

**“Forget the ‘Health and Care’ and just call them Education Plans”: SENCOs’
perspectives on Education, Health and Care (EHC) plans.**

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Abstract

In England, Education, Health and Care (EHC) plans are used to identify children's educational, health and social needs, and describe the additional support required to meet those needs. Replacing Statements of Special Educational Needs (SEN), the intent was to improve the process of accessing SEN provision through the greater participation of families in decision-making processes, and the increased collaboration between education, health and care sectors. Special Educational Needs Coordinators (SENCOs) play a pivotal role in the implementation of education reforms, and are often responsible for the application of EHC plans. As such, gaining insight into their experiences of initiating applications and transferring Statements of SEN into EHC plans can help identify whether these documents are meeting their objectives as person-led, wraparound care plans. This qualitative study used semi-structured interviews to explore 16 SENCOs' perspectives on the effectiveness of the process of applying for and transferring EHC plans. Thematic analysis of responses elicited three key themes: the perceived role of the SENCO in the EHC plan process; procedural challenges and changes – an evolving process; and difficulties in accessing an EHC plan for children with social, emotional and mental health (SEMH) needs.

Keywords: special educational needs; SENCO; Education, Health and Care plan; person-centred planning; multi-agency working.

**“Forget the ‘Health and Care’ and just call them Education Plans”:
SENCOs’ perspectives on Education, Health and Care (EHC) plans.**

In September 2014, the Children and Families Act (CFA; 2014) introduced reforms regarding how children and young people in England with special educational needs (SEN) and disabilities (SEND) received support. This article focuses on the SEN aspects of the reforms, which represented a *‘radically different system’* (Department for Education [DfE], 2011, p.4) that included the greater participation of children and families in decision-making processes, supported by an increased collaboration between education, health and care services. Alongside these reforms, the SEND Code of Practice (henceforth the Code; DfE & Department of Health [DoH], 2015) was published to provide guidance on the identification, assessment and support for SEN, outlining the duties that schools, local authorities (LA¹), health bodies and partner organisations had for supporting children and families. These statutory SEN reforms apply only to services within England, and individual LAs, with separate funding, target and outcome requirements, are given *‘considerable freedom’* in how they establish and deliver support for SEN (DfE & DoH, 2015, p.44). Within the Code, the term SEN refers to children with significantly greater difficulties in learning than the majority of their peers, or a disability that prevents them from accessing school facilities. In January 2017, approximately 1,244,255 pupils (14.4%) were recorded as having SEN (DfE, 2017a), with needs falling into four categories: communication and interaction; cognition and learning; social, emotional and mental health (SEMH); and sensory and/or physical needs (DfE & DoH, 2015). The Code stipulates that most children with SEN will have their needs met within school through SEN support and effective teaching. However, for children with

¹ The governing body of a county or region in England, responsible for providing services to the public (including education, social services and health).

complex needs, a formal assessment can be made through an Education, Health and Care (EHC) plan – a statutory document that replaced Statements of SEN and that outlines the additional support required to meet children’s needs (CFA, 2014).

SEN Reforms: Key Principles

Under SEN reforms, person-centred planning (PCP) and multi-agency working (between education, health and care sectors) are key principles for supporting SEN (DfE & DoH, 2015). A person-centred approach recognises the expertise of young people and their families in understanding their needs, and aims to empower these individuals to take the lead in decision-making (Sanderson, Thompson & Kilbane, 2006). The benefits of PCP within a SEN context are promising, with increased engagement from pupils during review meetings (Hayes, 2004; Taylor-Brown, 2012), tailored outcomes from individual education plans (Corrigan, 2014; Keyes & Owens-Johnson, 2003), and increased parental collaboration in general (White & Rae, 2015). Despite theoretical value, effective PCP frameworks can be challenging to implement (Corrigan, 2014), and exacerbated by a lack of explicit guidance within SEN reforms (Norwich & Eaton, 2015). Establishing infrastructures and integrating PCP into the organisational culture of stakeholders have been identified as steps towards meeting person-centred outcomes (Holburn, 2002). The efficacy of this approach can also be impacted by ongoing commitment from stakeholders, clearly defined roles, and appropriate training, supervision, time and resources (Robertson et al., 2006, 2007; Sanderson et al., 2006).

The other key aspect of SEN reforms, multi-agency working, involves collaboration between services to support individuals with needs across separate sectors. The Code describes multi-agency working as collaborative, joined-up working between education, health and care services to ensure that children with SEN receive support that promotes

wellbeing and provision. While LAs have a duty to ensure collaboration between services, schools, health and care services have a duty to cooperate during the process (DfE & DoH, 2015). Successful multi-agency working requires active involvement from stakeholders, frameworks of support, adequate funding and resources, role and responsibility clarity, training, supervision, and authentic family engagement (Townesley Abbot & Watson, 2004). Despite practical challenges around its implementation, successful collaboration has been associated with improved outcomes for supporting SEN (Townesley et al., 2004), particularly for children with social, emotional and behavioural difficulties (Roaf, 2002). Parental and SENCOs' perspectives on the benefits of co-production have shown '*overwhelming support*' for a holistic, multi-agency approach that can allow children to meet their full potential (Barnes, 2008, p.230).

Education, Health and Care Plans

The replacement of Statements of SEN with integrated EHC plans were central to the SEN reforms and a key consideration within the SEND Code of Practice. Prior to the introduction of EHC plans, children with SEN were provided with a Statement that described their additional needs and potential provision. EHC plans were introduced in an attempt to rectify some of the criticisms and challenges associated with accessing provision through the SEN Statement process (Audit Commission, 2002); statements did not consider the additional health or care needs that may affect learning, describing only the educational provision without outlining intended outcomes for learning (Spivack, Craston, Thom & Carr, 2014). EHC plans endeavoured to integrate the key SEN principles by using a person-centred approach to meet children's needs through joint education, health and care support (DfE & DoH, 2015). Preliminary research on implementing PCP and multi-agency working through EHC plans has yielded positive findings. The government-initiated Pathfinder Programme (Mott MacDonald, 2013) was used to trial the EHC process across 31 LAs; promisingly, the

majority of Pathfinder families felt that their views had been included in their EHC plan and they found it easy to be involved in the decision-making process (Craston, Thom & Spivack, 2015). Pathfinder parents also reported a greater level of joined-up support across agencies. A recent survey on families' experiences through the process of applying for an EHC plan yielded similar findings, with two-thirds of parents reporting satisfaction with the process, and almost three-quarters expressing that their EHC plan had led to their child accessing the necessary support (DfE, 2017b). Additionally, most parents felt included in decision-making, reporting a more family-centred approach.

However, less positive experiences were also reported. Regarding multi-agency working, Pathfinder families noted that the attendance of health professionals, particularly during review meetings, was uncommon. Additionally, while information sharing had improved, communication between agencies was still lacking (Craston et al., 2015). The limitations of the national survey must also be acknowledged. First, participation was limited to families whose children had *secured* an EHC plan (in 2015), and did not include families who were still going through the process, or those who had EHC plans refused altogether – cases that may reflect more negative experiences.

Studies investigating the effectiveness of EHC plans have focussed predominantly on parental views; while important, there is limited research on the perspectives of educators, such as SENCOs, who play an increasingly pivotal role in the implementation of SEN reforms and EHC plans (Curran, Mortimore & Riddell, 2017; Robertson, 2012). SENCOs are broadly responsible for the provision of SEN within schools, but frequent changes in education policy have resulted in ongoing adjustments to the SENCO role and variation within their responsibilities (Szwed, 2007a; 2007b). As a result, many SENCOs have reported feeling overwhelmed by their expanding role, amplified by a lack of support, time

and funding (Cole, 2005; Crowne, 2005). In light of the SEN reforms, SENCOs predicted that the coordinating EHC plans would provide a challenge, requiring knowledge and skills outside of their current remit (Pearson, Mitchell & Rapti, 2015). Whether these predictions hold true is yet to be explored.

Rationale

To date, much research on educational provision has focussed on parental perspectives (DfE, 2017b; Parsons, Lewis & Ellins, 2009; Tissot, 2011), yet surprisingly little attention has been given to SENCOs' perspectives, despite their critical involvement in the process. SENCO research has predominantly focussed on experiences with accessing support (Lewis & Ogilvie, 2003; Evans, 2013), their changing role (Crowne, 2005; Mackenzie, 2007; Szwed, 2007b; Tissot, 2013), working with parents (Gore, 2016) and their views on SEN reforms (Curran et al., 2017; Pearson et al., 2015). To date, no research has explored SENCOs' experiences of the EHC system specifically.

The current project had two broad aims. First, to understand SENCOs' perspectives on the EHC process by identifying areas of strength, current challenges, future outlook and potential improvements. Second, to investigate SENCOs' views on working with parents and other professionals, including their success with multi-agency working and family-led planning.

Method

Design

Using semi-structured telephone interviews, this study employed a qualitative design to investigate primary and secondary school SENCOs' perspectives on the implementation of

EHC plans in England. Results were analysed using data-driven thematic analysis (Braun & Clarke, 2006).

Participants

The study was advertised by contacting primary and secondary schools across England, and via online channels and forums aimed at SENCOs. Participants were eligible to partake if they were a SENCO based in England and had undertaken an application for an EHC plan, or transferred a Statement of SEN into an EHC plan. Sixteen SENCOs (15 female, 1 male) participated in the study: 12 worked within a mainstream primary setting (children of 5-11 years of age) and four within a mainstream secondary setting (children of 11-16 years of age). Teaching experience ranged from 4 to 25 years ($M = 15.0$ years, $SD = 7.55$) and SENCO experience ranged from 2 to 12 years ($M = 6.5$ years, $SD = 3.04$). Thirteen participants had more than 4 years' experience and, therefore, could draw on comparisons to the previous statutory guidance. Geographically, participants were dispersed across ten different counties within England: East (n=9; 56%); South East (n=3; 19%); London (n=2; 13%); South West (n=2; 13%)².

Materials

An interview schedule was developed through a review of the existing literature on SENCOs and EHC plans (e.g. Parsons et al., 2009; Pearson et al., 2015; Tissot, 2013). Questions were open-ended to encourage meaningful answers and the schedule was a flexible tool to guide discussion, with follow-up prompts used if further information was required. The range, wording and sequence of questions were considered thoroughly to include topics pertinent to the experiences of applying or transferring an EHC plan. The schedule was

² Percentages add up to 101% due to rounding.

piloted to ensure validity and clarity, however no significant changes to the schedule were required. Interviews began by building rapport, outlining the purpose of the study and associated ethical information, and obtaining consent for the interview to proceed. SENCOs were questioned about: (a) the process of accessing an EHC plan in their region (application success rate; positive and negative experiences; comparisons to the Statementing process; future outlook or improvements); (b) their experiences of working with parents and other professionals through the process (ease and difficulty); and (c) any training they had attended on EHC plans (positive and negative experiences; potential improvements).

Procedure

Ethical approval was obtained via the UCL Institute of Education. Semi-structured interviews were conducted at a time/date convenient for participants. Telephone interviews were employed (due to participants' regional variation) and all interviews were audio recorded and transcribed verbatim. Interviews varied in length, from 25 to 47 minutes ($M = 37.44$, $SD = 6.24$) due to participants' experiences (e.g. the number or complexity of applications), their willingness to contribute additional information, and time constraints. Data were analysed using thematic analysis (Braun & Clarke, 2006). An essentialist framework was used to report the experiences, meaning and reality of participants utilising a data-driven, inductive approach (i.e. without attempting to fit the data to pre-existing coding schemes or analytic assumptions of the researchers). The analysis involved both authors familiarising themselves with the data by reviewing transcripts and establishing a preliminary set of codes, themes and sub-themes, which were discussed and agreed upon. Definitions were established once themes were reviewed at a surface level, using a semantic approach (i.e. without theorising beyond what participants had said).

Results

Thematic analysis of interviews yielded three key themes: (1) the perceived role of the SENCO; (2) challenges and changes: an evolving process; and (3) difficulties in accessing an EHC plan (see Figure 1). Quotes from SENCOs are all numbered. Numbers preceded by a 'P' indicate that the SENCO is from a primary (5-11 years) setting, and numbers preceded by an 'S' indicate that the SENCO is from a secondary (11-16 years) setting.

[insert Figure 1 about here]

The Perceived Role of the SENCO in the EHC Plan Process

Managing misconceptions and disengagement from Health and Care. Despite EHC plans being regarded as “wraparound care documents”, many SENCOs felt there was a lack of involvement from Health and Care services: “the only mandatory part of [the EHC plan] is the ‘E’ ... the ‘H’ and ‘C’ part of it haven’t risen to prominence in the way people hoped” (S-3). SENCOs explained how some professionals did not appear to completely understand their responsibilities in the process: “they submit the report and then don’t turn up to any of the round-table discussions” (P-1). This left SENCOs feeling that the “onus” for EHC plans fell completely onto them: “it’s me that writes them, it’s me that reviews them, it’s me that calls the meetings and we don’t get much involvement from the ‘Health’ side of things” (P-6).

Some SENCOs suggested that “not enough knowledge” amongst professionals was contributing to disengagement during the process: “people are still reverting to type and are just going through the motions of what they used to do with Statementing” (P-1). For others, misconceptions from medical professionals could trigger incorrect referrals: “too many

doctors tell parents they need an EHC plan without knowing what the hell they're talking about" (P-15); which could have a negative impact on parental expectations: "[health professionals] are always saying the school should apply for an EHC plan and actually, that's just frankly wrong, misleading, and leads to parents feeling like they're not being treated properly, when actually they're given the wrong advice" (P-15).

Finally, SENCOs felt that "working together" was essential for a successful process: "it would be better if the process involved more individuals [from Health and Care services] sat around the table ... having the conversation together is really, really important" (P-6). Despite difficulties managing misconceptions and disengagement, examples of good practice were noted: "I think it was a good team effort between parents, locality, specialist teaching team, educational psychologist ... we were all there together, singing from the same sheet and giving evidence that supported each other and supported the child" (P-10). Ultimately, involvement from professionals varied: "lots of professionals are really supportive, really on board – it isn't even specifically professional service to professional service; it comes down to individuals really" (P-9).

Managing parental expectations. SENCOs felt that parents often lacked knowledge about the process of applying for an EHC plan: "I haven't had any [parents] come to me knowing how it works ... people are coming as a blank page" (P-1). As a result, many SENCOs reported feeling responsible for managing parental expectations: "I don't think the parents understand the process very well so that's my job ... I try and guide them through it" (P-2); and a lack of understanding was seen as contributing to parental anxiety: "some [parents] worry that it's labelling or it's an irreversible process – but it isn't" (P-2). Although SENCOs felt that parents lacked knowledge about EHC plans, parental involvement was

consistently cited as a strength: “they’re very keen, they’re very supportive, they come in and they make meetings” (P-2).

SENCOs highlighted several parental misconceptions around EHC plans: “parents may think that they need [an EHC plan] because that was the usual thing to think of years ago ... but if the child is making educational progress and the child is fine, the child doesn’t need an EHC plan, whatever the diagnosis” (S-8). Others felt that parents did not understand the complexities of the application process: “I think there’s an expectation from parents that we just apply for it, then we get it, then they get a full-time Teaching Assistant, and that’s it” (P-14). Misunderstandings about referrals for EHC plans could also cause frustration: “for parents, they read [a referral for an EHC plan] on their doctor’s report and they think, ‘Well that’s going to happen isn’t it, because the doctor has written that?’ – and that’s not the case” (P-1).

Even once an EHC plan was granted, many SENCOs felt that managing parental expectations was a continual challenge: “you have to quite often explain to parents that it’s not a magic wand – it’s just an increased level of support, but it’s not going to be an immediate solution ... I think there’s frustration afterwards that it hasn’t solved everything” (S-3). Others felt that improving awareness around EHC plans could help manage unrealistic ideals: “if there was more knowledge for parents I don’t think they would so readily request EHC plans. I think they think it’s a magic fix for their child and actually, it’s not at all” (P-15).

Procedural Challenges and Changes: An Evolving Process

SENCOs noted several challenges to the EHC plan process. First, **regional disparity** around paperwork and practice was particularly problematic for SENCOs who bordered more than one county: “because the parent lived in [County A] I had to apply through [County A] –

they had different paperwork [from County B, where the school is based] so I had to completely start again; they required different pieces of evidence” (P-15). This led to issues around accountability: “we span three counties, so it’s incredibly difficult to apply for an EHC plan because we get passed around the counties. No one really wants to take responsibility for it” (P-14). Different procedures could impact the ease of applications and SENCOs felt that “some counties are better than others ... it’s a real mixed-bag”. This was seen to impact families as well as SENCOs: “I think the parents find it very unfair – like a postcode lottery thing” (P-14).

A lack of transparency in the process was felt to be particularly obstructive. Unclear feedback around refusals for EHC plans left many feeling disregarded or ignored: “they sent it right back the next day ... an immediate no with not much explanation [and] poor reasons given that actually didn’t make any sense” (P-15). Some SENCOs felt that refusals seemed unwarranted: “even a layperson reading it can see that [the child has] got severe needs, and they’ve come back with ‘Insufficient Funding’ and we’ve had to put appeals in” (P-4). Others felt that refusals resulted from a lack of transparency about the criteria used to judge applications: “I contacted them and said, ‘What is it exactly that you want? Because, I’m not doing all this work and just keep it getting rejected, rejected, rejected...’” (P-11). Yet SENCOs also acknowledged that the “very individual” needs of children made thresholds challenging to define: “children’s needs are so different – it’s very difficult for them to be transparent about how it works” (P-12).

Concerns were raised about **decreased funding for SEN**. SENCOs were uneasy about a visible withdrawal of services and felt this may increase pressure on schools: “to see the county support system diminishing and diminishing in front of our eyes is quite a worrying situation because the onus is still to deliver the results for these children but with

less possible support from outside services” (P-2). Others felt that funding margins led to pressure from LAs to reduce the number of applications for EHC plans: “what was more emphasised was how *not* to apply for EHC plans because the funding isn’t there – that was emphasised greatly – and that doesn’t help SENCOs when you’re faced with a child who’s got significant needs” (P-4). Another explained how diminishing resources were leading to an *increase* in applications: “if there was proper provision from the LA then you wouldn’t necessarily need too many children with EHC plans ... because we haven’t got that provision, the LA are inundated, literally, with new applications” (S-7).

Some SENCOs felt that EHC plans were introduced before they were fully defined, resulting in a **continually evolving process for implementing EHC plans**: “when it was being rolled out they hadn’t quite got their heads around exactly what it was going to be – hence the fact there was a bit of tweaking afterwards” (P-6). While SENCOs acknowledged that revisions were important, too many updates could make it difficult to keep track of changes: “once you’ve done [the EHC plan] you are sometimes told that actually, that paperwork’s out of date – you’ve got to transfer it onto the new [form]” (P-15). Others felt there was not enough collaboration with revisions: “you get used to working with a particular format and then, all of a sudden, it gets changed, and to my knowledge there is no consultation ... it just happens” (S-7). This varied between counties and good practice was noted: “[LAs] have been good at listening to our views and then adapting and amending, so each year the paperwork has got a little bit clearer, a little bit more streamlined” (S-5). Ultimately, SENCOs expressed that the timing EHC plans were introduced had resulted in complications around their reception and development: “I think it’s unfortunate that [EHC plans] have occurred in a landscape in education of things just generally being shook up a lot ... it was like somebody just threw everything up into the air and was just waiting to see where it would fall down” (P-1).

Despite procedural challenges and changes with the process, SENCOs felt that **the system for EHC plans had potential**, and expressed a “willingness” for it work: “the principles lying behind it and the idea of wraparound care is something I’m all in favour of, so I’m quite happy to put up with the irritations” (S-3). Some felt that the ethos behind legislation had led to progressive changes in the system: “I think it’s a much more child centred process now, rather than just a paperwork centred thing ... I think the new Code of Practice has made a big difference as far as that’s concerned” (P-10). Others noted that clearer targets had helped distribute responsibilities between education, health and care professionals: “there’s greater accountability to stakeholders who are involved with the child; that’s been an improvement” (S-3).

Difficulties in Accessing an EHC Plan for Children with SEMH Needs

An (over) emphasis on academic progress. Many SENCOs felt that it was “extremely hard” or even “impossible” to secure an EHC plan for a child who was meeting age-related expectation at school: “[if] that child is making progress you are unlikely to get an EHC plan ... a child would need to be functioning two or three years below, so there would have to be particularly complex needs around their autism” (P-13). SENCOs reported that many children on the autism spectrum within mainstream schools fell into this category, but similar experiences were reported for children with other SEN: “his statutory assessment was declined because he’d made a slight amount of progress ... it was so insignificant; it was long-term – he needed an EHC plan” (P-4).

Many SENCOs felt that an (over) emphasis on academic progress could overshadow other areas of need: “this is a child who’s got autism, he’s probably got PDA [Pathological Demand Avoidance], he’s certainly got ADHD [Attention Deficit Hyperactivity Disorder] and ODD [Oppositional Defiant Disorder]; he’s having serious mental health difficulties and

yet they won't give him one ... he hasn't made the cut because he's not behind enough in his levels" (P-1). This was particularly true of SEMH needs: "a lot of [children on the autism spectrum] are self-harming, have problems with soiling and really high anxiety causing them to have a really stressful time ... yet none of that is ever considered, and trying to get them any mental health services is really difficult" (P-14). Concerns were raised that children had to fail before their needs were taken seriously: "I knew there was a need, it's just that the gap between him and his peers wasn't big enough to meet guidance for an EHC plan so I more or less watched him sink" (P-6).

Difficulties validating social, emotional and mental health (SEMH) needs. For children making academic progress, "proving" SEMH needs could be challenging for practical or logistical reasons: "the criteria you have to meet and evidence in the form is much more externally based and longwinded ... the most straightforward ones are cognition and learning because the tools for making assessments are in schools already" (S-3). Others felt that SEMH needs were more difficult to quantify than academic progress: "saying this child has gone from soiling herself and smearing every single day because she's stressed, to two times a day or once a week – I think for [the panel], it's difficult for them to get their heads around" (P-14). This reinforced SENCOs' feelings that EHC plans were still being judged primarily as "education documents": "they *still* go on about academic levels, and they *still* just focus on the education bit; they don't consider in practice the mental health, social side of it" (P-14).

SENCOs were concerned that children were needing to reach a "crisis point" in behaviour before their needs were taken seriously: "it was only when we were talking about exclusion that people were *able* to come in" (P-10). One SENCO highlighted how this could impact children who "struggle quieter": "on the surface they seem to be ticking along *just* ok:

they're not showing any challenging behaviour, they're not causing any difficulty to anyone else but actually, inside they are suffering" (P-14). Ultimately, SENCOs felt that acknowledging – and addressing – the impact of SEMH needs should allow children to meet their full developmental potential: "because a lot of my children with autism are managing fairly well in their academic status, they're able to reach expected level, when they could actually achieve a lot more – not just, 'just below expected' or 'just making expected' but actually, they could be '*exceeding* expected' – that's not really ever considered" (P-14).

Discussion

Interviewing SENCOs provided insight into their experiences of applying for educational provision using EHC plans, and highlighted several challenges to the process. Three key themes (the perceived role of the SENCO in the EHC plan process; procedural challenges and changes: an evolving process; and difficulties in accessing an EHC plan for children with SEMH needs) influenced SENCOs' perceptions of the EHC plan process.

While participants acknowledged that coordinating EHC plans was very much part of *The Perceived Role of the SENCO in the EHC Plan Process*, managing misconceptions and disengagement from health and care professionals made the process more challenging. Although children and adult health services have a legal duty to engage with the process (Norwich & Eaton, 2015), SENCOs reported a lack of involvement from professionals and desired further collaboration. These concerns echoed the Pathfinder Programme evaluation (Mott MacDonald, 2013), where involvement from health professionals, particularly during review meetings, was uncommon (Craston et al., 2015). A desire for greater multi-agency working was consistent with core principles within the SEN reforms (CFA, 2014) and in line with previous SENCOs' perspectives, in which multi-agency working was viewed as the best way forward for supporting SEN (Barnes, 2008). Within the Code (DfE & DoH, 2015),

multi-agency working refers to the collaborative partnership between community organisations such as schools, LAs and health bodies to support children with SEN. While LAs have the responsibility to ensure integrated collaboration, partner services must cooperate together and engage in the process. Indeed, SENCOs within this study reported that the EHC plan process was significantly more positive when agencies practically joined together to support a child by actively gathering evidence for plans, being physically present during meetings, and vocally contributing their professional opinions and guidance during the planning stages for EHC plans. Yet, examples of effective multi-agency working varied between regions, reflecting a lack of clarity within SEN reforms about multi-agency working in practice (Craston et al., 2015; Redwood, 2015). Indeed, Norwich and Eaton (2015) argued that there may be an assumption from LAs that collaboration should simply fall into place because reforms have been established; however, multi-agency working is not simply about agencies co-operating – the true benefit lies in sectors *co-ordinating* their services (Roaf, 2002).

Maintaining a family-led approach and managing parental expectations during the process were regarded as integral aspects of SENCOs' roles. These findings have validated previous SENCOs' predictions around an anticipated increase in partnership between schools and parents (Pearson et al., 2015). Challenges also mirrored prior SENCOs' experiences; although families felt more engaged in the process, some SENCOs were concerned about unrealistic parental expectations and a lack of knowledge around SEN support (Curran et al., 2017). Although EHC plans were considered more user-friendly than Statements, SENCOs felt that these lengthy documents still lacked clarity. Indeed, the Code itself has been described as complex, technical, and may prove challenging for parents using it to gain information (Lehane, 2016). Despite difficulties around managing expectations, SENCOs

within this study reflected positively on their experiences of working with families; this was consistent with parental reports of feeling included during the process (DfE, 2017b).

The second key theme that emerged from these data, *Procedural Challenges and Changes: An Evolving Process*, explored procedural barriers to the EHC plan process. Regional disparities, including variations in paperwork and procedure, were particularly challenging for SENCOs who bordered more than one county. These findings echoed previous SENCOs' sentiments, where inconsistent practice led to uncertainty about whether policy was being delivered as it was intended (Pearson et al., 2015). This was a particular issues as 'SENCOs across the country all need to do the same thing' (Curran et al., 2017, p. 54). Norwich's (2014) review of SEN reforms reflected on the government's unwillingness to regulate practice, arguing that overly general guidance on the assessment of SEN meant that LAs were left to interpret and devise individual – and often non-transferable – frameworks, definitions and procedures.

SENCOs felt that a lack of transparency in the process had led to an increase in refusals for EHC plans. Perceptions that EHC plans were becoming increasingly difficult to secure were valid; during 2016, approximately 14,795 initial requests were refused – an increase of more than 35% from the previous year (DfE, 2017c). Norwich (2014) argued that a reduction in EHC plans may reflect a tightening up of the system, influenced by concerns about an over-identification of SEN during the 2000s (Ofsted, 2010). While reductions were intended to prevent discrimination against misidentified individuals (Mackenzie, Watts & Howe, 2012), SENCOs within the current study feared that unjustified EHC plan refusals could disadvantage children in need. Reflecting on the SEN reforms, Norwich (2014) argued that the distinction between children who needed an EHC plan and children who could be

supported without one, did not appear to be based on clear or established SEN models, but on regional interpretations and definitions of what were deemed 'significant' needs.

Consistent with previous SENCOs' reports (Pearson et al., 2015), funding concerns, combined with fears around how financial cuts would affect staffing and provision, were regularly cited by participants. These experiences echoed Gray and Norwich (2014), who felt that SEN remained entangled in wider political and economic forces, with funding constraints driving the assessment and identification of SEN. Despite a governmental push for integrated support, budget cuts to many external services have had a significant impact on the provision available for children, resulting in pressure on schools to make difficult judgements on where to prioritise spending to best support SEN (Gross, 2011).

SENCOs felt that EHC plans were introduced before they were fully defined and during a period of widespread reform; this had resulted in a continually evolving process for implementing EHC plans. Previous SENCOs also felt that aspects of the SEN reforms felt rushed, lacked clarity, or were not prioritised due to the concurrent release of other educational reforms (Curran et al., 2017). LA perspectives corroborated these concerns; the Driver Youth Trust reported that, while some LAs felt theoretically ready for the changes, the practical impact of reforms was not anticipated until the system was already implemented, leading to a breakdown in communication (LKMco, 2015). Similarly, Norwich (2014) raised concerns that the Code, and subsequent EHC plan process, were not adequately evidence-based and introduced before suitable testing was completed. Indeed, despite intentions to use the Pathfinder Programme to inform policy, the SEND Code of Practice was initially published *before* the Pathfinder trial had ended (Norwich, 2014). Although Pathfinder results were encouraging, the need for robust frameworks to improve collaboration between sectors

was highlighted (Craston et al., 2015). Had these issues been addressed before the implementation of EHC plans, greater consistency and outcomes may have been realised.

In the face of a continually evolving process, SENCOs remained cautiously optimistic about the potential for EHC plans to support children's needs through effective PCP and multi-agency working. SENCOs felt that the child-centred aspect of EHC plans were a key improvement from the SEN reforms, enabling tailored outcomes and inclusion by listening to the hopes, dreams and aspirations of children and their families (DfE & DoH, 2015). PCP research in education has highlighted the approach as collaborative and empowering for children and families, with children reporting positively on having their voice heard (White & Rae, 2015) and feeling aware and able to express themselves (Hagner et al., 2012). Children's participation can help improve their feeling of choice and control over learning (Emilson & Folkesson, 2006), contributing to parental reassurance through open communication and accessible plans (Childre & Chambers, 2005; Kaehne & Beyer, 2014). While the benefits of authentic PCP are evident, Devecchi, Rose and Shevlin (2015) highlighted the importance of balancing agency: including the child's voice alongside adults' duty of care, and acknowledging the difference between child-centred and child-led practice. The benefits of PCP can be realised through effective multi-agency working; when education, health and care service work together, 'wraparound' support for children's holistic needs can be met (Barnes, 2008; DfE & DoH, 2015; Townsley et al., 2004). This was the intention for EHC plans, and while acknowledging challenges to the process, SENCOs regularly cited examples where PCP and multi-agency working came together to support children with SEN.

Under the final theme, *Difficulties in Accessing an EHC Plan for Children with SEMH Needs*, applications where students were progressing academically were felt to be particularly challenging to secure. SENCOs feared that an over-emphasis on attainment could

overshadow other areas of need that may affect children's learning. Indeed, psychological functioning has been shown to predict academic achievement, with more severe SEMH symptoms associated with poorer attainment over time (Riglin, Frederickson, Shelton & Rice, 2013; Woodward & Fergusson, 2001). SENCOs' reflections on EHC plans as '*education documents*' echoed Norwich's (2014) SEN reform review, who argued that EHC plans did not represent a '*radically different system*' (DfE, 2011, p. 4) but simply an extension of the Statement system. Norwich (2014) argued that calling EHC plans wraparound care documents was misleading, as only health and care needs relating to education were included. Indeed, a shift in governmental focus towards attainment and literacy development has been argued as a move away from inclusive practice that has minimised the importance of children's holistic development (Moorwood, 2012).

SENCOs felt that SEMH needs were particularly challenging to validate. Mental health conditions among young people are common (Polanczyk, Salum, Sugaya, Caye & Rohde, 2015), with many symptoms emerging in childhood continuing, often more severely, into adulthood (Jones, 2013). SENCOs raised concerns that children were having to reach a crisis point in behaviour before their SEMH needs were taken seriously, and those who – in the words of one SENCO – '*struggle quieter*' were at a greater risk of being overlooked. Consistent with these views, Allen (2011) argued that UK policy for child mental health appeared to be '*based on the principle of waiting until matters go seriously wrong, and then intervening too little, too late*' (p. 25). Despite high rates of childhood SEMH, an estimated three-quarters of young people were reportedly not receiving treatment (LSE, 2012; Public Health England, 2015); particularly students with internalising problems (Green, McGinnity, Meltzer, Ford & Goodman, 2005). Despite shortages in early intervention, the benefits of preventative measures are evident (Das et al., 2016); longitudinally, young people with SEMH needs who had contact with mental health services showed a decrease in symptoms,

and a reduced risk of developing full conditions in adulthood (Neufeld, Dunn, Jones, Croudace & Goodyer, 2017).

Although responses from SENCOs were not autism specific, many children on the autism spectrum have been reported to show particularly high rates of mental health problems that can severely impact children's wellbeing and development and attainment (Lever & Geurts, 2016; Riglin, et al., 2013; Simonoff et al., 2008; Tsai, 2014; Woodward & Fergusson, 2001) Academic difficulties are not specified within the diagnostic criteria autism, yet discrepancies between actual and expected academic achievement for children on the autism spectrum have been reported, impacted by social, emotional and communicative needs (Estes, Rivera, Bryan, Cali & Dawson, 2011). Although these children may be showing degrees of academic progression, these findings suggest that an overreliance of academic achievement, at the expense of emotional needs, may be preventing those with SEMH needs (including those with autism) from receiving appropriate provision or meeting their true potential.

To the authors' knowledge, this study was the first to examine the perspectives of a broad sample of SENCOs on the process of applying for or transferring an EHC plan. This study has added to the relatively limited body of literature on SENCOs' perspectives on SEN reforms (Curran et al., 2017; Pearson et al., 2015; Robertson, 2012) and has provided important insight into the EHC plan process. However, several limitations should be acknowledged. First, the sample of 16 SENCOs may not be representative of the wider population. Nevertheless, despite variation in region, school setting, and years' experience, responses were largely consistent – both within the sample and in relation to previous SENCOs' perspectives (Curran et al., 2017; Pearson et al., 2015), which gives confidence to the findings. Second, findings were based on SENCOs' perceptions and only reflect experiences of the process for these participants. Future research could consider investigating

the experiences of other stakeholders (e.g. health and care professionals, LAs, parents) to gain a more holistic view of the process. Third, the voluntary nature of the project may have influenced the sample. SENCOs' motivations for participating are unknown, and participants may have been influenced by particularly negative experiences with EHC plans, or wanting to express grievances about the system. These factors may impact the transferability of findings. However, as responses aligned so closely with previous research, this, again, lends confidence to the results.

Implications for Research and Practice

The CFA (2014) and SEND Code of Practice (DfE & DoH, 2015) emphasised the importance of family involvement and collaboration between services. To improve the EHC plan process, robust, evidence-based frameworks for PCP and multi-agency working need to be established and integrated into the organisational culture of stakeholders. This may include greater training, support and supervision (particularly for health and care services); appropriate funding and resources; and increased clarity around role responsibilities (Corrigan, 2014; Holburn, 2002). Additionally, although the Code was intended to provide clarity for the implementation of SEN reforms, regional interpretation has led to disparate practice and a lack of transparency around procedure; increased partnership between LAs and SENCOs may help reduce these procedural challenges.

SENCOs raised concerns that children with SEMH needs were at a greater risk of being overlooked during the EHC plan process. Increasing awareness about prevalence, symptoms and the impact of mental health issues, particularly amongst teachers, parents and LAs, may raise the profile for these needs (Reardon et al., 2017). While much SEMH research has focussed on understanding the causes and treatment of mental health, research on effective, evidence-based prevention needs to be prioritised (Mental Health Foundation,

2016). Early preventative measures and interventions can mitigate symptoms from developing into adulthood, however mental health services must receive the appropriate funding and resources to meet these needs (LSE, 2012).

Conclusion

This study aimed to explore SENCOs' perceptions of EHC plans and their experiences of working collaboratively with families and other professionals. While SENCOs expressed strong support for increased family involvement and greater collaboration between education, health and care services, participants reported several barriers that were preventing EHC plans from meeting their potential for supporting children's education, health and care needs. First, SENCOs felt that their role in the process was made more challenging by a lack of involvement from health and care professionals, misconceptions about EHC plans, and unrealistic parental expectations. Second, regional disparity, a lack of transparency, decreased funding and the timing that EHC plans were introduced had contributed to a continually evolving process for implementing EHC plans. Finally, SENCOs felt that EHC plans for children with SEMH needs, particularly those making academic progress, were more challenging to secure due to an apparent over-emphasis on educational outcomes. Combined, these experiences left SENCOs feeling that EHC plans were still being perceived as *'education documents'* and were not yet the wraparound care documents envisioned within the SEN reforms. Despite challenges, SENCOs remained optimistic that EHC plans had the potential to be powerful tools. Regular examples of good-practice highlighted that, not only is person-centred and joint working possible, but it can lead to an effective process with greater outcomes for families and children with a range of SEN.

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Figure captions

Figure 1. SENCOs' experiences of EHC plans: Themes and subthemes.

Figure 1.

