### **The relationship between IDPs and statutory assessment**

The IDP process runs alongside, but has not replaced the existing statutory assessment process. Pilot area self evaluations identify a number of cases where children with an IDP still underwent a statutory assessment. For example:

- in Caerphilly, Carmarthenshire and Flintshire, one family with an IDP,

applied for statutory assessment. In Caerphilly and Carmarthenshire, it was reported that this was due in part to the parent's desire for the legal protection statement offers<sup>38</sup>;

- similarly a number of parents in Torfaen requested statutory assessments as they wanted the legal protection it offered; and
- in Cardiff, Newport and Pembrokeshire, all the pupils in the pilot in special school had statements of SEN (and needed statements in order to attend the special school).

5.3. Given the small numbers of families involved in the pilot, it would not be safe to draw firm conclusions about trends in the number of families requesting statutory assessment or lodging appeals to the Special Educational Needs Tribunal for Wales (SENTW) in pilot areas compared to those in non pilot areas. Subject to this important caveat, it is worth noting that Caerphilly reported that they felt that the proposed reforms, have meant that more families are requesting statutory assessment in the hope of getting a statement before changes to the statutory assessment process are made. Although data for 2013 are not yet available, data for Wales for 2012 shows a small decrease of 0.2% in the total number of pupils with a statement of SEN and a similar decline in the number of statutory assessments carried across Wales (down 0.4%). This reflects the long term decline in the numbers of pupils newly assessed as needing a statement of SEN, which has fallen from 1,882 in 2003, to 1,286 in 2012. Amongst the pilot areas, the average number of assessments completed each week fell in Carmarthenshire, Caerphilly, Newport and Torfaen; was stable in Bridgend; and rose in Flintshire, Pembrokeshire, Newport over the period 2011-2012 (Welsh Government 2013).

5.4. Similar caveats apply to the data on the number of appeals to the SENTW. The number of appeals registered to the SENTW peaked at 112 in 2010/11

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<sup>38</sup> In Carmarthenshire this was linked to the family's imminent move to a different area.

and have continued to fall<sup>39</sup>, to 86 in 2011/12 and again to 73 in 2012/13 (the lowest numbers of appeals since the SENTW was established in 2003/4). Over the period 2011/12 to 2012/13, in four pilot areas the number of appeals fell: Caerphilly (down from two to one appeal); Cardiff (down from 12 to eight appeals); Carmarthenshire (down from seven to two appeals); Torfaen (down from two to zero appeals). In contrast, the number of appeals rose in the other four pilot areas: Bridgend (up from two to three appeals); Flintshire (up from zero to two appeals); Newport (up from eight to 20 appeals); and Pembrokeshire (up from zero to one appeal).

- 5.5. It was reported that parents' and carers' experiences are often influenced by their previous experiences, particularly of the old system, which as outlined in section one, often did not inspire confidence. For example, as one professional put it, it was "hardest when they're used to the old system, [and] have a statement" (which they want to keep).

### **The nature of disagreements and conflict**

- 5.6. Table 3 summarises examples of the range of reasons why some parents and carers appeal to the Special Educational Needs Tribunal for Wales (SENTW). These were identified by local authority staff involved in the children and young people's right of appeal pilot project, and through interviews with professionals and parents involved in the ALN pilot projects.<sup>40</sup>
- 5.7. Table 3 illustrates the diverse range of reasons why conflict between a family and the school and/or local authority can arise. The PCP and IDP processes can, if sensitively and skilfully managed, enable many of these issues to be addressed. However, there is nothing inherent in the process that guarantees this. Crucially, some of the potential sources of disagreement are more

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<sup>39</sup> The number of appeals registered to the SENTW peaked in 2010/11 at 112, compared to 106 during 2009/10 and 92 during 2008/09. It then fell in 2011/12, when 86 appeals were registered (SENTW, 2013, 2011)

<sup>40</sup> Whilst not all the reasons in the table were identified by participants in the ALN study, identifying these factors was not central to the study, and we have included them in order to illustrate the range of reasons why conflict between a family and the school and/or local authority can arise, and the way in which the IDP can help address them.

amenable to resolution through the type of collaborative discussions between families and professionals that the PCP and IDP processes can foster, than other problems. For example, misunderstandings about the process are likely to be easier to resolve through dialogue than a failure or break down of provision. Some professionals also stressed the importance of other people, most notably, the Family Support Worker in Carmarthenshire, as being crucial in helping prevent disputes and helping resolve them, before they escalated. This emphasises the importance of support services that can complement PCP and the IDP.

**Table 3. Causes or triggers for disagreement: Illustrations from a local authority, school and parents perspective**

Cause	Illustrations from a Local Authority or school perspective	Illustrations from a parents' perspective
Frustration and/or misunderstanding with the process	<p>Identification of needs can take a long time. There can be significant delays in diagnosing a child's problems and bringing in interventions to address them.</p> <p>Some conditions, like autism, can be very difficult to diagnose. Paediatricians can have long waiting lists, appointments can be missed.</p>	<p>Parents see their child struggling, missing milestones, perhaps unhappy and can feel there is no time to wait for 'due process' e.g. for a child to be diagnosed before action is taken.</p> <p>Parents can get exasperated by the time it takes to do a statutory assessment.</p> <p>There is not enough information about what's happening, how long it will take. Parents have to chase things up to make sure they happen.</p>
	<p>Parents don't understand the staged approach – parents want immediate action and progress.</p> <p>They also don't understand how needs can be met through mainstream provision.</p>	<p>It's not clear what help the child is getting and parents just see their child struggling and/or unhappy. Parents feel that they have to act to protect/support their child and statutory assessment is often seen as the only way they can act to help their child.</p>
	<p>Parents chase a diagnosis – pushing what their child cannot do. Perception that once there's a diagnosis, e.g. of ASD, they are entitled to a statement.</p>	<p>Experience is that services and support only kick-in once there is a diagnosis. As one parent put it "when we had the diagnosis suddenly all the doors opened".</p>
	<p>Some parents misunderstand what a statement will mean. For example, they assume that with a statement their child will be entitled to one to one support or to extra time for exams.</p>	<p>Without a statement there is no one to make sure the child will get support needed.</p>

Cause	Illustrations from a Local Authority or school perspective	Illustrations from a parents' perspective
Misunderstanding, or difference of opinion with the school/LA on their child's needs/ the most effective way of meeting their child needs	Some parents believe that their child will only make progress if they get one to one support; that their child needs the support of a specific person that they've heard of; or that their child needs one to one support.	Fear that their child will be overlooked or 'lost in the system'. Awareness that their child is just one of many the teacher is dealing with. Suspicion that some schools/authorities /other services are trying to save money by not providing what is needed.
	Some parents are not taking responsibility for their child's development or support needs.	Some services are not meeting their responsibility for the child's development and trying to blame the parents unfairly
Seeking an advantage for their child	In some cases, parents have unrealistic expectations. In some cases the family "know the system", or will go looking for signs and symptoms on the internet. Some parents are trying to give their child an unfair advantage – and an unfair proportion of resources. The children of "pushy" parents get too much compared to others whose parents do not fight, and get too little as a consequence.	Parents want the best for their child and if they see their child unhappy and or not making progress, they feel compelled to act. For example as one parent put it "They keep telling me that there are lots of kids with problems, I know that. But my job is to look after my child". Parents want their child's rights to effective support secured.
Seeking an advantage for themselves	Where the claim is linked to health related benefits.	
Lack of confidence, fear that a child's needs are will not be	There are often fears about the transition from primary to secondary school, and the transition from school to college. At transition meetings, parents often say they need increased	Parents have got to know and trust the support their child is getting. In primary school, they know the teachers etc. – secondary school is unknown.

Cause	Illustrations from a Local Authority or school perspective	Illustrations from a parents' perspective
met.	<p>protection – even though secondary schools often have more capacity to meet needs. As a consequence, requests often start coming in around year 6.</p> <p>In part the loss of confidence is a consequence of schools failing to do enough to reassure parents, missing Y5 review meetings etc.</p>	<p>A statement offers legal protection – a backup, which may not be needed, but which provides reassurance.</p>
	<p>In some cases there is a belief that schools are not meeting their child's needs and the only way to resolve it to get a statement.</p>	<p>Services may have resisted providing support for a long time before needs are recognised – so the trust that, for example, things will be done, has been lost</p>
	<p>In some cases, parents believe a statement is not being implemented</p>	<p>Statements and support plans are not always fully implemented</p>
	<p>In some cases, there may be a clash of personalities, and a breakdown of relationships.</p>	<p>Professionals can be rude, or dismissive; parents left feeling uncomfortable 'having' to become '<i>one of those parents</i>' who are seen as pushy</p>
Failures/ break down of provision	<p>There are problems, where the right provision is not being made. There are particular problems in relation to access to some specialist types of provision (e.g. SALT). The provision set out in a statement does not happen, or is withdrawn.</p>	<p>My child is not getting the support (s)he needs. Family life becoming dominated by chasing services.</p>
	<p>In some cases schools are not identifying problems early enough and not talking to the LA, so by the time of intervention, it's close to breakdown/crisis.</p>	<p>My child is not making the progress (s)he should be and nothing is being done.</p>

Source: interviews in 2013 with local authority staff involved in the children and young people's right of appeal pilot projects; families involved in the children and young people's right of appeal pilot projects; school staff involved in the ALN pilots and parents involved in the ALN pilots.

## **Contesting appeals to the SENTW**

5.8. In their self evaluation report, Flintshire questioned if they had sufficient detail within an IDP to defend their decisions if, for example, an appeal to the SENTW was made. As outlined in section three, one setting visited as part of this study also raised concerns about this.

## **Workforce development**

5.9. The approaches that have been piloted require:

- a knowledge and understanding of new processes, tools, etc. (e.g. using PCP techniques; how to complete an IDP);
- a knowledge and understanding of tools and techniques for managing and facilitating IDP review meetings (e.g. “parking” issues, encouraging the less confident and ensuring that certain individuals do not unduly dominate meetings);
- a cultural and attitudinal change, in some cases (e.g. reflecting the shift from a “service” to “person” centred approach); and
- a range of social and emotional skills, such as self-awareness, empathy and social skills, in order to build and manage relationships with children and young people, parents and carers and other professionals.

5.10. Whilst the current training in PCP and setting up IDPs, has focused upon the first and third of these, and to a lesser degree, the second, it has not focused upon the fourth. The evidence from the piloting indicates that not all professionals involved in the process have this knowledge and these skills.

5.11. It is important to bear in mind that under the existing system, there was an expectation that parents/carers and children and young people would be involved in the assessment, planning and review process. For example the SEN Code of Practice for Wales (WAG, 2004) includes chapters on “Working in partnership with parents” (chapter two) and Pupil participation” (chapter three). Nevertheless, the degree and nature of participation in the PCP and

IDP processes are qualitatively differently and places new demands upon those facilitating the processes.

## 6. Conclusions

### The experiences of different stakeholders

6.1. PCP has been positively welcomed by schools, most other professionals involved in the process (such as educational psychologists) and many, but not all, families. The impact upon parents' and carers' experiences is crucial, as a key perceived weakness of the existing system is that many have found it a difficult process and that it takes too long to get appropriate provision for their child agreed.

#### *Schools' experiences of the PCP approach*

6.2. The evidence about PCP is strongest and clearest for schools. Interviews conducted for this study and the pilot self evaluations, consistently indicate that school staff feel that compared to existing processes, such as statutory assessments and IEP reviews, PCP is more collaborative. This provides:

- richer information about the child or young person;
- a more holistic view of the child or young person and a much clearer sense of who the child is (e.g. what they are like as a person);
- a better understanding of the child or young person's needs; and
- more opportunities to understand, and to work with, parent or carers.

6.3. The PCP approach is also generally felt by professionals to build upon and extend pre-existing approaches to promote children's and young people's and parents' and carers' involvement and "voice" in planning processes.

6.4. However, interviews conducted for this study and the pilot self evaluations, also consistently indicate that a majority of professionals (who commented on this issue) feel that although it is valuable, PCP is more time consuming than existing arrangements. Given the already heavy demands upon their time, they are concerned that it will not be possible to scale up the process to larger

numbers of children and young people. Only a minority of professionals (who commented on this issue) feel the process does not take longer or can even be faster than existing arrangements.

### *Families' experiences of PCP*

6.5. The evidence about PCP from a family's perspective is weaker and more mixed. It is weaker because there is less direct evidence from families. It is more mixed, because although schools and pilot areas consistently identify that they have had positive feedback from parents and carers and children and young people, pilot areas also highlight negative experiences in their self evaluation reports. Examples of negative experiences were also reported by half the parents involved in this research.

6.6. Interviews conducted for this study and the pilot self evaluations, indicate that compared to existing processes, such as statutory assessments and IEP reviews, for the majority of parents PCP:

- is more inclusive, giving them a stronger voice in the process;
- is more informal, friendlier and more personable;
- generates richer information about their child;
- offers a better understanding of their child's needs;
- provides a much clearer sense of who the child is; and
- leads to a much clearer action plan.

6.7. Interviews conducted for this study and the pilot self evaluations, indicate that compared to existing processes, such as statutory assessments and IEP reviews, for the majority of children and young people, PCP:

- is more inclusive, giving them a stronger voice in the process; and
- is much more positive and more enjoyable.

6.8. However, interviews conducted for this study and the pilot self evaluations, indicate that:

- for a minority of parents or carers PCP is no better than the existing processes, and in some respects, is worse (e.g. by downplaying the place of diagnosis in the process); and
- for a minority of children and young people, the experience of taking part in review meetings has been negative and it may not have been appropriate to involve them in this way.

#### *Other professionals' experiences*

6.9. The participation of professionals who are not based in schools or part of the local authority education services is weaker than for education based staff (because there is less direct evidence) and has been mixed. Interviews and pilot self evaluations indicate that the experience has generally been positive for those who have attended. However, in some cases non-education professionals have found it difficult, or been unwilling, to integrate PCP with their own planning processes. This, in turn, has contributed to concerns about the implications of the new processes for professionals' workloads.

#### *Schools' experiences of other elements of the pilot*

6.10. Schools support the principles underpinning the QAS and online IDP. However, implementation of the web-based IDP and the QAS has been limited, constraining the conclusions that can be drawn about stakeholders' experiences of them.

#### **The influence of PCP, the IDP process and QAS upon the identification of need for children and young people with SEN**

6.11. As outlined above, PCP was felt by both schools and parents and carers to offer richer information about a child and a better understanding of their needs than existing processes. In some cases, this has led to the identification of needs that would otherwise have been missed or that were not fully understood.

- 6.12. The IDP was felt to be an effective way of recording the insights generated by PCP and the action plan is generally felt by parents, in particular, to offer much greater clarity than existing plans. Much of the impact of this has been changes in school practice that may be relatively modest in scale, but which are often very important for children and young people.
- 6.13. Parents and some professionals have some concerns that the insights that a diagnosis and in depth assessment of needs would offer have been sidelined by the shifts in emphasis. In particular some are concerned that the focus of the process has swung too far from a deficit to strengths based model, and from a child's special educational needs, to what is important to and for the child. However, these concerns are generally not because they feel their child's needs have not been identified. Instead, they reflect other concerns such as the perception (that is sometimes well-founded) that a diagnosis is needed to access services and benefits. Moreover, there is nothing inherent in a focus upon what is important to and for a child that excludes a diagnosis. Instead, it can make a diagnosis more useful by providing a richer understanding of the child and how best to support them.
- 6.14. A few professionals have concerns that the process is a little "fluffy" as one stakeholder put it. However, like the parents, these concerns are generally not because they feel their child's needs have not been identified. Instead, they generally reflect other concerns, such as the continuing need to provide more detailed information about a diagnosis and academic level in order to access additional resources and plan provision, and a concern that initially, some targets were too broad or subjective. More positively, over time, target setting has tended to improve.

### **Integration of the different elements such as PCP, the IDP, QAS and parent partnership support services**

- 6.15. With the exception of the integration of the PCP and IDP processes (including the role of support coordinator), which has worked well, integration of the IDP and PCP with other pilot elements such as the QAS has, to date, been weak.

6.16. Whilst professionals recognise the potential for a single, person-centred planning process to produce multiple plans, this vision has often been difficult to realise in practice. Moreover, even where there is significant multi-agency involvement in the IDP process, there remains extensive parallel and sequential planning and the participation of professionals who are not based in schools or local authority education services has been very mixed.

## **The wider implications of reform**

### *Professionals' time and workloads*

6.17. To date in most settings, the IDP has only been trialled with relatively small numbers of children and young people. Although a few professionals find the process has no impact on the time needed, or even saves time, many professionals find the process more time consuming than other existing processes, even if they feel it is worthwhile. Professionals are concerned about how they would manage the process with larger numbers of children and young people. This is particularly pronounced amongst SENCOs who have coordinated the process in nearly all mainstream settings. Many question how SENCOs with little or no non-teaching time could manage the process. If these concerns materialise, this would also have implications for SENCOs to take on a strategic role in relation to ALN/SEN provision in schools.

6.18. The time required for PCP and the IDP is important. PCP changes the emphasis (e.g. from a narrow focus upon educational progress to a more holistic view of the child or young person), and as outlined in the report, was felt to be a more inclusive process, that encourages greater dialogue and discussion. Nevertheless, the expectation under existing arrangements was that parents or carers and children or young people would be involved in the process. Moreover, in many ways PCP represents a change of emphasis, rather than fundamental change in the way in which needs should be

assessed or planned for. It is therefore possible that the additional time spent talking and crucially listening to parents and carers and children and young people, is as important as the person centred approach adopted. If so, this suggests that attempts to reduce the time required by the process further may have negative impacts upon its effectiveness and parents and carers satisfaction with the process.

- 6.19. The evidence of an impact upon the type of provision put in place for children and young people is much more limited. In general, provision has still been chosen from the pre-existing offer; the main change has been to the way it is delivered and the ways children and young people treated. This means that to date, the impact upon the costs of provision for children and young people with SEN has also been limited.

*The impact upon families' experiences and their trust and confidence in provision*

- 6.20. The biggest impact of PCP and the IDP has probably been upon stakeholders' experience of the process, which is generally, but not uniformly, more positive. This is crucial, because, as outlined in section one, the need to improve parents and carers experiences of the process was a key reason for seeking to change the statutory framework for special educational needs. Schools in particular, feel that the more collaborative and informal process, offers the potential to build parent and carer trust and confidence, reducing the level and frequency of disputes and disagreements. However, it is still too early to judge whether this will happen. There is also a widespread concern amongst parents and carers that the legal protection that is currently felt to be offered by a statement of SEN will be lost, because of the proposed reforms; and only limited evidence of the impact and effectiveness of parent partnership support services.

- 6.21. As a consequence of the limited trailing, the impact upon the number and type of appeals to the SENTW by parents and carers, and also potentially from children and young people (under the provisions of the Education (Wales) Measure 2009), is unclear. Increasing involvement, understanding, trust and

confidence should all reduce the level of conflict, and therefore the number of appeals. However, it is unlikely that all disagreements can be resolved through better dialogue between families and educational professionals. Where, for example, the root cause is a misunderstanding of the process, this should, in principle, be easier to resolve, than a case where the root cause is a failure or break down of provision. Parents' and carers' experiences of the old processes, which created what is sometimes described as a "fight culture", are also likely to cloud their perceptions and attitudes toward the new processes. The skills and attitudes of those facilitating the process and the effectiveness of support services for families are also likely to be very important factors which determine the type and intensity of disagreements and their ability to engage and win over parents who may have had negative experiences under the existing system

## **Observations**

- 6.22. With the exception of the time needed for PCP (discussed in section three) , none of the problems or challenges highlighted by the research are inherent to the approach or models. PCP and tools such as the IDP are flexible enough to be adapted and to accommodate differing demands. Training is likely to be important here in ensuring that people understand the approaches and tools. For example, there remains confusion and uncertainty about some elements of the pilot models (e.g. whether children and young people always need to be involved in meetings and whether a diagnosis or education levels can be included in an IDP or not).
- 6.23. Although none of the problems are inherent in the models, there is a tension at the heart of the proposed reforms. This is the tension between the desire to prescribe what should be done and how it should be done in order to ensure quality and increase consistency and the need to empower practitioners and give them the flexibility to respond to individual needs and interests. By definition, a person centred approach needs to be flexible. This flexibility enables practitioners to adapt the process and tools in order to respond to need, and demands that they be empowered to use their best judgment and

respond to people's needs and interests. However, flexibility and the exercise of judgment is likely to create inconsistency and can allow poor practice. This is a difficult tension to resolve: there are issues about quality and inconsistency that need to be addressed but in many ways inflexibility and rigid procedure is incompatible with a person centred approach. Much will therefore depend upon the skills, attitudes and commitment of the education workforce implementing the new processes.

- 6.24. The risks that implementation of processes will be poor emphasises the importance of robust accountability mechanisms. The quality assurance system, which should ensure that pupil outcomes and stakeholders satisfaction is monitored, and regular reviews of action plans, both have a part to play here.
- 6.25. The evidence from the ALN pilots indicates that the pilot models and approaches seek to address the key weaknesses of the existing system, but are not a "silver bullet". The evidence demonstrates that while these tools can be very effective, there is no guarantee that they will be. Much depends upon the skills, attitudes and commitment of those facilitating the process and the contexts in which they work. For example the context influenced (but did not determine):
- the ease with which new systems could be adopted;
  - the services available to meet needs identified through PCP;
  - the extent to which different stakeholders participated in the process; and
  - parents' expectations and fears. For example, if relationships have already broken down it could take a significant investment of time and energy to build confidence outside of a review meeting setting.

Parents and carers experiences of the existing system are an important part of the context. They are likely to colour their expectations of the new processes. For example, a few professionals and parents reported that parents or carers, who have been used to "fighting" to get the support they feel their child needs, have found the change to working collaboratively

difficult to accept. Nevertheless, it is important that parents and carers concerns are not simply dismissed as a “hangover” from the existing system: it is important that their concerns are understood and addressed.

- 6.26. Finally, it is important to bear in mind that much of the evidence is from learning settings who opted into a pilot project. They were sufficiently interested to opt in, generally worked with small numbers of children and young people (in the pilot) and benefitted from more support than is likely to be the case if, and when, the pilot models are rolled out to all settings and larger groups of learners. For example, it may become harder to retain the flexibility and devote the time settings are currently able to give to PCP reviews when there are larger numbers of reviews to hold. Findings on effectiveness and impact should be treated with some caution.



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## Summary of pilot self evaluations

### Summary of pilot feedback: PCP, pupils and parents

	Bridg.	Card. and New.	Caer.	Carm.	Flint.	Pem.	Torf.
Positive feedback from pupils	*	*	*	*	*	*	
Many pupils enjoyed the process		*	*		*	*	
Pupils (who take part) feel they can contribute		*	*	*		*	
Difficult to involve younger children in meetings, not always appropriate to do so		*	*			*	
Difficult to involve children or young people with severe/complex needs		*					
Positive feedback from parents	*	*	*	*	*	*	*
Parents prefer to existing system			*				*
Parents welcome focus upon the positive			*				
Parents welcomed the opportunity to contribute / considered inclusive	*	*	*		*	*	*
Process seen as holistic	*	*					
Process generates relevant information		*			*	*	
Some parents reluctant to contribute / fully engage in the process	*	*	*			*	
Some parents did not attend	*	*	*				
A small number of parents were dissatisfied /negative about the process	*			*	*		

Source: Pilot self-evaluations

## Summary of pilot feedback: PCP, schools

	Bridg.	Card. and New.	Caer.	Carm.	Flint.	Pem.	Torf.
Positive response overall	*	*	*			*	*
Mixed response				*			
1 page profile area a valuable resource	*	*	*	*	*		*
PCP is more positive (which is a strength)	*						
PCP is more holistic		*	*	*	*	*	*
PCP is more child centred						*	
PCP generated better/more information		*	*	*		*	*
Helped engage some “difficult to reach” families			*				
Informed transitions			*				
Improves partnership between school, pupil and parents	*			*	*	*	*
Improves communication with / understanding of other services		*		*	*		*
Improve accountability					*		
Parallel planning			*			*	*
Limited engagement by health and social care		*	*				
More time consuming	*		*		*	*	*
Concerns about the time implications /manageability	*	*			*		
Challenging process						*	
Problems related to target setting		*					*
Issue about information sharing		*					

Source: Pilot self-evaluations

### Summary of pilot feedback: other professionals

	Bridg.	Card. and New.	Caer.	Carm.	Flint.	Pem.	Torf.
Generally positive amongst those that participated	*		*	*	*	*	*
Valued the information generated	*			*		*	*
Parallel planning/concerns about duplication			*	*	*		
Information not of sufficient quality be used in other plans / processes					*		
Concerns about the time implications/manageability	*	*		*	*		

Source: Pilot self-evaluations

## Summary of pilot feedback: IDP Children and young people and parents/carers

	Bridg.	Card. and New.	Caer.	Carm.	Flint.	Pem.	Torf.
Children /young people are positive about the experience	*	*			*	*	
Parents are generally positive about the experience	*	*			*	*	
Some parents are uncomfortable/intimidated by the process for developing the plan (e.g. writing on sticky notes)					*		
Parents are positive about the actions/targets (e.g. give a clear picture)	*	*	*	*	*	*	*
IDP is a good record of PCP			*	*		*	*
Pupils are motivated (e.g. by hearing positive comments)	*						
Pupils like one page profiles / to see their plans	*		*		*		
Actions generally implemented				*			
Plan is seen as more user friendly (e.g. clear, less wordy)		*	*		*	*	*
Improved shared responsibility						*	
Some parents will not commit / do not always fulfil their targets/actions		*					
Parents like the fact that it's reviewed twice a year					*		
Increased parental confidence			*			*	
Some parents still want the legal certainty that a statement is felt to offer	*		*	*	*	*	*
Parental concerns/frustrations about the lack of an online tool	*					*	

Source: Pilot self-evaluations

## Summary of pilot feedback: IDP schools

	Bridg.	Card. and New.	Caer.	Carm.	Flint.	Pem.	Torf.
Child centred/focused		*				*	
Good overview of what the child needs , holistic					*	*	*
IDP is a good record of PCP		*	*	*		*	
Target setting is prioritised /effective		*		*		*	
Concerns that some targets are too broad /subjective	*	*		*	*		
Headings are clear and logical			*		*		
Might be useful to include a diagnosis		*	*	*		*	
Nowhere to record academic levels, ability (e.g. spelling), attendance etc					*		
One page profiles are valuable		*					
Actions put in place more quickly (than under the existing system)			*				
Concerns over adequacy of resources to meet identified needs		*					
May not include sufficient information for a request for additional resources or to defend an appeal to the SENTW		*				*	*
Not online, therefore not felt to have been fully tested	*					*	

Source: Pilot self-evaluations

## Summary of pilot feedback: IDP other professionals

Note much more limited feedback from non school based professionals

	Bridg.	Card. and New.	Caer.	Carm.	Flint.	Pem.	Torf.
Some professionals found the IDP useful (e.g. holistic view of the child)	*					*	*
Some professionals positive about the IDP	*		*	*	*		
Feeling that it's not broad enough (e.g. too education focused)							*
Useful to identify actions		*	*				
Some professionals/services unwilling/unable to commit to targets/actions		*			*		
Some professionals sceptical about the approach / plan					*	*	
Some professionals want a diagnosis box			*				*
Concerns whether the IDP carries the same weight legally as a statement				*			

Source: Pilot self-evaluations