

Support and aspiration: A new approach to special educational needs

Pathfinder Application Form

*This completed application form must be sent to
SEND.contracts@education.gsi.gov.uk by 10am, 15 August 2011*

I – Applicant details

Name(s) of local authority/ authorities Hartlepool Borough Council Darlington Borough Council	[REDACTED] [REDACTED] (
Hartlepool Borough Council Darlington Borough Council	[REDACTED] [REDACTED]
Name(s) of PCT(s) NHS Hartlepool NHS County Durham & Darlington	[REDACTED] [REDACTED]

II – Background information

Please provide figures below for each LA area in the pathfinder

Number of children and young people Hartlepool 22,900 (0-19 population) Darlington 24,254 (0-19 population)	% and number of children and young people with Statements of SEN Hartlepool 338 1.5% Darlington 397 1.6%
% and number of Looked After Children Hartlepool 167 (SSDA903) 0.73% Darlington 202 0.8%	% and number of Looked After Children placed out of area Hartlepool 54 (SSDA903) 0.24% Darlington 81 0.3%
% and number of Looked After Children placed in your area Hartlepool 113 (SSDA903) 0.49% Darlington 121 0.5%	% and number of Children in Need Hartlepool 777 3.4% Darlington 1473 6.1%
Number of Tribunal cases and % successful Hartlepool None Darlington None	% SEN statements completed in 26 weeks Hartlepool 100% with exceptions Darlington 90%
Please state whether this pathfinder is an NHS early implementer Hartlepool Yes Darlington Yes	Please state whether any partner in this pathfinder is already engaged in: a) piloting personal health budgets Hartlepool Yes Darlington No b) Piloting DfE Individual Budgets

	Hartlepool No	Darlington No

Please describe the socio-economic make-up of your area (max 100 words)

Hartlepool is a north east coastal town with a population of 90,000. 1.2% of the population are from black & minority ethnic backgrounds. The town combines dense urban areas, an established marina, expanding suburbs and a number of small rural villages. Seven out of seventeen wards are among the top 10% most deprived in England with five of these being in the top 3%.

Darlington is a compact area with a population of 100,800, approximately 86,300 people live in the town of Darlington. People from Black and Minority Ethnic (BME) backgrounds make up 2.1% of the population, although this figure does not include the majority of Gypsies and Travellers who constitute the largest BME group. The concentration of disadvantage and deprivation in Darlington is highlighted in the ward level child poverty statistics, with 38.7% of children residing in the Northgate ward living in poverty, compared to only 1.7% of children living in the Hummersknott ward.

III- Basic Information

Describe how this pathfinder demonstrates the basics. Text must include all the headings listed:

Partnership arrangements:

This bid has the full commitment from leaders of Hartlepool and Darlington Local Authorities along with NHS Hartlepool and NHS County Durham & Darlington which are separate Primary Care Trusts. It has councillor commitment through the Portfolio Holder for Children in each LA. It also has the full support of Head Teachers, voluntary sector partners and parent support groups all of whom contributed to our response to the green paper consultation. There is a history of strong partnership working across the region and both LA's are currently investigating stronger arrangements and have commissioned DeLoittes to support this process.

The JAR Inspection in 2006 and the Safeguarding & Looked After Children Inspection in 2010 made specific reference to effective partnership working at all levels. The Inspection Report 2010 states; "The quality of the partnership provides outstanding challenge and support and strong teamwork is bringing about improving outcomes for looked after children and young people in most outcome areas."

A recent Peer Challenge of Safeguarding Services in Darlington identified excellent strengths in effective partnership working across the range of partners and highlighted the work undertaken both regionally and sub-regionally with Tees Valley authorities to transform services and improve efficiency and effectiveness of services in improving outcomes.

Work with a range of front line services:

Each Local Authority has an established Child & Adult Services Department with one Director. There are 57 primary schools, 12 secondary, 3 special and 2 PRU's including 9 academies with a further 4 schools to move to academy status during the school year 2011-12 and an education village. The schools have an excellent history of partnership working through schools@onedarlington and Hartlepool Education Improvement Partnership. Higher Education opportunities are also varied including 3 colleges, Teesside University (new campus in Darlington) and numerous private and voluntary Alternative Education providers. Darlington has re-configured services and established integrated teams, the most recent example being the Life Stage Model which is an all age Disability Service. Hartlepool has established multi-agency teams based around schools. The Team around the Secondary School (TASS) brings together representatives from education, health, social care, police and VCS organisations to identify and plan early support and intervention for young people 'at risk'.

Role of VCS sector:

Each area has well established working links with a variety of voluntary and community sector organisations including specialist disability groups eg. Hartlepool Families First, Darlington Association on Disability, Clervaux Trust, Groundwork North East, Barnardos, Oscars, DCATCH, Hartlepool Special Needs Support Group, Funky World CIC, Young Carers, Child Deaf Youth Project (sub regional), The Main Project (Autism). The groups provide a range of support from short breaks to advice, guidance and information sharing.

Parent Support groups are particularly strong and representatives participate fully in multi-agency planning and decision-making groups; Hartlepool 1 Heart, 1 Mind, 1 Future is an excellent example of this.

This is an area we would like to develop further through:

- Advocacy for parents with the aim of identifying their child's needs sooner
- Improved local area co-ordination and commissioning
- Increased specialist support for children with autism

Engagement of parents:

This is a strength in both areas as a result of the successful Aiming High project and improved transitions at age 16 plus.

Hartlepool 1 Heart, 1 Mind, 1 Future have run 5 parent led conferences over the last 3 years where they have identified priorities which they worked with LA officers and VCO resulting in a Toy Library Service, School Play Schemes, Parents in the Pool sessions, new accessible changing places, Communication Passports and independent travel training to name but a few.

Parent groups made a significant contribution to the response to the consultation on the green paper and are committed to the pathfinder proposals.

In Darlington families have already been involved in developing individual plans and there some early examples of the use personal budgets for young people in both LA's. We would use the pathfinder to extend this to more families and in particular those who are harder to reach.

Engagement of children and young people:

Young People are at the forefront of all developments and are routinely involved in decision making at all levels:

- Individually through Person Centred Reviews, Personal Education Plans etc.
- Service and policy development through Young Inspectors Programme, School Councils, Children's Services Scrutiny, Corporate Parent Forum, Grant Giver Group.

The Participation Strategy was written by young people and endorsed by councillors; resulting in a group of young people being accredited in recruitment and interview skills so that they participate fully in the selection of all grades of staff.

The Safeguarding & Inspection report 2010 states: "engagement is good with some examples of outstanding practice in all settings they feel listened to and their views influence outcomes in a meaningful way."

Plans for further development in this area are focused on staff professional development in: child focused structured conversations and the role of the key worker.

A recent Peer Challenge Review of safeguarding services has identified excellent practice in engaging young people and their families. Particular reference was made to the use of 'What's Changed Logs' to inform service developments and improvements which are reflected clearly in the Children and Young People's Plan 2011-2014.

Capacity to test and innovate:

Both LA's have a very good track record of leading change and the current work to increase collaboration across all sections of the two local authorities is the most recent example of this. Darlington has applied to be part of the trials for payment by results for Children's Centres. Other recent successful change management projects include: Person Centred Review Pilot, B&A Partnerships, Targeted Mental Health Project, Development of Communication Passports and the holiday child care pilots.

The Hartlepool 2010 Inspection reports states: "The partnership has good capacity for improvement..... The commitment of managers and staff is high and morale amongst the workforce is good. A stable, committed and well motivated workforce shows determination to achieve good outcomes."

Involvement in the pathfinder would enable us to increase capacity further by recruiting a co-ordinator across the 2 Local Authorities and 2 Primary Care Trusts as well as improving access to legal and specialist SEN advice.

Project plans:

Although it is no longer a statutory requirement The Children & Young People's Plan established a clear vision and key priorities for improvement. There are a plethora of plans which underpin this, the most relevant to the pathfinder being: Action Plan for Children and Young People with Learning Difficulties and/or disabilities (LDD), PCT Annual Operating Plan, Participation Strategy, Transitions Plan, LD Commissioning Strategy, The Child & Adolescent Mental Health Strategy and the Vision for Adult Social Care.

Current priorities are:

- The establishment of a Health & Wellbeing Board which will be a key driver in ensuring the success of the pathfinder project
- Enhancing the involvement of and support for parents/families
- Transitions at all stages – currently focused on post 16
- Communication – to link to the national Year of Communication
- Improved Services for families of children with Learning Difficulties and/or Disabilities.

Evidence base:

An audit of action plans and current outcome measures would form the basis of the evidence base and include the following:

- CAMHS effectiveness
- Parents experience of services for disabled children
- Emotional & behavioural health of LAC
- Stability & length of placements for LAC
- The SEN/non SEN educational achievement gap
- The LAC/non LAC educational achievement gap
- Statements issued within 26 weeks
- Number of permanent and fixed exclusions
- Attendance of pupils with SEN
- Number of 16-18 yr olds not in education, employment or training
- Use of personal social care and health budgets

These need to be developed to identify clearly understood and measureable targets for all aspects of the programme including individual outcomes for children and a method of collating parent's views of the assessment process. In Darlington the Hear by Rights Standards use 'what's changed' logs to evidence individual outcomes and we have experience of developing evidence based programmes.

IV – Core testing areas

Describe how this pathfinder will test key areas of reform. Text must include reference to all the headings listed:

Impact on children and young people of all ages (0-25):

We will develop and trial a single co-ordinated assessment and planning process for the following groups:

- All Looked After Children with a statement of special educational needs who are placed in or out of authority.
This group of children and young people cover all ages and the full range of special educational needs. Many have challenging behaviour and social difficulties and are placed out of the authority. For all looked after children ensuring that relevant agencies, including those in different localities, planning effective support is complex and provision is often costly and does not secure positive outcomes. We would like to improve access to high quality provision matched to clearly identified needs which results in better outcomes and improved value for money.
- All new requests for statutory assessment for children under the age of 7.
Current care co-ordination processes are well established and can be adapted to test the new single assessment and planning process. This is identification and support at an early age and is an opportunity to gain parental confidence and involvement with key agencies working together effectively to meet the needs of their child.
- Pupils in Year 9-11 with a statement for ASD.
This group of young people present particular challenges particularly as they experience the transition to post 16 provision and adulthood. We would like to build on the successful person centred review pilot already undertaken with this age group and ensure that young people and their parents have clearer information about the range of services available.
- Finally, in order to be as inclusive as possible we would explain the purpose of the pathfinder to all parents and offer them the opportunity to take part prior to their annual review. This will further broaden the scope of the project.

Person-centred planning approach:

We are committed to reforming an often disjointed and fragmented assessment process assessment into one which is transparent, aligned, linked to planning and outcomes-focused. We believe person centred planning (PCP) is key to this.

In Hartlepool we have recently invested in a family leadership course 'Making it Happen' which has led to families and young people being central to policy development, tender processes, providing peer support and future PCP training for other young people and their families.

We have also commissioned a future event "Rights of Passage" which will focus on giving young people between the ages of 14-25 the opportunity to put together plans to support their aspirations and goals.

Our recently developed 'transition' protocol, which includes a 14+ person centred review pilot in schools, has assisted in evidencing that the approach is closely aligned with positive outcomes and clear lines of accountability for supporting agencies.

In addition we use the 'working together for change' process to inform gaps in service which enables person centred reviews to be linked to strategic commissioning decisions.

We have extensive knowledge and experience of supporting adults in social care settings and are beginning to use personal budgets for young people.

We have developed a single assessment/RAS (resource allocation system) for social care which covers education/vocational employment and health issues and provides triggers to other funding streams available. This not only aligns assessments to avoid duplication, but also provides information regarding the allocation of resources they maybe entitled to which makes it easier for them to plan and remain in control of their support.

We have used individual service design to support complex situations e.g. where a young person had multi agency involvement which they and the family felt was not well co-ordinated.

Using the PCP process, which involved everyone who was involved with the young person spending two days planning with the family, led to a long term plan/clear lines of accountability and information relating to available funding. Although two days was considered resource-heavy in some quarters, the approach has led to a clear pathway in relation to what needs to be commissioned for the future and efficiencies in professional's time in the longer term. It resulted in stronger commitment from professionals involved, better communication, transparency and clarity on outcomes.

We would use the pathfinder to strengthen person centred working with young people and families and to evidence the positives of engaging all involved in decision making.

Links between planning and assessment:

We are committed to ensure that children with special educational needs have their needs met in a way that focuses on the child and their family and that they should be offered full access to a broad and relevant education.

We endeavour to identify any special educational needs early and focus on the wishes of young people in the light of their age and understanding when making decisions. We work closely in partnership with parents and take into account their views in respect of their child's individual needs. Regular reviews of interventions take place to assess the impact and progress made from the perspective of all involved.

We aim to provide clear and detailed SEN statements which include clear monitoring arrangements which are regularly reviewed. We acknowledge that we need to improve the assessment and planning process and would use the pathfinder to add weight to this development.

We are committed to a single assessment that leads to one plan where the young person and their family are the focus. In order to plan people need to know what resources they have available to them. We have developed a resource allocation system for children and adults to allocate social care resources and have extensive experience of implementing personal budgets in adult services.

We have good links with CVS organisations and have examples of where using this support to help people with self assessment /support planning has been beneficial in providing a more independent element to the process and particular expertise.

We have signed up to an evaluation for personal health budgets and are committed to budgets for eligible health needs as well as social care for young people. We have attempted, on an individual level, to personalise SEN funding for some pupils and would want to use the pathfinder as a means of personalising SEN funding on a larger scale and learning from this for the future benefit of others.

We have found that the transparent approach to informing families of their indicative budget to start planning, along with clear assessment of what support families are able to provide has enabled improved planning and more focus on outcomes and good value. Historically assessment has led to a pick list of services often pre-commissioned by LA/PCT. We would hope that by using a single assessment process which identifies notional resources throughout that there are better opportunities for families and professionals in planning better outcomes.

Plans for more transparency about what is provided:

The local offer is currently publicised on the relevant local authority websites and is shared with parents and professionals verbally as much as possible. However we recognise that much more needs to be done to continue to make information ore accessible to all.

We would like information to be presented in a 'user friendly' way so that it is more meaningful and less complex. This transparency needs to be adopted across all agencies.

Through the pathfinder we would look to support schools and agencies to co-operate to explain their offer in a coherent and consistent manner so that it is more accessible to parents and young people.

The outline of the offer would include:

- Type of provision and facilities available – term time and holidays
- Staffing structures and expertise
- Cost/charges for resources/facilities/staff time etc.
- Relevant feedback from service users, including parents and young people.

Each school/agency would need to publicise this information on their individual websites and prospectus/leaflets but it would also need to be co-ordinated in a central place to become the 'local offer'. In both Darlington and Hartlepool this can be through the Family Information Service.

In addition to this we will use the person centred planning approach as a mechanism to be more transparent about indicative budgets to help inform the planning process. This would ensure young people and their families are able to weigh up options and make more informed decisions. It would also serve to increase parental involvement in choosing the best available services for their children.

It would be the responsibility of the Health and Wellbeing Boards in both Hartlepool and Darlington to govern the transparency of what is available to families and to monitor the levels of satisfaction of families. It would be expected health, social care and education service provision reflects the needs of families and maintains flexibility to be responsive to those needs by commissioning and decommissioning services as appropriate.

The key professionals who will support new planning regime:

The Pathfinder will be driven by and accountable to the Health & Wellbeing Boards which will ensure commitment from all relevant agencies.

A Project Co-ordinator will need to be appointed and funded for the duration of the Pathfinder. The key professionals identified to ensure the programme is successful are outlined below:

Hartlepool is in the process of establishing a shadow Health and Wellbeing Board that will oversee joint planning and commissioning in relation to health, social care and education. This Board will have senior representation from all partner agencies including elected Members, Director of Child and Adult Services, Director of Public Health, Chief Executive and possibly the directly elected Mayor. There will be representation on the Board from the emerging Health Watch as well as service users and carers. This Board will ensure initiatives such as this Pathfinder application are embedded in a new health and wellbeing strategy and sustain good practice.

Health and Wellbeing Board

Portfolio Holder for Children's Services
Portfolio Holder for Finance and Procurement
Members of Cabinet of the Councils
Director of Public Health
Director of PCT
Director of Child and Adult Services
Community and Voluntary Sector Representatives
Service User Representatives

A Project Lead
across 2 LA's and 2 PCT's
(funding for duration of pilot only)

<p><u>Key Lead Professional – Hartlepool</u></p> <p><u>Education & Schools:</u> Head of Education Inclusion SEN Manager Inclusion Co-ordinator (LAC) Head Teachers</p> <p><u>Social Care:</u> Head of Business Unit–Young People Children’s Disability Team Manager Transformation Manager</p> <p><u>Health:</u> Continuing Health Care Co-ordinator(PCT) Personal Health Budgets Pilot Lead (PCT)</p> <p><u>Commissioning:</u> Children’s Commissioner Adults Commissioner</p>	<p><u>Key Lead Professionals - Darlington</u></p> <p><u>Education & Schools:</u> Head of Education Parent Partnership Manager Head Teachers</p> <p><u>Social Care:</u> Service Manager Adults and Children’s Disabled Services</p> <p><u>Health:</u> Deputy Head of Children’s Commissioning</p> <p><u>Commissioning:</u> Head of Strategic Commissioning & Partnerships</p>
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<p><u>Key Professionals</u></p>	
<p><u>Education & Schools</u></p>	<p>SEN Officers Education Psychologists Inclusion Co-ordinators Parent Partnership Officers SENCO’s Parent Support Advisers 14-19 Partnership Manager HI/VI teachers</p>
<p><u>Social Care</u></p>	<p>Social Workers – Through Care, Disability & Adults Independent Reviewing Officers Family Resource Workers Care Co-ordination Key workers</p>
<p><u>Health</u></p>	<p>Speech & Language Therapists Occupational Therapists Physiotherapists CAMHS Professionals LD CAMHS Health Visitors School Nurses</p>

New single plan with focus on outcomes;

We have had a particular focus on outcomes during the last year and have introduced a new format for the Annual Review of Statements which has shifted the focus to each child or young person’s progress towards the objectives in their statement. This has run alongside a drive to improve the quality of statements, in particular the inclusion of long term SMART objectives which have been informed by a range of assessments. Parents, children and young people now have a much better understanding of, and opportunities to be involved in setting, the outcomes that they are working towards. For example, if additional support from a Teaching Assistant is allocated the objective will focus on what the support is for and the impact/outcome of the support for the pupil rather than simply the number of hours allocated.

As a pathfinder, we would build on the existing good practice outlined above, which is having a positive impact but has not yet been established in all schools and partner agencies. We would ensure that all agencies involved with a child or young person share a common understanding of the long term outcomes of the single education, health and care plan by

using a person centred planning and review model at all stages. Embedding this approach at the time of initial assessment, and continuing it for the duration of the plan, will ensure that all partners, including parents, are aware of and working towards realistic but ambitious outcomes which have been collectively agreed.

Our suggested cohorts for the testing process would incorporate children and young people at all ages with the full range of special educational needs, including difficulties associated with health and social care. This will also enable us to explore how a new plan would work at key transition points and how the outcomes detailed in it could be applied in different settings and contexts.

Whilst there are already many examples of effective multi agency working within our current frameworks, the new single plan would deliver more holistic, person centred planning and support and place an onus on all agencies involved to achieve the best possible outcomes for the child or young person.

Alignment of resources:

Over recent years there has been much discussion about alignment and/or pooling of budgets and we have made progress in some areas, however there is more to be done.

We have a strong vision to shift systems and process to support the alignment of resources. We acknowledge that children and young people who need different types of support, e.g. health, social care education do not divide their lives into separate health/social care education budgets.

Part of our vision is also that we achieve better quality and outcomes for the same or less cost and this can happen if power shifts from the professional organisation to the person. In order for the person who is controlling the budget to do so effectively, they need to know how much money/resources they have to plan their support, be able to spend money in ways and at times that makes sense to them and know what outcomes must be achieved with the resources.

We hope that being part of the pathfinder will help us develop a more transparent and less bureaucratic system. We have commitment from a range of professionals who are decision makers and budget holders so that we can aim to provide people with information in relation to eligible notional budgets. We have experience in this area, however we currently need to identify these budgets separately and then collectively use the resources to develop one plan which meets holistic outcomes.

We have used this process where people have been eligible for numerous funding streams and although we have not been able to avoid more than one assessment we have jointly supported the person to access the funding, understand the conditions around it and expected outcomes and then have developed one plan incorporating collective use of the monies/resources.

An example of this is where CHC, social care, access to work, independent living fund have been accessed and we have identified the collective pot and support planned, with appropriate sign off of resources with a focus being on outcomes rather than bureaucratic ideology of what is appropriate to spend public money on.

NHS Hartlepool Stockton-on Tees have recently been given the powers to allocate direct payments for health money as a subsequent result of being part of the National personal health budget pilot.

We have plans for multi-agency training focussing on how agencies work, structure, governance issues etc and have developed information and data showing protocols.

Join-up between key agencies:

Since the move to a Children's Service took place a number of years ago education and social care have worked much more closely and effectively to support children and families. Some services have been fully integrated, whilst others have formal and informal partnership arrangements, including in some instances aligned budgets. Other local authority services eg. Housing, anti social behaviour etc and various VCS organisations are also well established. An example of this is Team Around the Secondary School (TASS) which uses a partnership agreement to commit resources based around each secondary school. Agencies 'signed up'

are: LA Attendance officers, Educational Psychologists, Schools, Community Police Officers, Health, Social Care Team Managers, CAMHS, Anti-Social Behaviour Unit, YOS, YIP and VCS. Information Sharing Agreements are in place and consent to share information is obtained.

The Commissioned Placement Panel is a multi-agency panel which allocates resources to more complex cases which require multi-agency commitment and has become increasingly effective in placing children provision to meet their needs.

Links to Health professionals have also improved but it is an area which the Pathfinder would give us the opportunity to develop by increasing over time commitment and accountability. Both local authorities have undertaken a detailed review of the use of funding formally ring fenced and now known as Early Intervention Grant (EIG). As a result services to support early intervention have, or are in the process of, being re-configured to fully integrate 0-19 teams. Ensuring these professionals have a good knowledge and understanding of special educational needs, disability and person centred approaches will be key as they are likely to be the first point of call for most families. Valuable experience has been learned through the work of some Sure Start Centres and Children's Centres in which health, social care and education professionals have been so-located and worked in multi agency teams to deliver services to children in the early years of their lives and their families. We would seek to build on this work to develop closer relationships with health services in order to provide the most effective 'package' of support. The Pathfinder will provide valuable opportunities for professions to continually develop their understanding and knowledge base through carefully tailored inter agency workforce development programmes.

Value for money and assessment of cost:

We have sound foundations in place for effective improvement and an organisational culture that sets a high priority on value for money; access to good customer information, diagnostic tools to identify what needs to be done; and the leadership and skills needed to make it happen. Value for money gain will be measured by comparing performance with that in the previous (or baseline) year, in particular how much resource has been freed up while maintaining the overall effectiveness of service delivery. Through the merging and aligning of resources it is anticipated that in the long term savings will be made by reducing bureaucracy, avoiding duplication of processes and improved joint commissioning of services. We expect improved outcomes to include sustainable packages of support for children and young people, carried out by more knowledgeable professionals, delivered by quality approved providers across education, health and social care sectors.

Assessment of Cost to reform the system

When assessing the cost to reform the current system and also run a parallel Pathfinder for the duration of the project we will measure both direct and indirect costs.

Indirect costs measured will include impact on the client, on support agencies, on employees, on quality of work, on staff moral and on productivity.

Direct costs measured will include: Commissioned Services, Transport, Brokerage, Resources, Legal Costs in setting up joint working cross different government agencies / local authorities, Work force development, Running two programmes in parallel, Additional specialist support.

Whilst it is acknowledge that Value for Money is a key outcome of the pathfinder we can not lose sight that the key object of the Pathfinder is 'To better support life outcomes for children and young people'.

Measurement will be achieved by both Qualitative and Quantitative research including:

- Satisfaction surveys
- Questionnaires
- Face to face discussions
- Telephone interviews
- MIS
- In depth interviews
- Focus Group

In addition the Health and Wellbeing Board would maintain key evaluative responsibility, monitoring not only the value for money provided but also the impact on the lives of children and young people through the quality of services provided.

Use of mediation:

In both Local Authorities there is a strong history of working with parents to support their child's needs. As our figures relating to First Tier Tribunal cases in the past year (detailed on page 1) testify we already have robust and established systems of communicating with parents which have avoided any appeals to that forum.

In Hartlepool, we would consider our relationships and ways of working with parents to be excellent. Since the inception of the unitary authority in 1996 we have never had a case heard by the First Tier Tribunal and have only very rarely had cause to use a mediation service. Person-centred planning and review is embedded in all of our communications with parents, from an initial face to face meeting at a venue of their choosing which explains the statutory assessment process to the final review when the child or young person ceases to be subject to a statement of SEN. We strive to ensure that our information is transparent, easily understandable and fully accessible and continually seek to improve our services through formal and informal feedback.

As a pathfinder, we would be able to focus our attention on detailed assessment of how robust and effective our procedures are. As our use of mediation is limited, we would explore ways that this could happen informally – possibly through the use of voluntary and community sector agencies – at an early stage of the assessment process. This will make it clear to parents that the package of support implemented for their child is decided through a negotiated process which fully involves them and accurately represents their views. Our Parent Partnership Service is also available to provide services to parents as part of the core offer and, as many of our parents would be considered 'hard to reach' and therefore reluctant to engage with professionals, we would explore ways that such services could be opened up more universally. Where a more formal mediation service is required, we are able to signpost parents to an Independent Disagreement Resolution Services, which is free of charge.

In Darlington, mediation services are provided through a reciprocal arrangement with Durham LA, though at present this is rarely used. The Pathfinder would provide the opportunity for Darlington and Hartlepool to work together to secure the best mediation services available regionally thus improving the services and support available to families and ensuring all families feel their concerns are not only listened to but also responded to and that the respective Local Authorities demonstrate their commitment to fairness and transparency.

Transferability of plan:

We have started work on how we can align personal budgets in social care in order that we do not compound issues and barriers at key times and transitions in a young person's life. One of the benefits of this is that where a young person develops a personalised plan in their childhood they can adapt and change it continually to accommodate changing need. However they do not need to face a change of services or resources when they reach particular milestones such as transition to secondary school, post 16 provision or adulthood. Throughout the personal health budget pilot we have also been able to work closely with other LA's and PCT's in the region to establish protocols around individual people. Through the pathfinder we will be able to test this further, particularly between Hartlepool and Darlington so that regional or national protocols can be developed. Existing good practice could therefore be improved upon and formalised.

There is a great deal of evidence available to indicate the strains placed on the families of children and young people with SEN when they feel they are continually repeating their 'story' to one professional after another. This is frequently compounded at key transition times in a child or young person's life. It would be our intention, through the Pathfinder, to ensure plans are longer term, much more easily transferred and that transitions are much more seamless for the families involved. The feedback from service users will be key to ensuring plans truly reflect the needs and wishes of children and young people and their families are not driven by service providers. It would be hoped that, through the Pathfinder, a consistent planning format can be developed which would make it much easier for families to ensure continuity of services and which would be transferable across the North East region and ideally nationally.

V – Optional areas

Please rank from 1 to 5 (1= favourite to test, 5 = least favourite) the optional testing areas in order of preference. It is acceptable to choose more than one 'favourite' option: please make sure your ranking reflects this. Please note that we will prioritise applications from pathfinders wishing to work on children's personal budgets. Please indicate how many additional options your pathfinder could reasonably test.

Number of options	All 5
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Personal Budgets	1
Banded Funding	4
Age Range & Employment	5
Support to parents and young people	3
Support to vulnerable children	1

VI - Contact details

Please provide a lead contact for the pathfinder as a whole and for each local authority and PCT cluster engaged in this bid

Lead Pathfinder Officer

Name of local authority	Hartlepool
Name of lead contact	[REDACTED]
Position of lead contact	[REDACTED]
E-mail of lead contact	[REDACTED]
Tel of lead contact	[REDACTED]
Address of lead contact	[REDACTED]

Local authority 1

Name of local authority	Hartlepool
Name of lead contact	[REDACTED]
Position of lead contact	[REDACTED]
E-mail of lead contact	[REDACTED]
Tel of lead contact	[REDACTED]
Address of lead contact	[REDACTED]

Local authority 2

Name of local authority	Darlington Borough Council
Name of lead contact	[REDACTED]
Position of lead contact	[REDACTED]
E-mail of lead contact	[REDACTED]
Tel of lead contact	[REDACTED]
Address of lead contact	[REDACTED]

PCT 1

Name of PCT	NHS Tees
Name of lead contact	[REDACTED]
Position of lead contact	[REDACTED]
E-mail of lead contact	[REDACTED]
Tel of lead contact	[REDACTED]
Address of lead contact	[REDACTED]

PCT2

Name of PCT	County Darlington & Durham PCT
Name of lead contact	[REDACTED]
Position of lead contact	[REDACTED]
E-mail of lead contact	[REDACTED]
Tel of lead contact	[REDACTED]
Address of lead contact	[REDACTED]