



# Research on the new SEND policy and its implementation

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**The Leverhulme Trust**

# Studies 2015-2018

- Professional Survey on the new SEND policy (Palikara, Castro, Gaona & Eirinaki, submitted)
- Analysis of Section A in 184 EHC plans – the voice of the child with SEND (Palikara, Castro, Gaona & Eirinaki, submitted)
- Analysis of Section E in 229 plans – The quality of the outcomes written for children with SEND (Castro & Palikara, in prep.)

# Studies 2015-2018

- Analysis of Sections B, C and D in 226 EHC plans (ongoing data analysis) — identification of clusters of needs and whether they correlate with: quality of outcomes; Index of deprivation of geographical area.
- Outcomes of a training session on an alternative model to help developing EHC plans (Castro, Palikara, Gaona & Eirinaki, in prep.)

# Our results – the professional survey

- **Key result:** Based on a survey of 349 professionals, we were able to conclude that these professionals think there is a gap between ideology of SEND provision and implementation; they agree with most ideas introduced, but not with the way they were implemented.



Castro, S., & Palikara, O. (2016, November). Mind the Gap: The New Special Educational Needs and Disability Legislation in England. In *Frontiers in Education* (Vol. 1, p. 4). Frontiers.

# Our results – the professional survey

- **Other findings:**
- **Differences between professionals:** psychologists have to extend their target population to 25 years of age, without the necessary training to do so, so they believe their professional requirements changes, more than SENCOs.
- Professionals in general **agree with the idea** of having holistic EHC plans, with the extension of provision to 25 years of age, with multi-agency working and other changes introduced by the new SEND policy. However they **challenge the implementation** in their qualitative responses.

# Our results – the professional survey

- **Other findings:**
- **Challenges mentioned:** long delays with EHC plans, plans that are copies of statements or only include education, lack of training, lack of consistency between local authorities.

# Our results – analysis of section A

- The majority of the plans are using the first person to describe the child's perspective (63.6%), but the great majority **do not specify method of communicating with the child (83.2%)**
- 91.3% of the plans mention both abilities and functional issues that the children face, but when looking at the actual statements, **the great majority of statements analysed relate to functional problems** – focus on disability, rather than on participation (709 on abilities, 1010 on disabilities and 277 on environmental aspects)

# Our results – analysis of section A

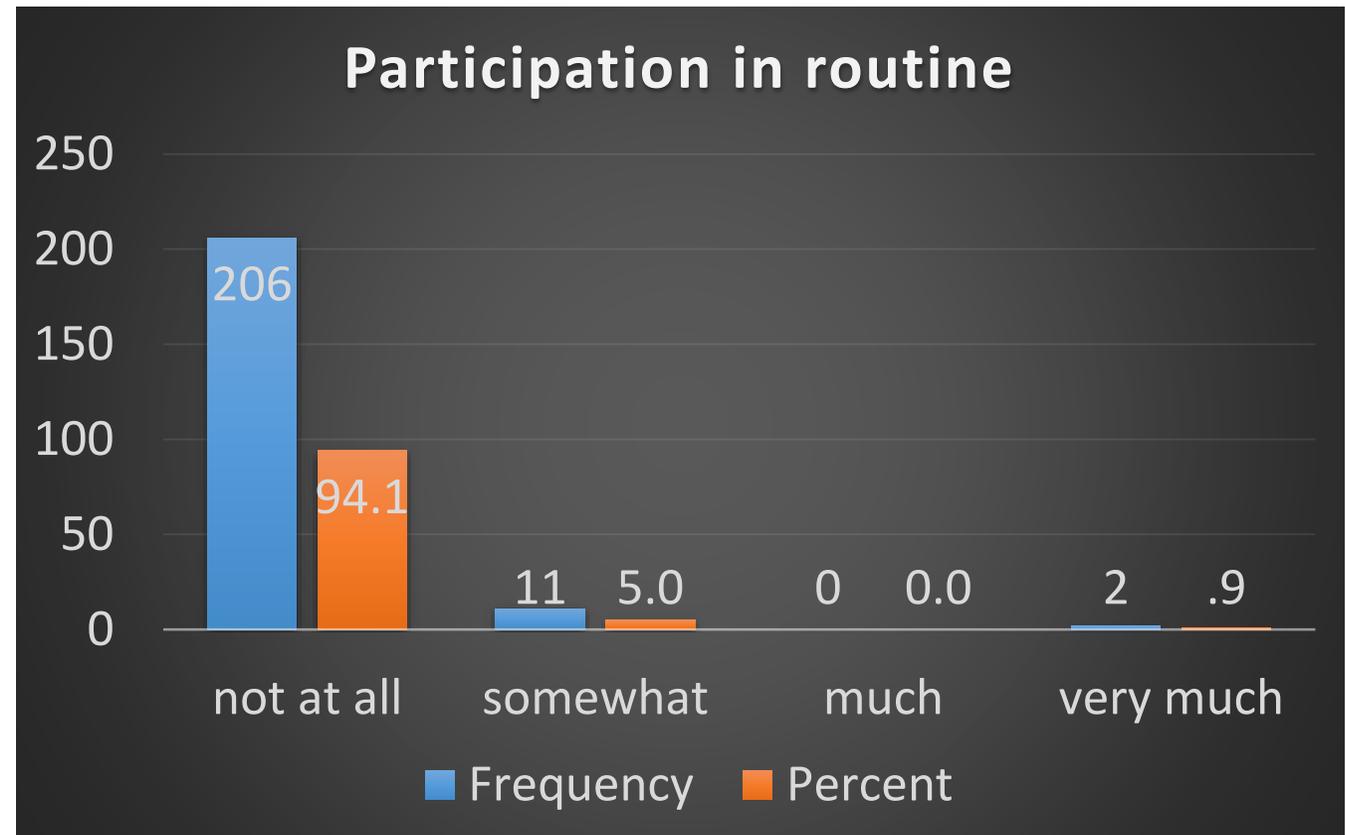
- Majority of abilities statements focus on things that children *enjoy* doing or *temperament* traits, rarely on things that children are good at – how is this info gathered from the child? **Are we asking the right questions?**
- There is no standard procedure between local authorities – we found statistically significant differences amongst them in that:
  - ✓ Some use the first person more often than others
  - ✓ Some describe the method for obtaining the child's voice in much more detail than others
  - ✓ Some local authorities seem to be adopting consistently better practices than others

# Our results – analysis of section E

- 219 outcomes were randomly selected from 219 plans (1 outcome randomly extracted per plan)
- Each outcome was rated according to the 5 criteria included in the **Goal Functionality Scale III** (McWilliam, 2009)
  - Developed based on SMART criteria and evidence-based interventions for children with special needs

# Our results – analysis of section E

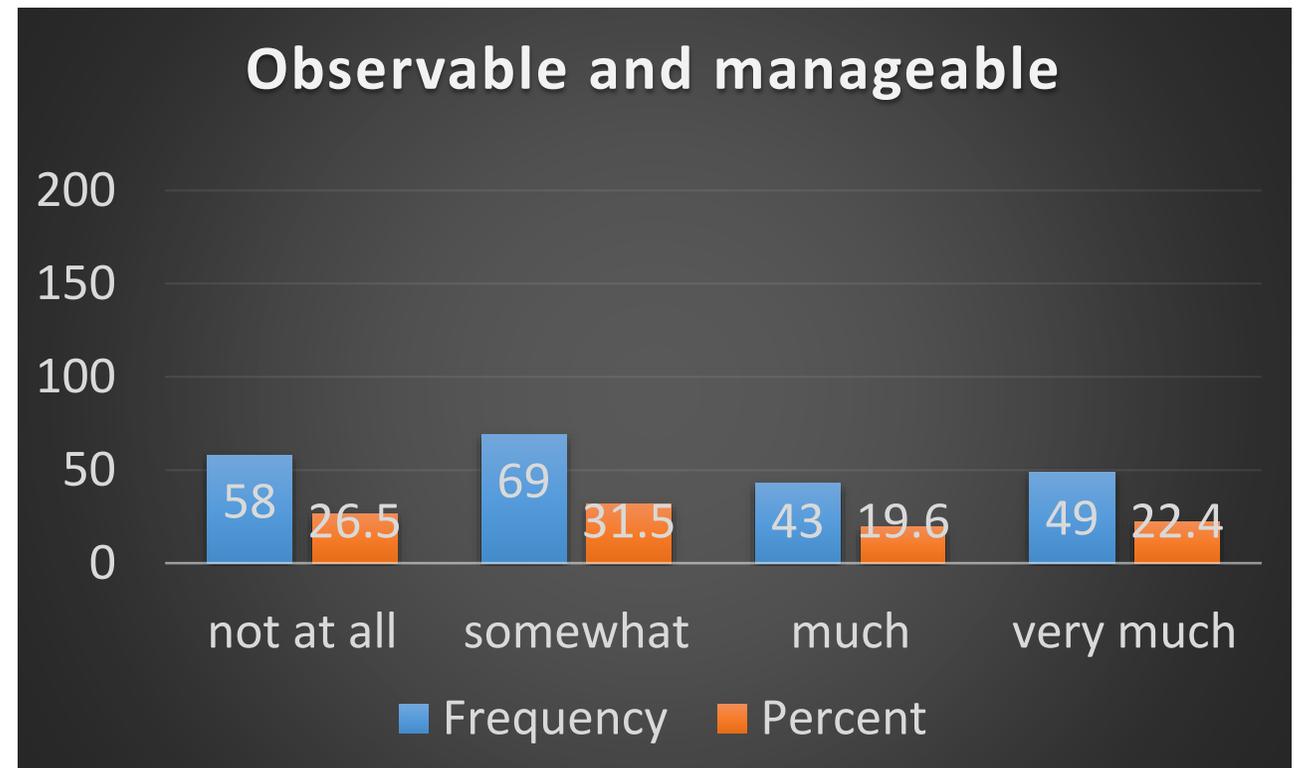
- The great majority of outcomes were consensually rated as **not focusing at all** on participation in a meaningful daily routine (94.1%)
- This is **across Local Authorities**



# Our results – analysis of section E

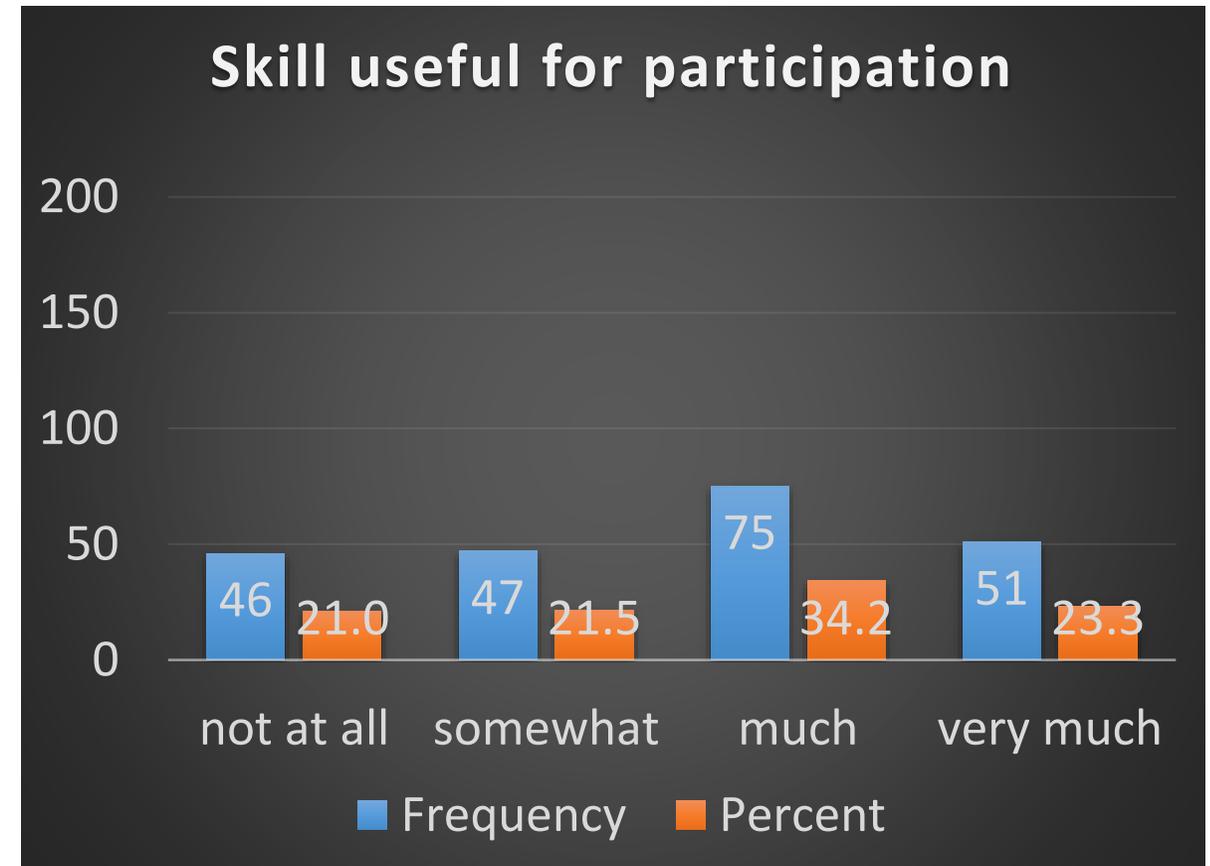
There is a wide distribution in relation to whether the outcomes are **observable and manageable (Attainable)**: 42% are either *very much* or *much*, but the **majority are *not observable and manageable at all* or only *somewhat***.

This is the same **across Local Authorities**



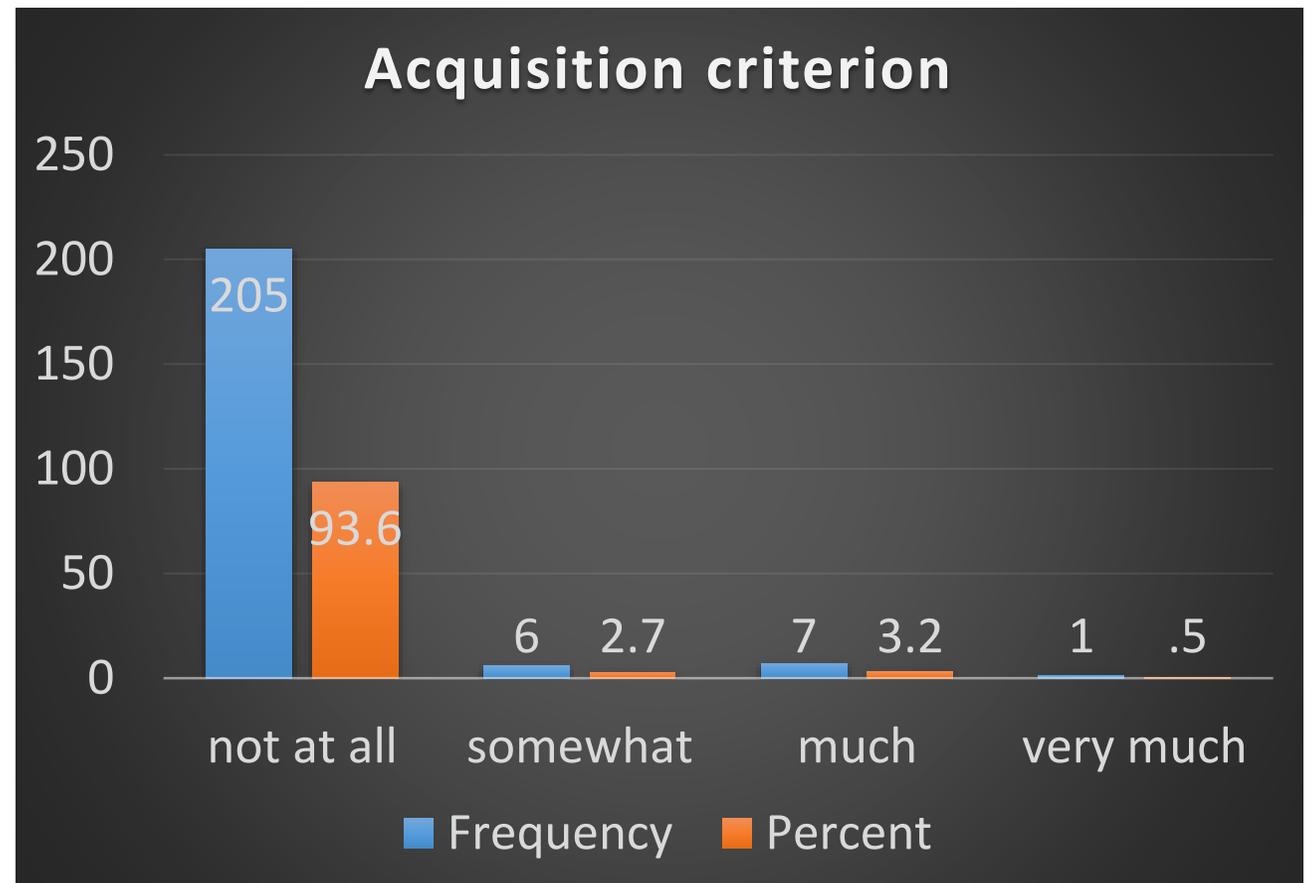
# Our results – analysis of section E

- The majority of outcomes focus on skills that are useful for participation, either much or very much.
- There are still a large number of plans that don't (42.5%). They mention general skills not linked to the child's routine.
- There are statistically significant differences between Local Authorities with some consistently rating higher than others on this



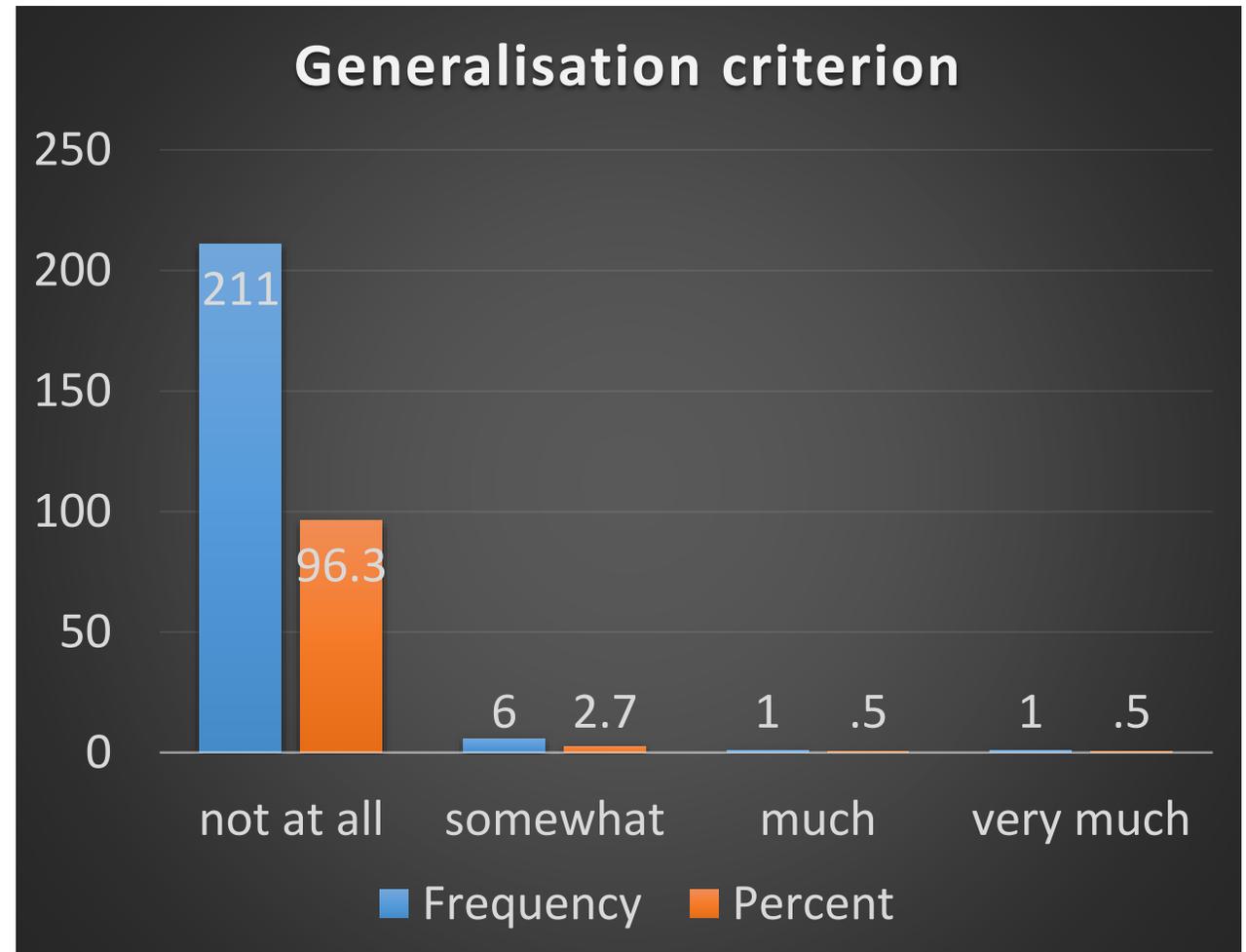
# Our results – analysis of section E

- **The great majority of the outcomes analysed do not include an acquisition criterion at all (93.6%).**
- **There are statistically significant differences between Local Authorities** with some consistently rating higher than others on this



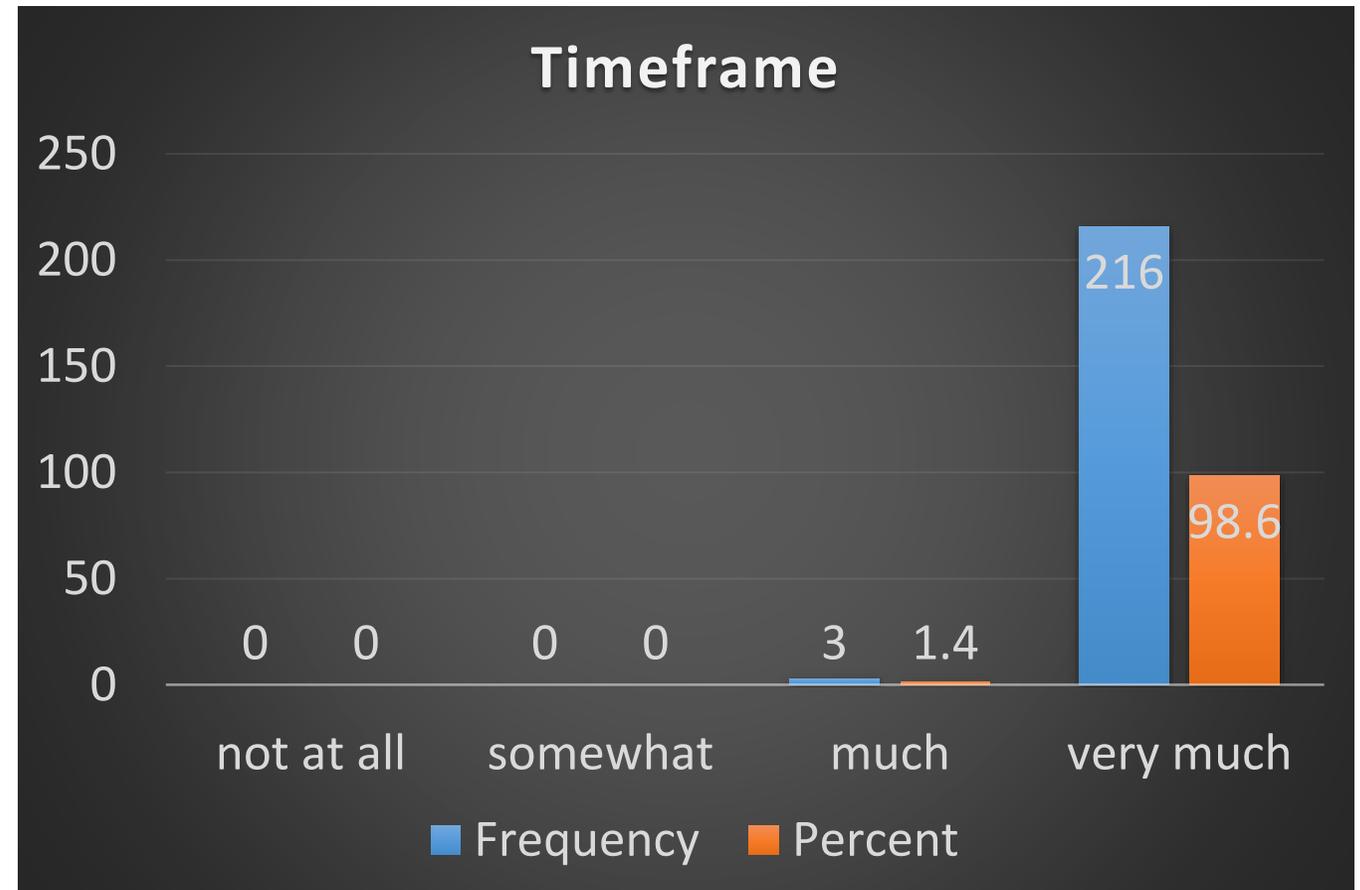
# Our results – analysis of section E

- **The great majority of the outcomes analysed do not include a generalisation criterion at all (96.3%).**
- **This is across all Local Authorities**



# Our results – analysis of section E

- **The great majority of the outcomes analysed specify a timeframe**, however this is usually the annual review.
- Few include short-term targets but are unclear as to when these should be achieved or they present statements such as by ‘mid-year’
- This is **across local authorities**



# Analysis of Sections B, C and D in 226 EHC plans (ongoing data analysis)

- Content Analysis of needs section
- Identification of clusters of needs and whether they correlate with:
  - quality of outcomes (under analysis);
  - Index of deprivation of geographical (Under analysis);
- **First insights:** Groups of needs based on functioning and participation rather than on diagnosis **are identifiable** and can constitute a **first point of identification of the necessary provision at a biopsychosocial level – the question of what is his/her primary need**

# Outcomes of a training session on an alternative model to help developing EHC plans

- One 6-hour long 'taster' session on the ICF-CY classification system with 25 professionals from 3 Greater London Local Authorities who have been involved in developing EHC plans and were SENCOs, EPs and therapists.
- The background of the ICF model, how it has been implemented, its structure and practical case studies were included in the training

# Why the ICF-CY?

- International Classification of Functioning, Disability and Health for Children and Youth (ICF-CY; WHO, 2009)
  - Exhaustive taxonomy for functioning which is holistic and biopsychosocial
  - Endorsed by the WHO as the gold standard for describing disability
  - Common language across disciplines – multi-agency working
  - Independent of diagnosis

# Outcomes of a training session on an alternative model to help developing EHC plans

- **Feedback from training session very positive:**

*'I wasn't aware of the ICF framework and I believe it will support me in my role',*

*'opportunity to use something that is possibly universal and clear in terms of language and accessible*

*'opportunity to use this [ICF] and rewrite descriptions of needs and outcomes',*

*'comprehensive identification guide to support description of needs',*

*'shared language available to all professionals'*

# Outcomes of a training session on an alternative model to help developing EHC plans

- Participants were asked to rewrite outcomes using the ICF-CY as a guide to improve the quality of the outcome.
- Rewritten outcomes were compared to outcomes that have been written before the session and were rated by experts in SEND according to the SMART criteria.
- **Key Finding:** the majority of outcomes saw statistically significant improvements following the training in terms of the extent to which they were rated as SMART by SEND experts.
- One single 'taster' session on the ICF can lead to substantially higher quality outcomes being developed.

# Conclusion

- Many studies and reports have been focusing on describing the views of stakeholders on the plans, the numbers of plans being issued, per region, per type of school, etc. To date no other studies have focused on the actual quality of the content of these plans.
- We highlighted **evidence** on the problems that currently exist in the content of the Education Health and Care plans across sections of the EHC plans.
- We proposed an **alternative model** (the ICF-CY) that has potential to improve the quality of these plans and **support a better implementation of the policy into practice**

# Impact

- We believe that a discussion **on alternative models and solutions** should accompany the discussion around the **challenges of the current SEND policy** and we believe, based on research evidence, that the **ICF model** should be a crucial item in this discussion.

THANK YOU

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# Useful links and readings

- Castro, S., & Palikara, O. (2016, November). Mind the Gap: The New Special Educational Needs and Disability Legislation in England. In *Frontiers in Education* (Vol. 1, p. 4). Frontiers. Available on: <https://www.frontiersin.org/articles/10.3389/feduc.2016.00004/full>
- World Health Organization. (2007). *International Classification of Functioning, Disability, and Health: Children & Youth Version: ICF-CY*. World Health Organization. Available on: [http://apps.who.int/iris/bitstream/10665/43737/1/9789241547321\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/43737/1/9789241547321_eng.pdf)