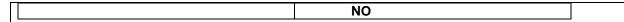
# Support and aspiration: A new approach to special educational needs

## **Pathfinder Application Form**

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

1 A P 4   1.4 - 9 -		
I – Applicant details		
Name(s) of local authority/ authorities	Signature of Chief Executive(s) LA(s))	
Southampton		
	Signature of Director(s) of Children's	
	Services	
Name(s) of PCT(s)	Signature Chief Executive Officer(s) of	
114.116(6) 51 1 5 1 (6)	PCT Cluster (s)	
	(2)	
II – Background information		
Please provide figures below for each I		
Number of children and young people	% and number of children and young people	
27,000 children and young people attend	with Statements of SEN 647 (2.2% January 2011)	
Southampton schools	047 (2.276 Garidally 2011)	
% and number of Looked After Children	% and number of Looked After Children placed out of area	
394 (0.9%. of under 18s in the city)	232 (0.5% of under 18s in the city and	
,	59% of all Children Looked After)	
% and number of Looked After Children	% and number of Children in Need	
placed in your area	% and number of Children in Need	
162 (0.4% of under 18s in the city and	2053 including care leavers aged 18+	
41% of all Children Looked After)	(4.7% of under 18s in the city)	
Number of Tribunal cases and % successful	% SEN statements completed in 26 weeks	
18 (0 successful)	100%	
Please state whether this pathfinder is an	Please state whether any partner in this	
NHS early implementer of networks of	pathfinder is already engaged in:	
Health and Wellbeing Boards YES	a) piloting personal health budgets YES	
	b) Piloting DfE Individual Budgets	



#### Socio-economic make-up of the area

Southampton is one of the principal cities in central southern England, with a total population of 239,700 (ONS Mid Year Estimate 2010), of which 27,000 are of school age. Of the school age population, 24% are entitled to free school meals, 19% have English as an additional language and 27% are from ethnic minority groups (School Census Jan 2011).

There were 508 (7.4%) young people (16-18) who were NEET (June 2011). Of this, 6.0% have Learning difficulties and disabilities. There were also 1450 (3.4%) of 18-24 years claiming Job Seekers Allowance.

(max 100 words)

## III- Basic Information (see section x)

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

In Southampton joint Local Authority and PCT plans are well underway for the implementation of a new model of children's disability service through the establishment of a multi-agency Child Development Service, which builds on existing good practice within the city (e.g. the current integrated health and social care team for children and young people with disabilities, 'Jigsaw'). The new model will incorporate those aspects of education services which assess and support children with Special Educational Needs (SEN) from pre-school through to adulthood to form a fully integrated, multi-agency service that will be well placed to test out the proposed integrated assessment and joint Educational Health and Care plans, as outlined in the SEN green paper. Our application to become a pathfinder authority is based on our commitment to implement this multi-agency Child Development Service model, which will be fully functioning by early 2012, and to learn from the opportunities presented by taking on a pathfinder role to inform and improve service developments. Focusing the pathfinder application on the implementation and development of the Child Development Service in Southampton will ensure that there is joint responsibility and accountability between the Local Authority and PCT for the success of the pathfinder in terms of achieving improved outcomes for children and young people with SEN. Learning Difficulties and Disabilities and complex health needs, as well as for their families. In addition, we have linked our bid with Portsmouth so that we can benefit from focusing on testing out different aspects of the process and learning from each other. Portsmouth will focus on the early years and we will focus on the post-16 transition. With the benefit of working with the same provider of health services, Solent NHS, across the two areas, we also have an ideal opportunity to test out the transferability of the plan across boundaries.

#### Partnership arrangements

Southampton has a long history of strong joint commissioning and provision within adult and children/young people's services. There has been a joint commissioning board in place for a number of years. There has been a well established Health and Wellbeing Partnership which is moving into the new Health & well being Board and Children and Young People's Trust arrangements, and strong collaboration on the Joint Strategic Needs Assessment. The PCT and Local Authority are applying to become an early implementer for the new Health and Wellbeing Board. There are also a number of joint commissioning appointments, including Mental Health, Learning Disabilities and Children/Young People joint commissioners. Many services are jointly commissioned through Health Act or Children Act arrangements, including a Section 75 pooled fund arrangement for adult learning disability services, a multi-agency Behaviour Resource Service, and an integrated health and social care team for children/young people with disabilities ('Jigsaw').

#### Work with a range of front line services;

The 'Jigsaw' service currently integrates health and social care referral, assessment, recording and planning processes and functions as a single team with a jointly appointed team manager. The team includes the frontline children's disability social care team, community nurses and paediatricians, occupational therapists from both social care and health, psychology and a behaviour intervention team.

A range of front line voluntary and independent sector services are commissioned to provide overnight

short breaks, outreach, daycare, domiciliary care, advice and advocacy, Parent Partnership and Person Centred Planning. There are strong working relationships with both special and mainstream schools, counselling

services, CAMHS, and youth offending.

A number of specialist resources have been developed, including a dedicated transition nurse and therapy team, a dedicated nurse and psychiatrist within CAMHS who specialises in children with learning disabilities and an established Early Support Programme.

#### Role of VCS sector;

Southampton City Council and the NHS have a strong partnership with local voluntary sector organisations. Participation and involvement is evident at all levels of strategic and operational decision making forum, including the Children Disability Strategy Group, Aiming High Project Board, Be Healthy Steering group of the Children and Young People Trust and the Quality, Innovation, Productivity and Prevention (QIPP) Board.

The VCS have been engaged in all stages of the redevelopment of services for children with disabilities. There are a number of VCS partners who are members of the task and finish groups actively working on the detail of the new model.

The Southampton Parent Partnership Service offers an independent service to parents or carers whose children have SEN and disabilities. The Service gives parents access to information, advice, guidance and support. The service aims to empower parents to make informed choices about the provision made for their child.

#### **Engagement with parents**

There are a range of mechanisms for ensuring strong engagement of parents/carers. The Southampton A-Buzz Network is a local parent forum which has strongly influenced the development of short breaks in Southampton and been involved in the development of the Children's Development Service model. The A-Buzz Network has coordinated consultation on the Children's Development Service with parents/carers using a range of media, including its website and AGM. The Children & Young People's Information Service (CYPIS) also plays a key role. A liaison officer for parents of children/young people with disabilities was appointed to work with CYPIS as part of the Aiming High programme and has supported the development of information specifically for this client group. The Children's Development Service will also work closely with Parent Partnership to promote the positive involvement of parents/carers. Parental involvement will also be facilitated through the adoption of the Person Centred Planning approach to reviews.

#### Engagement of children and young people;

There are many methods used to increase the engagement of children/young people in decision making, including:

- 1. Participation programme in special schools to ensure young people play an active role in planning what extended short breaks services they would like.
- 2. Young people led project to consult disabled children/young people about how they would like to be involved in having their say in the future producing a DVD.
- 3. Research into the views and experiences of disabled young people about the leisure and short break services they access.
- 4. VCS project to ascertain the views of young people in all schools about what is important to them when accessing services.
- 5. Unicef Rights Respecting Schools programme to promote participation in school cluster, led by a special school.
- 6. Children in Care Council.
- 7. Person Centred Planning to enable children/young people to be central in the development of their plan.

#### Capacity to test and innovate:

Southampton has a strong culture of innovative partnership working, which lays essential foundations to support our capacity to test and innovate. We recognise that we will push our organisational boundaries and balance this with appropriate assessment of risks. We have a balanced mix of stakeholders, and

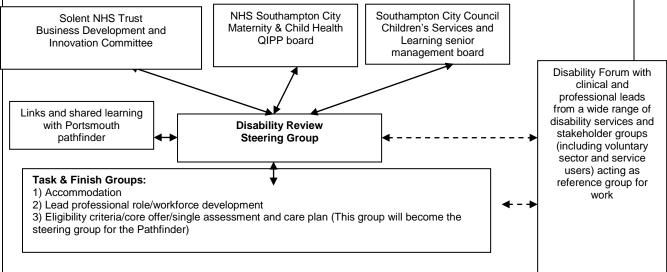
benefit from a progressive multi-organisational ethos. Governance processes exist already that will support the progress of the pathfinder and as this project will need strong development the Disability Review Steering Group will ensure that our capacity to test and innovate is clearly defined and monitored within its Terms of Reference.

As outlined below, the project plans for the establishment of the Child Development Service are well underway and there are already dedicated commissioning and project staff for children's disability services as well as an information analyst and database who will provide operational support.

#### Project plans

A steering group from Southampton City Council, NHS Southampton and Solent NHS Trust was set up in December 2010 to translate the recommendations from a review of disabled children's services into a proposed future model - the Child Development Service. The project structure is already in place which will be adapted for the pathfinder project, as illustrated below.

#### **Diagram 1: Project structure**



#### Evidence base.

The *aim* of the Child Development Service is to improve outcomes for children and young people with multiple and complex disabilities, including special educational needs by providing an integrated, person centred, proactive and responsive service.

Through the establishment of the Child Development Service we will:

- Ensure the engagement of the voluntary and community sector in planning and delivery.
- Embed Person Centred Planning approaches in mainstream and special provision to facilitate consistency through key transition points.
- Co-ordinate the provision of an integrated outcomes-based plan.
- Achieve efficient and effective commissioning of resources through partnership agreements and aligned budgets, co-ordinated through an integrated, multi-agency team.
- Test out the use of personal budgets as a means of increasing parental confidence and choice.
- Provide timely mediation, where necessary, and increase parental satisfaction with the process.

(max 150 words per heading)

## IV – Core testing areas (see section x)

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

#### Core testing areas

As outlined above, implementation the new Child Development Service model will deliver many of the features described in the SEN/Disability Green Paper, in particular, the integrated assessment process, joined up education, health and care plan and personal budgets for children and young people.

The Child Development Service model comprises the following broad characteristics:

- The development of a specialist "hub" (Child Development Service) which would bring together a range of specialist services under an integrated management structure and potentially in future under one roof providing integrated assessment, care planning and therapeutic interventions.
- Implementation of the lead professional system for all children and young people with moderate to severe disabilities.
- The provision of training, advice and support to universal services to enable them to support more children and young people with additional needs in their local communities, promoting inclusion.
- Continued focus on early identification and support.

Specific functions of the Child Development Service include:

- Provision of integrated multi-agency, multi disciplinary assessments and care planning for any child or young person referred with multiple or complex disabilities. This would bring together health, social care and education functions to offer an integrated assessment and shared Education, Health and Care Plan, which encompasses the child/young person's emotional, physical, mental health, educational and social needs. It would include statutory referrals for statements of special educational need (including any emerging SEN processes following legislation) so that this process can be aligned with health and social care assessment processes where appropriate.
- Identification of a lead professional for all children and young people with multiple or complex disabilities referred.
- Provision of time-limited therapeutic intervention and family support services to children and young people referred with multiple and complex disabilities, when the complexity of their needs requires input from two or more professional groups.
- Provision of advice, support and training for locality based lead professionals from other services to enable them to support disabled children and young people in their local communities.
- Facilitating all transition stages within children's services and to adult services.
- Providing an information and resource centre for families, linking with the Children and Young People's Information Service and other local services, eg: information surgeries when a worker from another agency such as Jobcentre Plus or the Citizen's Advice Bureau would be available to provide advice and support to families.

This pathfinder application therefore presents a unique opportunity to undertake this work as part of a national project, whereby Southampton and Portsmouth can learn from each other and from other areas nationally. If successful, it will also provide some additional funding which will help in expediting the process of implementation. This funding will be used for project management and planning, workforce development, further consultation and engagement with staff and service users and developing the systems required to implement integrated assessment and the joined up education, health and care plan.

Southampton City Council and Portsmouth City Council are neighbouring authorities and share many similar traits. They are both unitary authorities with similar size populations and levels of social deprivation. The community health provider for both areas is Solent NHS Trust. NHS Southampton and NHS Portsmouth PCTs have come together in a PCT cluster with NHS Hampshire and NHS Isle of Wight and are already working in partnership on a number of areas, eg. autism services, health visiting

development. There are many benefits of working collaboratively with Portsmouth City Council and NHS Portsmouth PCT on this pathfinder as follows:

- The ability to mirror and align approaches, whilst recognising that because of differing local populations and circumstances, processes will not be identical.
- The ability to test out portability of the education, health and care plan when children and young people move between the two areas.
- The ability to learn from each other and share best practice.
- The ability to test out and compare different approaches and to benchmark outcomes.

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

The benefits to children and young people of implementing the Child Development Service model as part of this pathfinder are significant. It will:

- Better align education, health and social care systems within a single model to achieve improved coordination of processes for children, young people and their families and opportunities for greater effectiveness and efficiencies in service delivery - integration of administration and management functions should create opportunities for service delivery efficiencies.
- Support more children, young people and their families to achieve improved education, health and social outcomes.
- Deliver more equitable, transparent services.
- Enable universal services to support more children and young people with additional needs in their local communities, promoting inclusion and with a greater focus on early intervention. This should provide better, more responsive support to families, thereby reducing family breakdown and the need developing for more intensive intervention and/or services.

#### The **key outcomes** are:

- Reduce the gap between the achievements of disabled children and young people and their peers.
- Greater attendance and enjoyment at school e.g. reduction in the number of school exclusions.
- Improved home life and stability i.e. fewer placement breakdowns and out of area placements.
- Improved health e.g. fewer emergency admissions.
- Greater participation in their local community facilities e.g. access to leisure and early years provision.
- Children and young people with multiple and complex disabilities are kept safe from harm and/or neglect.
- More parents and carers of disabled children and young people take up training, education and employment.
- More young people move on to education, employment and training after leaving full time education.

#### Person Centred Planning approach;

The Child Development Service will build on the well-established use of Person Centred Planning to agree the Education, Health and Care Plan. For the past four years Southampton City Council has purchased an independent Person Centred Review and Planning service for young people with learning disabilities, aged between 14-19 years. Person Centred Reviews are based upon the Person Centred Planning approach and integrated into the young person's statutory annual review of the Statement of Special Education Needs. The Person Centred Planning approach offers a valuable opportunity of ensuring young people are involved in their transition into post-16 services and support. The Person Centred Planning approach seeks to ensure:

- Young people are at the centre.
- Family members and friends are full partners and everyone involved shares commitment.
- Reflects what the person thinks is important.
- Includes professionals who can help identify targets and support their achievement.

- Identifies the support needed.
- Listens and learns from the young person.
- Planning for education, training and life.
- The young person is able to influence the choices for their future and the transition to adulthood.
- Greater rollout of personal budgets to give young people and their parents more control over their care and support arrangements.
- Improved access to short breaks using direct payments.
- Increased links between support planning and strategic commissioning, particularly through Health and Well-being Boards

The service provider currently offers a Person Centred Review to all young people aged 14 years and over with learning disabilities who attend special schools in Southampton. The reviews are primarily being undertaken for those young people in year 9 and again in year 11. As a pathfinder we will roll out this approach to mainstream settings and use our existing provider to train a wider range of facilitators.

#### Links between planning and assessment:

The Child Development Service will provide an integrated multi-agency identification and care planning process for any child or young person referred with multiple or complex disabilities and/or SEN. This would bring together Health, Social care and Education functions to offer an integrated assessment and shared Education, Health and Care plan, which encompasses the child/young person's emotional, physical, mental health, educational and social needs. It would include statutory referrals for statements of SEN (including any emerging SEN processes following legislation) so that this process can be aligned with Health and Social care assessment processes where appropriate.

Referrals in to the Child Development Service, will be considered at a weekly triage meeting attended by Health, Education and Social Care representatives and will result in one of the following actions:

- Returned to the referrer with a request for additional information.
- Returned to referrer with a suggestion that they complete a Common Assessment, so that the
  needs can be discussed at the Locality Operational Sub-group, where it is believed that
  resources are available at tier 2 to meet the needs.
- Direct referral on to a single service where it is believed this service can meet the identified need
- Initiation of an Integrated Education, Health and Care Assessment by the Child Development Service.

The criteria for Integrated Assessments will be that the child/young person is experiencing two or more of the following and that these difficulties are anticipated to be long-term:

- Significant health condition,
- Complex family circumstances and
- Special Educational Needs

If the referral meets the criteria for an Integrated Assessment, a Lead Professional will be identified and an Education, Health and Care plan Co-ordinator. Parents will also be given the details of Parent Partnership who can provide information and support throughout this process.

The Integrated Assessment will be completed within six weeks so that statutory assessments (including SEN and Social Care Initial Assessments) can be incorporated within this process.

The Lead Professional and Education Health and Care Plan Co-ordinator will meet after 3 weeks to discuss progress and ensure that there is good communication between the professional and family with regards to progress of the Education Health and Care Assessment.

After six weeks, all professionals will come together to discuss the outcomes of the assessment and to agree a shared Education Health and Care plan. Following this meeting the Lead Professional will then feed back to parent.

#### Plans for more transparency about what is provided;

The Child Development Service will ensure our services and offers across Education, Health and Care are clear and transparent for all service users. Co-location of some of the services which comprise the

Child Development Service will enable the service to act as an information hub for a wide range of related statutory and non-statutory services offering advice and support to parents and professionals. We plan to promote our services via a website with free portals across the city. Additionally we will ensure that information via contacts between families and agencies is reinforcing longer term transparency of not only services that individuals can access but also, highlighting changes through our partnership to ensure the customer has access to this information.

Information about the local offer of the full range of services provided by Health, Education and Social Care will be made available via the Children and Young People's Information Service website and the Children's Trust website. We will publish information directly to parents using the existing parents' newsletters and forums. We will also ensure that information is disseminated through existing school networks and newsletters.

In addition, within Social Care, a short breaks eligibility tool has been developed to consistently and transparently determine the allocation of short breaks based on the integrated Core Assessment. The use of the eligibility tool ensures there is a clear relationship between identified need and access to resources and will improve the quality and consistency of service delivery resulting in better outcomes for disabled children. The tool will ensure that access pathways to short breaks services are understood by lead professionals and colleagues in partner agencies. This tool is a precursor to a short breaks core offer statement which is in development and that the City Council has a duty to publish by October 2011.

#### Key professionals who will support the new planning regime

The Children's Development Service will bring together the following staff and services as an integrated team who will support the new assessment and planning process:

- Staff currently based within the existing integrated health and social care children's disability team 'Jigsaw' (learning disability nurses, community paediatricians, therapists, clinical psychologist, social workers, community support workers).
- Staff currently based in the PCT commissioned pre-school age child development centre, Wordsworth House (community paediatricians, therapists, clinical psychologist, early support link workers, early support project team, nursery nurses).
- · Community Children's Nurses.
- Therapy services for children and young people (Occupational Therapy, Physiotherapy).
- An element of CAMHS.
- Input from Educational Psychology.
- Input from Specialist Teacher Advisors.
- Input from Specialist School Outreach Workers.
- SEN co-ordination team.
- SEN Personal Advisors.
- Special school nurses.
- Sensory team.
- Portage service.

The contributions of the relevant professionals to the assessment and planning process will be coordinated by an identified Education, Health and Care Plan Co-ordinator. A Lead Professional will also be identified. Where appropriate, links will also be made and maintained with relevant professionals from tier 2 services, who will be supported to contribute to the joint Education, Health and Care Plan, where possible.

#### New single plan with focus on outcomes;

The implementation of the new single plan through the Child Development Service in Southampton will achieve the following outcomes:

- A reduction in the gap between the achievements of disabled children and young people and their peers. Progression Guidance will be used to assess the impact on educational attainment this is well-established within the Local Authority: 'The LA remains proactive and successful in promoting the progression materials and has appropriately converted personalised tables into a matrix format which fits more easily with local school expectation' (quote from Regan Delf, Senior Regional Advisor (SEN), National Strategies 28/09/2010).
- Greater inclusion in educational settings, the workplace and the community, with a greater

percentage of young people moving on to take up training, education and employment, and able to benefit from greater participation in their local community facilities e.g. access to leisure and early years provision.

- Joint responsibility between all 3 agencies Education, Health and Social Care for the timely
  assessment of need and the delivery of appropriate provision to fully support children and young
  people in a consistent way through key transitions from birth to adulthood.
- A person centred (rather than resource-centred) approach to planning for a child/young person's needs
- Greater parental confidence in the assessment process and fully informed parental choice in the provision for their child e.g. through the use of personal budgets.

#### Alignment of resources;

The Child Development Service is jointly commissioned by Southampton City Council and NHS Southampton City and jointly provided by Southampton City Council and Solent NHS Trust. Whilst different components of the service are provided and managed by the two different organisations, the service will be brought together and coordinated by a single operational manager who will be jointly funded under Section 113 arrangements. There will be a strategic management group overseeing the whole model which will be made up of leadership from Education, Health and Social Care.

The service will bring together professionals from Health, Education and Social Care to provide services, including:

- Community paediatricians
- Occupational therapists
- Physiotherapists
- Clinical Psychologists
- Nursing staff
- CAMHS staff
- Speech and language therapists
- Social workers
- Portage workers
- Educational psychologists
- Special teacher advisors
- SEN staff

The Child Development Service will build on the existing successful record of multi-agency working between Health and Social Care, as evidenced by the multi-agency 'Jigsaw' service referred to earlier in this document, and will incorporate Education within the one integrated service.

Implementation of the Child Development Service will enable efficiencies to be made by:

- mainstreaming transition processes with adult services.
- mainstreaming person centred planning as part of the workforce development plans.
- a reduction in spend on high cost residential packages through more proactive, preventative and better co-ordinated, needs-led interventions with families.

#### Join-up between key agencies;

As referred to earlier in this document, Southampton has a strong and successful record of partnership working. The Child Development Service will build on this effective multi-agency practice by integrating the Education SEN functions in readiness for integrated assessment and the new joint Education, Health and Care plan.

The services will include assessment, management and support for children and young people with multiple and complex disabilities and their families either resident in Southampton City or registered with a Southampton City GP.

The strategic management group will co ordinate and lead change in Southampton whilst linking closely with Portsmouth. Both areas have a commitment that the projects will dovetail; Portsmouth will focus more on early years and Southampton on transition. All management groups have been briefed that this bid is in train, and prepared to support the delivery.

Southampton is currently reviewing its Partnership Board arrangements and may opt for one overarching Partnership Board in the city. This will ensure the links are strengthened with other LA led services such as housing, neighbourhoods and communities, economic development.

It is recognised that we need to explore how we develop the market to support personalisation more effectively and the project will have a strong emphasis on leading wider agencies (providers, support brokers, Individual Service Funds and User Led Organisations (ULOs) etc into an arena whereby they are part of an overall system change that enhances individuals natural supports and delivers outcomes.

#### Value for money and assessment of cost

The services which will be included in the Child Development Service model comprise a combined budget of circa £3 million. A key aim of the new model will be to deliver greater effectiveness and efficiency through integrating, coordinating and mainstreaming systems which in the past have operated separately. This will enable more children, young people and their families to be supported to achieve improved education, health and social outcomes.

Examples of how the new model is intended to deliver better value for money:

- ability to rationalise administration systems, by bringing together systems and processes across different teams.
- a reduction in multiple assessments where a joined up approach can enable some assessments to be performed jointly and only once.
- a reduction in spend on high cost residential care packages through more proactive and preventative interventions with families.
- ability to develop joint posts, e.g. health and social care occupational therapy.
- developing capacity within universal and targeted services to support children and young people
  with disabilities, including development of the lead professional role in locality teams, to enable
  specialist services in the Child Development Service to focus on providing specialist advice,
  assessment and support for those children and young people with more complex and multiple
  needs.
- mainstreaming person centred planning and early support as part of the workforce development plans. This will mean providing training to ensure existing services, including schools, are effectively skilled and experienced to deliver person centred planning approaches for young people in transition to adult services.
- exploring how personalised budgets can be used to empower families to take control and put together their own support packages which can lead to more creative, flexible and cost effective solutions.

#### Use of mediation;

The Child Development Service will enable us to build on the strong working relationship we have with Southampton Parent Partnership, to empower parents to take an active role in decision making and to reduce the need for tribunals.

In addition to this, we support the A -buzz network, a local group of parents with children with disabilities to support and advocate on behalf of parents and children. This is both on an individual basis and in broader terms as representatives of the various strategic groups. They are also involved in the tendering process when commissioning services and the subsequent performance and contract monitoring arrangements which give a further opportunity to advocate on behalf of parents.

We have commissioned Choices Advocacy to advocate for young people going through transition to adult services.

#### Transferability of plan;

As Southampton already has a well established integrated team providing services for disabled children across Health and Social Care, including integrated assessments and joint planning, we are well placed to test out the transferability of the new joint Education, Health and Care plan across services. The establishment of the Child Development Service will strengthen our capacity to do this as agencies will share accountability for the delivery of the plan.

Our linked pathfinder application with Portsmouth City Council will enable us to test out the transferability of the plan across boundaries and to share learning through regular network events. The two local authority areas work in partnership with the same NHS provider organisation, NHS Solent. Discussions

so far have established that one key area of focus for Southampton will be the transition into post-16 services, whilst Portsmouth will focus on Early Years provision. The two local authorities can therefore both gain from these opportunities for learning.

We will use the opportunity presented by the pathfinder to improve transition into post-16 services to support the pathway into adulthood more effectively, by establishing how we can improve the transition journey with a particular focus on personal budgets and person centred approaches. Understanding how the single plan will work with community services, adult education, employment, housing, health and social care in adult services is an essential aspect of the pathfinder focus.

Southampton is eager to work with other pathfinders to build on existing good practice; to gain and apply learning from previous pilots and to work in partnership with the support team and evaluation team. We recognise that undertaking this role is critical and therefore must be flexible and effective, especially as the findings of the consultation on the SEN green paper emerge. Southampton is committed to work flexibly and in partnership with the support team to ensure we deliver effective communications, reports, and approaches.

Southampton was an early adopter of 'In Control' and has led work with other partners supporting personal budget implementation particularly for adults with disabilities. This has been well supported by Southampton Centre for Independent Living (SCIL) and local advocacy groups. SCIL supports our adult disabled population in Direct Payment support, Independent Living Support Scheme, development of ULOs and Disability Equality Training, We believe the strong partnership working between Southampton and our Voluntary Sector will support further the transferability of the plan.

(Max 400 words for each heading)

## V – Optional areas ( see Annex x)

Please rank from 1 to 5 (1= favourite to test, 5 = least favourite) the optional testing areas in order of preference. It is acceptable 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	2	
Personal Budgets	1	
Banded Funding	5	
Age Range & Employment	4	
Support to parents and young	3	
people		
Support to vulnerable children	2	

## 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**

Southampton City Council

## PCT 1

PCIT	
Name of PCT	NHS Southampton City
Name of lead contact	
Position of lead contact	
E-mail of lead contact	
Tel of lead contact	
Address of lead contact	