Policy Options for Special Educational Needs in the 1990s

Seminar Paper 6

OPTIONS FOR PARTNERSHIP BETWEEN HEALTH, EDUCATION AND SOCIAL SERVICES

Special Educational Needs Policy Options Group

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Policy Options for Special Educational Needs in the 1990s

Options for Partnership

This book is the sixth in a series of seven which deal with central policy issues in the field of special educational needs. The need for a series of national policy seminars and papers arose from widely felt concerns about the future of special educational provision in the wake of fundamental changes which are currently occurring in the education service.

It is over a decade since the *Education Act 1981* on special needs came into operation. Some of the momentum generated and enthusiasm awakened for improving this aspect of education has been dampened by the far-reaching legislative measures introduced under the *Education Reform Act (ERA) 1988*.

The *Education Reform Act* has taken little account of SEN interests in introducing a National Curriculum with regular testing, powers for schools to become grant maintained (GM) outside LEAs and the local management of schools.

The effect has been to engender anxiety that recent developments would be undermined and confusion over the future of the education of children with SEN. This confusion has arisen in part from new policies and practices, which though including some positive elements have introduced a system which makes a minority even more vulnerable to majority interests in a context of tight financial resources. At the time of writing, new legislation concerned with promoting GM schools into specific sectors of the education system is under consideration. This is in addition to the current establishment of the Schools Funding Agency (FAS) directly funding 1,000 state schools.

A steering committee (see members below) with a national and diverse overview including headteachers, administrators, voluntary and professional associations, research and academic perspectives formed itself to arrange this policy seminar series.

The ESRC and Cadbury Trust have funded the seminar series.

The seminar took the form of a presentation of a paper by a leading person in a particular topic area followed by critical responses from two discussants.

A small group of participants with widely different perspectives on special educational needs were invited - MPs, local authority councillors, LEA officers, DfEE, OFSTED, heads of voluntary bodies, headteachers, teachers, psychologists and other professionals from health and social services, researchers and academics.

Our aim is that these papers will bring to a wider audience the outcomes of the ideas and discussions which take place at these seminars. In doing so we seek to contribute to the on-going debate and policy formulation in the area of special educational needs.

Policy Papers in the series

Paper 1 *Bucking the Market : LEAs and Special Needs*

Paper by Peter Housden, Director of Education, Nottinghamshire LEA.

Paper 2 *Towards Effective Schools for All*

Paper by Mel Ainscow, Senior Lecturer, University of Cambridge, Institute of Education.

Paper 3 *Teacher Education for Special Educational Needs*

Paper by Peter Mittler, Professor of Special Education, Dean of School of Education, University of Manchester.

Paper 4 *Allocating Resources for Special Educational Needs Provision*

Paper by Ingrid Lunt, Senior Lecturer, and Jennifer Evans, Lecturer, at the Institute of Education, University of London.

Paper 5 *Planning and Diversity: Special Schools and their Alternatives*

Paper by Max Hunt, Director of Education, Stockport LEA.

Steering Committee

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The document has been edited on behalf of the Steering Committee by Clive Danks.

Options for Partnership between Health, Social and Education Services

INTRODUCTION

This book considers some of the issues of Options for Partnership between the three main providers in meeting the needs of pupils with special educational needs. Tony Dessent looks at eight options which are neither intended as a complete list nor mutually exclusive of each other. Paul Kelly responding to Christine Mannington's paper in her absence examines the current position in Hammersmith and Fulham whilst Steven Seymour looks at the explosion of professionals' input for the hearing impaired in Hereford and Worcester over a twenty-year period. The discussion which then followed is summarised by Philippa Russell, and Clive Danks completes the book with some concluding comments.

MEETING SPECIAL EDUCATIONAL NEEDS - OPTIONS FOR PARTNERSHIP BETWEEN HEALTH, SOCIAL AND EDUCATION SERVICES

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INTRODUCTION - PERSONAL PERSPECTIVE

'Partnership' like virtue is by definition a good thing. A partnership approach to meeting children's special educational needs involving co-operative working between agencies has been a dominant theme and an almost universally accepted 'good' since the publication of the Warnock Report in 1978. This paper looks critically at what has been achieved in this area and at some of the options which exist for the future. It focuses upon partnership work between Health, Social Services and Education - the three big 'statutory players' responsible for identifying, assessing and meeting children's special educational needs. It is written from a particular individual, philosophical and 'agency' perspective which needs to be transparent at the outset. Firstly, it comes from a professional perspective, shared by most, which recognises that the compartmentalisation of children as pupils, patients and clients is an administrative convenience rather than a proper developmental distinction. It comes too with a recognition, that children's needs should be looked at 'in the round'. It is therefore a perspective which recognises and values the contribution and particular expertise of Health and Social Services Workers alongside those of Educationalists. It comes also from an administrative perspective which looks for effective communication and efficiency in the allocation of resources, seeks to avoid confusions of roles and responsibilities and abhors duplication and waste. Finally, it comes from an increasingly 'market-orientated' perspective which views this area of work from the perspective of the parent as a customer and recognises the need of the parent of a child with special educational needs for a 'seamless' service from the Health, Social Services and Educational providers.

Set alongside these perspectives however are a competing set. It comes from a writer with a clear *educational perspective*; a perspective which places a high priority on educational definitions of need, on the importance of schooling and educational intervention, and on the ability of schools and teachers (working primarily in conjunction with parents) to 'make a difference' to the development and well-being of children with special educational needs.

Secondly, and relatedly, it comes from a perspective which values and seeks to extend, as far as possible, the role of the teacher and educator as a *generic special educator* capable of delivering a diverse range of skills and expertise to children and parents. This is a perspective which has an in-built antagonism to approaches which seek to unduly 'dissect the child' and parcel up needs and intervention according to established professional groupings e.g. teaching, psychology, speech therapy, physiotherapy, social work etc. Whilst recognising the need for expertise, assessment and advice from a wide range of disciplines it is nevertheless a perspective which sees the *teacher* (or in the case of pre-schoolers - the parent) as the main deliverer of educational (and 'therapeutic') intervention to the child. Within this perspective the model of the 'conductor' in the field of conductive education has an attraction, representing as it does a single professional worker channelling a diverse range of interventions to the child with special educational needs.

Thirdly there is an important *normalisation* perspective. This is of significant importance in looking at partnership and co-ordination between services in respect of children with special educational needs. The paper focuses upon partnership approaches to meeting the needs of the many children and families who need additional help beyond that which is generally on offer from mainstream services. However, for me, positive options for partnership need to square up to the extent to which inter-agency approaches create structures and provisions which separate out the child with special educational needs from normal systems of service delivery. This is essentially the eternal problem in special education of meeting '*Special* needs in an *ordinary* way'. The history of attempts to co-ordinate services for children with special educational needs does not necessarily have an impeccable track record in this respect. Co-ordination around 'special' centres (e.g. child guidance) or within special schools are historic and current examples of an almost in-built tendency to produce effective co-ordination for the professionals sometimes at the expense of normalisation for the child and the parent.

Finally, and unashamedly I am writing as an individual with a strong 'departmentalist' or 'agency' perspective. These are traits identified by a number of writers as problematic to effective partnership work. Jones and Bilton (1994) comment for instance,

'If a task calls for inter-disciplinary work between teachers and social workers, this will usually entail inter-agency collaboration. The alignment of professional with agency boundaries is too rigid. It encourages professionals to define their goals in terms of their own agency's input, rather than in relation to the needs of the whole child. It identifies professional contribution with agency function, and it obscures the extent to which teachers, social workers, and other related disciplines have objectives, knowledge and values in common.'

In a similar vein, the Department of Health's (1990) review of English Local Authorities' child care statements identified 'Departmentalism' as a persistent obstacle to effective working with children and families. 'Agency' and 'Departmentalism' traits are compounded for many administrators and professional workers by the dominating effects of 'innovation overload' and change which all three statutory agencies have experienced in recent years. Ronald Davie (1993) comments,

'Most people - not just professional groups - find it more difficult to relate to each other, or to co-operate, if they are preoccupied by their own internal concerns. This is precisely the situation which the three major professional disciplines concerned with children have faced in different ways in the past 15 to 20 years.'

Like many administrators my perspective will be coloured by a pressing range of internal concerns and imperatives as well as a set of timelines for the completion of tasks which invariably operate against optimal methods of consultation with *internal* staff and a consequent reduction in time and energy to devote to liaison, consultation and process work with external agencies. 'Agency' and 'departmental' traits exist in us all to some extent. Administrators in particular within Education, Social Services and Health will not be able to free themselves of the constraints imposed by budget accountabilities, the priority which needs to be given to internal imperatives and the political realities which surround the work in their own agency. The challenge in developing partnership work with other agencies (short of a radical restructuring of agencies) is to find a way through to better co-operative working which minimises the threat to existing agency accountabilities.

These individual perspectives and value positions are important in setting a realistic scene for considering developments in this area. This is a field where the level of exhortation and rhetoric about partnership work is extensive and long-standing, where progress is patchy at best and where its failure in some areas (see Audit Commission, 1994) is manifest often with important consequences for highly vulnerable pupils. It is a field where it is relatively easy to accept unquestionably that partnership and co-operative working is a self-evident good and to join the public beration of ourselves and others for failing to do it better. Effective long-term developments in this area are likely to require a somewhat more questioning and critical consideration of the need for and the opportunities which exist for co-operative work.

PARTNERSHIP - WITH WHOM AND ABOUT WHAT?

Partnership?

Robina Mallett (1994) in discussing 'partnership with parents' defines partnership as: 'Participants - maybe with different perspectives - working, with mutual respect, towards a common goal'. This would seem to provide an appropriate definition for the purposes of this paper in considering partnership work and collaboration between statutory agencies. A key component of the definition however is the notion of a 'common goal'. The extent to which many forms of multi-agency co-operation truly reflect common goals might sometimes be open to question.

Who?

I will be considering partnership between the three statutory agencies - Health, Social Services and Education - in relation to children with significant special educational needs. In so doing I would want to recognise the importance and significance of partnership in other areas. Most particularly, partnership work with parents of children with special educational needs, with voluntary organisations which represent their interests and with the range of Youth, Community and Leisure Services. My concern is for partnership approaches at:

- the **individual child and family level**. This embraces fieldwork staff concerned with assessment and provision for children with special educational needs. These include educationalists (classroom teachers and support staff, specialist teachers, educational psychologists, and education welfare officers); health workers (health visitors, doctors, speech therapists, physiotherapists, occupational therapists, clinical psychologists etc.) and social services' fieldwork personnel (social workers, nursery staff and residential staff working within children's homes).

- the level of **policy and planning** (primarily but not exclusively senior managers and administrators within Health, Social Services and Education along with local politicians, service committees and executive boards).

What?

Many services for children with special educational needs are delivered exclusively by either Education, Health or Social Services. The service is delivered in partnership between the recipient (customer, user or client) and the sole agency with no interactions with other agencies being involved. For some aspects of service provision for children with special educational needs there are overlapping responsibilities and shared concerns. It is these latter areas which

form the 'what' of this paper. *Figure 1* identifies some of these key areas for partnership or inter-agency work.

Partnership areas:

- Identification and Assessment Procedures, 1993 Act.

- Code of Practice.

- Provision of services to children with SEN.

- Information and Support for Parents.

- Sharing Information about needs.

- Register of Disabilities (Children Act).

- Service Provision for under 5's.

- Children with SEN who are 'looked after'.

- Residential Education.

- Planning for transition and post 16.
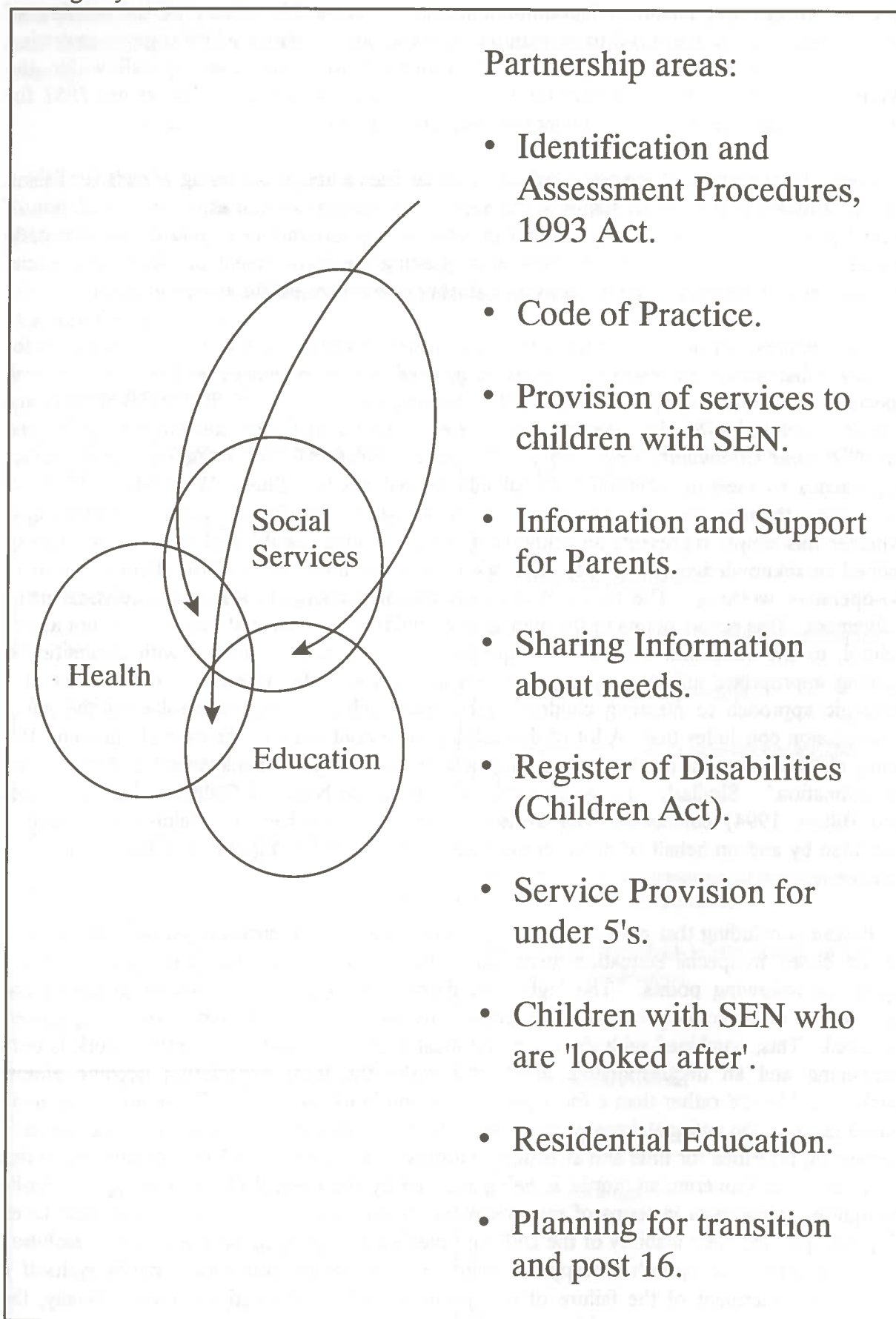
Social Services

Health

Education

Figure 1: Overlapping Responsibilities for Children with Special Educational Needs.

LEGISLATION AND EXHORTATION

Both current and historical legislation relating to the health, education and welfare of children with special needs is littered with requirements and guidance which urge co-operation between the statutory agencies. Most educationalists will remember the call within the Warnock Report (1978) and within the Circulars accompanying the *Education Act 1981* for multi-agency co-operation in responding to children with special educational needs.

Even a skim reading of the new *Code of Practice* finds a liberal scattering of calls for liaison and information sharing at all stages of the assessment process as well as in the formulation of school policies and in the use by schools of external support services. In addition, the code injects a new idea for partnership work in suggesting the involvement of Health and Social Services in moderation groups to consider statutory assessment initiations.

The *Children Act* provides some of the more powerful and corporate statutory messages for agency collaboration in respect of 'children in need' (many of whom will be children with special educational needs) together with its encouragement to Local Authorities to combine *Children Act* and *1981 Act* assessment processes. The Court Committee Report (1976) and the *NHS and Community Care Act (1990)* make similar calls for integrated, inter-service approaches to meeting children's special educational needs. Sheila Wolfendale (1994) in considering the most recent exhortations in the *Code of Practice* for co-operative working asks whether this simply represents an acknowledgement of solid, established effective practice or indeed an acknowledgement that to date, we have so far failed to establish effective forms of co-operative working. The recent Audit Commission Report (1994) is unequivocal in its judgement. This report points to the high level of children in residential care who do not attend school, to the confusion and friction experienced by parents of children with disabilities in gaining appropriate information, support and services and the absence in most areas of a strategic approach to planning children's services. Andrew Foster, controller of the Audit Commission concludes that: 'A lot of dedicated people contribute to the care of children. But many children miss out on the support they need because of poor management and inadequate co-ordination.' Similarly, the recent publication from the National Children's Bureau (Jones and Bilton, 1994) concludes, 'The overall picture is of services for children and families provided by and on behalf of different agencies, failing to mesh together and leaving a gap in the centre.'

Before concluding that partnership work amongst statutory agencies is yet another example of the 'crises' in special education identified by Peter Housden (1993), it is worth reflecting upon the following points. The legislative framework is essentially one of guidance and exhortation on desirable *processes*. Outcomes and products of partnership are rarely, if ever, required. This, combined with the often uncritical acceptance that collaborative work is both happening and an unquestionable good, can make the legal exhortation become almost background 'noise' rather than a focal point for action in its own right. These are to my mind weaknesses in the national framework within which agencies are operating given the range of competing priorities for time and attention. Moreover, as Ron Davie (1993) comments, in this area the Local Government 'kettle' is being accused by the Central Government 'pot'. As he recognises, separatism in terms of responsibilities is endemic at both national and local level. For example, the clear inability of the DFE and the DOH to come up with a sensible resolution to the provision of speech therapy for children with special educational needs is itself a significant indictment of the failure of co-operative work at the national level. Finally, the effectiveness of current partnership approaches should not be judged solely in terms of liaison

and co-operation at the strategic/planning level. Important though this is, the real business of partnership begins and ends at the level of the individual child, the family and the professional and voluntary workers linked to them. Here there is much exemplary practice and, as Jones and Bilton note, 'Practitioners continue to do business with one another even where their managers are preoccupied elsewhere.'

THE OBSTACLES

The obstacles to effective partnership work in this area are significant. *Table 1* provides a listing of some of the main constraints and draws upon the work of a number of writers (Wolfendale, 1994; Davie, 1993; Norwich, 1990; LGTB, 1994).

Table 1 **Responding to Children with Special Educational Needs - Obstacles to Inter-Agency Co-operation**

Organisational/Structural	Resources
● Different Services administered by separate agencies;	● Funding channelled to separate Committees and agencies;
● Large, complex agencies with multiple sub-systems;	● Limited 'corporate' budgets;
● Lack of 'coterminosity' in agency boundaries.	● Resource constraints;
Professional	● Lack of clarity about budget responsibilities;
● Separate training and conceptual background;	● Conflicting policy priorities;
● Different vocabulary relating to 'need' ('medical'/'educational');	● Partnership work is time-consuming and expensive.
● Different pay, conditions and status;	**Political/Attitudinal**
● Inter-professional rivalry (power and decision-making);	● Lack of political/managerial commitment to inter agency co-operation;
● Loyalty to own agency/service.	● Lack of officer faith in effectiveness of inter-agency co-operation.
Legislation	**Pressures**
● One agency has principle 'ownership';	● 'Innovation overload';
● Legislation 'overload';	● Agencies dominated by internal priorities;
● Discrete statutory responsibilities;	● Restructurings.
● Poor transferability and cross-referencing of legislation.	

What is clear is that the *complexity* of effective co-ordination across separately administered, separately funded services working to different legislative and local political imperatives with often different geographical boundaries cannot be underestimated. None of this of course is unique to multi-agency work. Problems of the kind experienced in this area are a common *internal* feature of any complex organisation. Health Authorities and Local Authorities have their own problems in terms of internal co-ordination and communication which are again mirrored within the separate services and Departments within the larger structure. Added to this 'cocktail' of obstacles is however a somewhat newer one - namely the greater 'atomisation' of services. This is a particular feature of developments within the Education Service at present as a result of Central Government pressure and legislation aimed at reducing the role of the LEA. Thus delegation, the Local Management of Schools, the increasing powers of governors and, most of all, the promotion of Grant Maintained Status, leads to an increasing 'atomisation' of responsibility for meeting educational needs. Whilst the 1993 Act leaves a significant continuing role for the LEA in the special needs field, even this area of work is significantly affected by these broader changes. Schools are becoming increasingly autonomous in terms of the delivery of educational provision for children with special educational needs and able to make their own choices about, for example, the purchasing of services (e.g. speech therapy) and communication and liaison with other agencies. LEA administrators find themselves frequently commenting to agencies outside of education and to parents themselves that 'It's now up to the schools'.

'Atomisation' is a feature too of developments in Social Services and Health where there is an increasing emphasis on the purchaser/provider split in the development of community care arrangements, on the philosophy of internal markets, the promotion of self-governing trust status and the encouragement of GP fundholders. 'Atomisation' brings with it some potentially positive developments particularly in respect of increased school-based responsibility for special educational needs. It does however serve to further complicate the scene particularly at the level of overall strategic planning between agencies in responding to children with special educational needs.

Davie's (1993) outline of the obstacles in this area leads him to conclude:

'In summary, then, the prevailing system is heavily loaded against multi-professional co-operation. If one were to attempt - with all the insights derived from research and common experience - to establish a process designed to keep the professionals apart, it would be difficult to conceive of any improvement on what we currently have.'

Davie goes on to quote Parker (1969) who some 25 years ago recognised that at the heart of the difficulties experienced in this area must be the low level of *mutual interdependence* between the agencies in doing their separate business. The fact is that Health, Social Services and Education *can* go about their business in responding to children with special needs and their parents in a largely independent fashion with a minimum level of communication and co-operative working. The consequences can be significant for the 'customer' (child/parent) but minimal for the agencies concerned. This may indicate that the key to improving co-operative working lies in increasing the formal requirements for interdependence and in looking more sharply at the issue from the parental consumer perspective. Ultimately for co-operative working to operate successfully it must be in both the interests of the customer/consumer and in the interests of the agencies themselves.

WHY BOTHER?

Given that the obstacles to partnership are significant, the level of genuine interdependence low and the progress slow and patchy - what are the incentives for investing time and effort into partnership work between agencies? The parent as consumer provides an important perspective from which to view this question. *Common goals* are at the heart of partnership work of any kind. All agencies will have as a common goal a commitment to providing high-quality information and services to their client and customer groups. Important amongst these groups will be the parent of the child with special educational needs. Does 'partnership with parents' hold the key in part to partnership between agencies in responding to children with special needs?

Parental experience and satisfaction with service delivery for their children with special educational needs must be variable. The Audit Commission report (1994) included a survey of families with a disabled child. This indicated that only 25% of families felt that services were well co-ordinated between agencies. Many parents of children with special needs are likely to experience some, or all, of the following 'symptoms' of inadequate cross-agency working:

- *Too many professionals seeing and assessing my child and asking the same questions.*

  Sloper and Turner (1992) for instance found that the families of children with severe physical disabilities which they surveyed had been in contact with an average of 10 different professionals in one year. Only 55% of parents reported that they had contact with a link person who helped them to access and co-ordinate input from the different services.

- *It always seems to be left to me to ensure that information is passed onto the next professional who is to be involved with my child.*

  Information flow between professionals is likely to be critical at particular stages in a child's development e.g. starting school, transition across phases of education, leaving school and preparation for adult life.

- *I wish the professionals could agree.*

  Discordant advice on management strategies and critical issues such as school placement can be a familiar feature of some parents' experiences of working with professionals.

- *Who exactly is responsible for - my child's speech therapy - paying for residential educational provision - administration of rectal valium at school?*

Philippa Russell (1992) expresses some optimism in the potential of parents as change agents in effecting improved partnership amongst statutory agencies in order to resolve these kinds of problems. She comments:

'Perhaps the greatest potential for positive change in resolving inter-professional boundary issues has come from the changing role of parents. They have the unique role (and opportunity) to facilitate, to inter-relate and ultimately to challenge where and how they receive services.'

Robina Mallett's (1994) account of the way in which parents banded together to form 'Supportive Parents for Special Children' in Avon would seem to hold considerable potential for monitoring and improving service collaboration with all of the non-bureaucratic clarity which has become a hallmark of parental involvement in the field of special educational needs. Developments such as this could become more commonplace with the emergence of the GEST-funded Parent Partnership Schemes and the new requirement in the *Code of Practice* for a named person to link with parents of children with special needs.

While there is much potential in these developments it must be regarded as a sad indictment if the better co-ordination of multi-million pound statutory and professional services must wait upon the voluntary efforts of busy parents already under stress because of their responsibilities in relationship to their own child. Nevertheless, the power of viewing the issue from the parent perspective is to expose the problems in terms which are acceptable and valid for all agencies and potentially to open the way to solutions.

PARTNERSHIP AT WORK

All is not gloom and despondency. Many examples of successful and positive partnership work exist across the country. Many of these emanate from a desire to make services more responsive to the parental concerns and perspectives outlined in the previous section.

1. Partnership at Casework/Fieldwork Level

This is the bedrock of partnership work involving as it does collaborative assessment and provision for individual children and families in a number of settings (e.g. child development centres, Social Services family centres, schools and nurseries).

It is here where teacher, speech therapist, nursery nurse, doctor and psychologist work co-operatively and in partnership with parents to plan, deliver and monitor intervention programmes. Successful working of this kind occurs in thousands of situations daily. So too do regular links between local social workers and schools operating, for example, 'early warning systems' in relation to children whose attendance and behaviour in the school and in the community is causing concern. All of these activities take place each day blissfully unaffected by the obstacles previously listed and all without a *Code of Practice* in sight!

2. Developments in Service Provision for the Early Years

The development of unified service provision for all under-fives/under-eights is now occurring in many LEAs (e.g. Manchester, Leeds, Humberside and in London Boroughs such as Hackney, Southwark, Islington, Camden and Newham). These significant structural changes will inevitably impact upon the co-ordination of service provision for young children with special needs although it is too early to say whether they will provide the panacea for improved co-ordination. On a smaller scale, however, the development of centres for under-fives which bring together education, extended day care and parental support and which also provide a focal point for service delivery by statutory and voluntary agencies would seem to have much potential. Such provisions offer the 'one-stop shop', non-fragmented and 'seamless' service which parents of children with special needs are likely to value. Where these developments are linked to mainstream service provision, the ideal of non-stigmatised service provision is also achieved (see description of Penn Green Centre in Audit Commission report, 1994).

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3. Portage Services

An example par excellence perhaps of multi-professional working focused upon children with special needs and their parents (Dessent, 1984; Cameron, 1989). Portage services involving multi-disciplinary home visiting approaches to families of children with special needs seem to have transcended the traditional obstacles of multi-agency approaches. Perhaps the key to their success is that they offer a formal structure (home teaching teams, team meetings, management groups) within which direct service delivery is determined. Secondly, they meet many of the needs of professional workers as well as those of parents by providing a supervised structure for their work and opportunities for collaborative working (as opposed to the isolation and lack of validation which is commonplace in the daily working practices of many professional workers). Finally, the Portage approach involves the notion of a key worker for parents - a 'generic special educator' and a common reference point for information and communication.

4. The Lothian Youth Strategy (Maginnis, 1993)

This is a particularly powerful individual example of collaborative inter-agency work at the most difficult end of the special needs spectrum - children at risk of being removed from home or school either through inadequate parenting, delinquency, truancy or behavioural problems at school or in the community. The account provided by Elizabeth Maginnis (a Lothian Regional Councillor) documents the political, organisational and resourcing approaches taken in Lothian to improve the school attendance and reduce the numbers of young people in care excluded from school. The key ingredients of this strategy would seem to have been political commitment to a corporate 'whole child' approach backed by some additional resourcing and a *mechanism* for delivery (school liaison groups - multi-agency groups operating in each secondary school with a responsibility for developing and monitoring educational/care programmes along with an important requirement for every Head Teacher to consult with the School Liaison Group before excluding a child from school permanently).

5. Child Protection Arrangements

Whilst not of course focused exclusively upon children with special needs, area child protection arrangements are sometimes referred to as the 'jewel in the crown' of collaborative work in relation to children's services. Certainly in this area we move away from Central Government guidance, advice and exhortation and move into the altogether sharper areas of regulation, prescribed conduct and formalised multi-agency structures (Area Child Protection Committees). Jones and Bilton (1994) argue that child protection is both a 'jewel in the crown' and also a significant 'diversion' from a broader inter-agency approach. Diversion arises from the defensive, 'protecting your own back - insurance policy' approach engendered in such a controversial and media-hungry area as well as by the restrictive definitions of need which dominate the work of Social Services in this area. Certainly child protection has significantly drawn the attention and priorities of the Social Services Department away from their broader responsibilities for children with special educational needs. However, whatever the final judgement might be, the area of child protection does indicate that if statutory agencies are sufficiently motivated (even for defensive reasons) collaborative work can move beyond the level of good intention and rhetoric and into practical reality.

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CHARACTERISTICS OF EFFECTIVE PARTNERSHIP WORK

Drawing generalisations in such an area is fraught with difficulties but some common features can be identified from current practices.

- The importance of combined, local political and managerial/officer commitment to partnership work across agencies.

- A high level of inter-dependence between agencies in order for them to meet their own responsibilities.

- A legislative framework which provides some degree of prescription about the outcomes or 'products' of multi-agency work as well as the processes.

- Service provision which is open to and responsive to the consumers' (parents') critique.

- Partnership developments which meet some of the professional self-interests of the workers concerned.

- The importance of mechanisms/structures and focal points for co-operative working (here the issue is one of ensuring a physical or organisational focal point for liaison, planning and decision-making. Portage home visiting teams, child development centres, schools, family centres, joint-planning teams and Joint Committees of Elected Members provide some examples of such focal points).

- The 'key worker' concept offers a powerful response to parents of children with special educational needs.

- The existence of some 'pump-priming' funding or joint-resourcing for partnership work in responding to children and families with special educational needs.

POLICY OPTIONS

To some extent the options which exist for partnership approaches to responding to special educational needs fall across a continuum. At one end of the continuum is the 'big bang' restructuring of the currently separate agencies into a unified Children's Services Department. At the other is the more minimalist option which focuses upon the clarification of boundary issues in terms of professional and funding responsibilities. In between a number of interim alternative options can be explored.

Option 1 - Integrated Children's Services Department

This kind of heroic, 'big bang' restructuring attracts some support. Riley and Lowndes (LGTB 1994) have called for a radical restructuring of Local Authority services which would bring previously separate services together into new organisational structures. They argue that, 'the old structures are increasingly irrelevant, even disfunctional, in the context of a reduced role in direct service delivery, the spread of client/contractor splits, the growing desire to tackle the needs of communities in the broader sense'.

The current restructuring of some Local Authorities' under-fives or under-eights services

(usually a 'two into one' approach with Education becoming the lead Department) could, to some extent, be a precursor of a more substantial move to a Children's Services Department involving a complete merger of Social Services and Education (Hillingdon has been involved in considering this option). In theory at least the 'big bang' approach could go further and encompass aspects of the Health Service provision which relates to schools and to younger children with special educational needs (shades here of the old School Health Service of a bygone age!). Such a radical restructuring would address some of the organisational, structural and resource obstacles identified earlier. No doubt too the impending review of Local Government will lead to some incremental developments of this kind in respect, at least, of Social Services and Education, particularly in those authorities with a significant number of Grant Maintained Schools and a reduced LEA concerned predominantly with targeted support to vulnerable pupils. At this stage an Education Service will look less like a 'universal service' and share many more of the characteristics of a Social Services Department being linked largely to targeted individual children.

There are certainly strong arguments in some contexts for the creation of a unified Local Authority early years service. Such unification, if it were linked to the development of Early Years Centres providing education, full day care, play and parental support facilities would have much to offer young children with special educational needs and their families. However, beyond the early years, the wisdom of the 'big bang' approach must be more questionable. As Jones and Bilton (1994) comment, what would result would be an extremely large, complex and difficult to manage organisation which would need to develop a cumbersome bureaucracy to handle its own complexity. Boundary issues are likely to remain. Firstly between the different occupational groups which would continue to exist, and secondly between unified services for children and services for adolescents and adults. There must now be limited faith that top-down structural reforms of this kind have much real hope of unifying services at grass roots level. The idea of a reduced and marginal Education Service restricted to targeted support to individual pupils is also not an attractive one in respect of the principles of 'normalisation' for children with special needs. Last, but not least, the prospect of a massive structural reorganisation with uncertain outcomes and significant short to medium-term disruption would probably fill all three agencies with foreboding at the present time!

Option 2 - Corporate Local Authority approaches to Children with Special Educational Needs

The departmental and agency perspectives discussed earlier in this paper often obscure the fact that Social Services and Education are already part of a unified organisation - namely the local county council or metropolitan authority. The example quoted of the developments in Lothian (and many similar examples which are occurring nationally) provide most of the advantages of the 'big bang' Children's Services option but without the demolition of the current structures. Much here of course depends on the often illusive political will and managerial commitment to partnership/corporate perspectives. However, arguably a local authority with sufficient commitment to consider a Children's Services Department has already got the necessary motivation to develop strong corporate structures across separate departments and committees to specific target groups such as children who are 'looked after', non-attenders and under-fives with special educational needs. The role played by the local authority chief executive can be crucial in breaking down the worst excesses of 'departmentalism' whilst at the same time preserving the integrity of each department and allowing them to get on with their own separate business when this is the most appropriate and effective method of working. What of health and other related services?

As Jones and Bilton note:

'Local Authorities cannot dictate to the Health Service ... but if they can offer a unifying vision which articulates and brings together both their own potential contribution and that of other agencies, clearly expressed in the form of an invitation to partnership, then it is likely that other agencies will volunteer to participate in a mutually beneficial relationship.'

Option 3 - Increased Central Government Requirements for Inter-Agency Partnership

We have noted that the current legislative framework provides much in terms of exhortation and guidance on process but little in terms of specific required outputs. Although not specifically targeted to children with special educational needs, the guidance to local authorities to produce and publish Children's Services Plans (DOH/LAC (1992)) which stems from the *Children Act* holds some potential for improving partnership work in respect of children with special needs. The Audit Commission report (1994), *Seen but not Heard*, recommends that central government should raise the status of Joint Children's Service Plans by making it a mandatory requirement for Social Services, Health and Education Authorities to publish joint plans in order to help improve services for children and families in need. A legal requirement such as this will not of course, in itself, lead to the holy grail of agreed priorities, shared funding and corporate working arrangements. However, a specific requirement to publish a Joint Children's Plan for children with special needs could prove to be an important spur to partnership work. An essential minimum ingredient of joint-planning of this kind would be the sharing of each agency's Annual Development Plans for services to children with special needs *linked to a requirement for each agency to make explicit the likely consequences of its own planning for the other two agencies*. In addition, a requirement for all agencies to identify a named 'key worker' for each child and family with special educational needs to be drawn from either one of the three statutory agencies could produce a very significant effect and outcome in terms of partnership work.

Option 4 - Corporate Funding Arrangements

The creation of a corporate pot of funding has been a well-used strategy at both central government and local authority level to produce improved co-operative working and joint-planning. Central government's Single Regeneration Budget scheme which is linked to partnership bidding provides a current example. Certainly, a pump-priming central government funding initiative which *required partnership bidding* in this area could create an increased level of interdependence between statutory agencies. Critical policy areas like 'children looked after' or areas where there is confusion in terms of budget responsibility, e.g. speech therapy, provide possible targets. Corporate budget provision, linked to inter-agency service plans for children with special needs could be, and sometimes are, developed at the local level. Children in receipt of residential education might provide an example of a focal point here for local authorities. The educational criteria for boarding education are increasingly being questioned by Education Services but there will be fear amongst other agencies that any wholesale withdrawal by the Education Service from this aspect of provision could leave some unmet 'whole child needs'.

Option 5 - Agreed Locations for Multi-Agency Work - Clusters/Families of Schools and Special Schools

A key feature of much successful multi-agency work is that it links to a recognised

institutional site/facility and neighbourhood area. Thus Child Development Centres, Portage sites, special schools as well as LEA and Social Service nurseries which support children with special needs often provide a focal point for the delivery of integrated, multi-agency support to children with special needs and their families. The existence of such sites also facilitates the development of a *team approach* between those professionals who meet and work together. Much successful multi-agency work is linked to under-fives where Health, Social Services and Education often seem to have equivalent levels of involvement with children with special educational needs. In addition, much day care and educational provision for under-fives with special educational needs is focused upon a small number of specialist sites which in turn facilitates the allocation of scarce specialist resources from each agency. After the age of five and particularly in authorities with a strong mainstream ethos much of this early co-ordinated work can begin to feel the strain. As one doctor in the Community Child Health Services commented (Dick, 1994):

> 'At the age of five children suddenly become the exclusive province of the educational establishment and not that of Health, as they had been until they were five.'

The development of mainstreaming policies can provide a particular point of friction between the Health and Education Services regarding the deployment of limited and oversubscribed services such as nursing, speech therapy, physiotherapy and occupational therapy. These services, it is sometimes argued, can be most cost effectively deployed when children with similar needs are placed together in a special school or special unit setting. It is important to recognise that all three of the statutory agencies share a similar problem in this area. Each has the problem of establishing priorities for a necessarily limited resource across a wide range of mainstream school settings. This is the case for the Education Service in respect of funding and educational support for children with special needs, for Health in respect of the allocation of therapeutic and nursing services and for Social Services in terms of the allocation of social worker time to children in need.

Recent developments which are occurring within the field of Education in respect of 'clustering' or 'families' of schools working together to respond to children with special educational needs hold some creative potential for addressing both these resource issues and for improving multi-agency working (Evans, et al. 1992; Dyson and Gains, 1993; Cade and Caffyn, 1994; Hickling, et al. 1993). A Liaison Group of Special Needs Co-ordinators drawn from a family of schools (local secondary and feeder primaries together with nurseries and any special provision) charged with their new responsibilities within the *Code of Practice* provides a potential *unit of management* for both establishing priorities in terms of need and resource allocation for all agencies as well as a forum for inter-disciplinary work, training etc. This grouping of schools, rather than individual schools or individual referred pupils becomes the focal point for integrated support from specialist support services within Health, Social Services and Education. Where clustering and family developments of this kind have not been established, special schools, particularly those which have been established by LEAs as a principal agent of support to mainstream schools, can provide a similar local, area-based, site for developing work of this kind. These options build upon the development of the teacher; the Special Educational Needs Co-ordinator (SENCO) in the mainstream school or the specialist teacher in a special school, as the main frontline provider and manager of support to children with special needs within an area. Specialist contributions from within the Education Service and from Health and Social Services act then to support them in this primary role.

The end result of pursuing this option would be the identification of agreed sites within a

local community which would act as a base for the sharing of information between agencies, agreeing resource priorities and co-ordinating the delivery of support to children with special needs and their families.

Option 6 - Structured Levels of Co-ordination and Communication

Much multi-agency work is bedevilled by the development of a plethora of cross-agency groups with unclear remits which are sometimes poorly connected to each other. These difficulties are then further compounded by difficulties over representation (e.g. management or fieldwork staff, purchaser or provider). Sometimes the confusions arise as a result of poor co-ordination and communication across the sub-systems within each agency. An annual Children's Plan for children with special needs might well assist in clarifying systems and structures for co-ordination and communication in this area. So too would agreements on locations for multi-agency work (see Option 5). Notwithstanding these developments there would appear to be some merit in formalising structures and processes for collaborative work at three levels.

(i) Policy and strategic planning

An overview group of senior managers charged with the responsibility to ensure that co-ordination and partnership is operating at all levels. The focus of this group to be exclusively upon children with special educational needs and to involve discussion of each agency's strategic plans and their consequences for each other agency.

(ii) Neighbourhood/area planning

Groupings here would potentially link to the locations in Option 5 and might involve middle managers with a responsibility for identifying needs, developing shared local priority objectives and operational delivery within a defined geographical area or local community.

(iii) Individual pupils/families

This is perhaps the strongest point of current partnership work. In this area the minimum requirements for effective partnership work would be to establish the highest level of coterminus working boundaries for fieldwork staff as well as regular and updated information on the professional workers supporting individual children, families, schools and nurseries within an area. In addition, effective use of the school-based and statutory review arrangements within the *Code of Practice* would provide opportunities for shared programme planning for individual children and families.

Ensuring communication flow and connections between these three levels would be vital. So too would ensuring an appropriate level of delegation of responsibilities to each level and the delegation of funding arrangements between levels 1 and 2. In the latter respect, the aim would be to maximise the level of local control and management to the neighbourhood/area level.

Option 7 - Agreed Project Areas for Collaboration

A derivative of an Annual Service Plan for children with special needs or of any of the planning mechanisms listed in Option 6, might be an agreement between agencies to prioritise

key strategic areas of multi-agency concern as *project areas*. These are likely, to some extent, to be problem-focused and could include the production of agreed guidelines on areas such as confidentiality, the circulation of records and information relating to children with special needs; the development of a shared database; roles and boundaries in respect of responsibilities for the administration of drugs and medical procedures; as well as cross-agency training and purchasing. Here there are opportunities for collaborative working linked to time-limited projects which have the potential to reduce friction and conflict at the point of service delivery.

Option 8 - Clarification of Boundaries

At the minimum end of the partnership continuum lies the need to clarify boundaries between professional groups as well as their resourcing responsibilities. Whilst this option seems a long way from the heady concept of developing a unified Children's Service, it provides a focus for development in some significant and important partnership areas. Jones and Bilton (1994) write perceptively about the difficulties of allocating funding responsibilities in the area of Children's Services. They note that neither historical funding responsibilities nor 'needs-based budgeting' provide an effective answer to the question of who pays for what in areas such as residential education and speech therapy. These are however crucial areas and as these writers note:

> 'An absence of clarity about the respective functions and responsibilities of different agencies is not only a poor basis for the construction of seamless services; it is also disempowering for service users, who cannot exercise rights if they cannot find out which agency if any has the relevant obligation.'

In the absence of any corporate funding approaches, these boundary funding responsibilities will need to be ironed-out at policy level in order to provide clear information to parents of children with special needs and to minimise conflicts and friction between fieldwork staff within each agency. Where changes to historic responsibilities are indicated budgetary transfers across agencies may need to be agreed. Similarly, the production of guidelines relating to the responsibility of Health Authority staff, on the one hand, and teaching and non-teaching staff within schools and care workers in residential settings, on the other, for the administration of drugs and medical procedures, are currently an urgent priority in many areas given the increased sensitivities from Trade Unions.

This option recognises that once basic boundary areas such as these have been clarified, much of the work relating to children with special needs is best and most effectively carried out by fieldwork staff deciding their own parameters for drawing together and drawing apart in the delivery of services to children with special educational needs.

CONCLUSIONS

These options for partnership are not a comprehensive list, neither are they mutually exclusive of each other. What is clear in this area is that there is no 'off-the-peg' blueprint for Health Authorities and Local Authorities to adopt in order to improve co-operative and multi-disciplinary work. In reality, elements of each listed option (and others) will need to be utilised depending upon current contexts and starting points. Co-operative working must also be seen as stretching across a continuum which begins at one end with a planning dialogue and can finish at the other with a fully integrated planning approach.

Two factors are likely to be important in ensuring that further progress is made in moving along the partnership continuum. Firstly there is a need to establish a set of limited and realisable objectives for collaboration and partnership work. For instance, a critical area for many Local Authorities at the present time is the need for improved service provision between Social Services and Education in responding to the needs of children who are looked after and who are also experiencing additional educational difficulties. This might form an important first priority for inter-agency collaboration. Secondly, there is a need to maximise the new opportunities which arise by virtue of national legislation and broader structural changes. Currently the implementation of the *Code of Practice*, the establishment of a Disability Register, the development of a Children's Service Plan and the challenges presented by a Local Government Review provide a range of important opportunities for all agencies to remove their single agency spectacles and to put on their multi-agency lenses.

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OPTIONS FOR PARTNERSHIP WITH SOCIAL SERVICES: A LOCAL AUTHORITY PERSPECTIVE

A response by Christine Mannington and Paul Kelly

Introduction

'Hammersmith and Fulham is a small compact inner city borough with the fourth highest population density in London. Nearly one fifth of the population (18 per cent) are below the age of 18 years. The 1991 Census showed that almost one third of the Borough's children and young people are from black and minority ethnic groups... there is increasing concern about families in temporary accommodation and about the prevalence of conditions like eczema, hepatitis, nutritional deficiencies... The incidence of Sickle Cell Anaemia and Thalassaemia requires better understanding from all the health, social care and educational agencies... Examining the social conditions of families in the borough shows that it is the second poorest out of the 264 in England and among the most deprived in London... Children with disabilities are seen by the Department as children first with the same range of needs and potential as other children. But it is also clear that the staff working with these children and their families need to have specialist information and support to be effective.'

Hammersmith and Fulham Social Services (1994), *Summary of the Children's Plan 1993-1994).*

In 1992, Hammersmith and Fulham Social Services Department set up a new specialist social work team for Children with Disabilities, as one of its responses to the implementation of the *Children Act, 1989*. The team incorporated a Family Link respite care service and created a Register of Children with Disabilities (as required under Schedule 2 of the *Children Act*) to improve planning and assessment arrangements for meeting children with disabilities' special needs.

The local authority was aware that the imminent implementation of the *NHS and Community Care Act 1990* would pose further challenges in terms of improving integration of assessment arrangements and planning for a range of special needs within the local community. The Social Services Department therefore set aside £51,000 for the provision of community care for children with disabilities. To ensure that the new system was effective, a pilot project was established to bring together the Children with Disabilities Team and the Child Care Team from within Area 4 of the authority to test the new assessment and care management arrangements for children with disabilities prior to general implementation later in 1994.

Right from the start the Hammersmith and Fulham initiative was developed on the basis of clear principles which included:

- A child-centred approach which placed the welfare of the child at the heart of assessment and care management procedures.

- Inclusion within mainstream children's services wherever possible, but with appropriate support and access to specialist services where required.

- A recognition that children with disabilities and special educational needs are 'children first' and that all services should promote the 'well-being' of children.

- A recognition of the value of parents and families in children's lives, with a corresponding awareness that many parents cannot become partners without professional support.

- A commitment to partnership with parents and children and also with all departments of the local and health authorities, in the acknowledgement that health and education are key providers and often have long-term knowledge of children's special needs.

- A belief that parents and children must be listened to and that their views and experiences are intrinsically valuable and should inform service development.

- Acceptance of the importance of the Children Act duty to give due consideration to children's religion, culture, racial origin and linguistic background when developing services.

It was recognised that responding appropriately to the needs of children with disabilities and their parents would require new approaches. Consultation with parents demonstrated the importance of avoiding unduly bureaucratic procedures and duplication of assessments; of streamlining the assessment system so that it was accessible to everyone concerned and building upon *existing* assessment systems such as those available through the Child Development Centre and for educational assessment under the *1993 Education Act*. In developing a streamlined system - with clear criteria about levels of need and allocation of resources - it was further acknowledged that the *voluntary sector* had a key role to play as advocate; befriender; provider; and as an access point to a wide range of community resources.

Moving Forward

One objective for the Pilot Project was to develop new and positive approaches to inter-agency strategies. The key objective was to create an integrated approach to assessment which would be meaningful for health, education, social services, parents, carers, children and the voluntary sector. A further aim was to ensure that assessment was not pursued as an end in itself but was seen as a prelude to action and care planning and that the care planning process in turn had built in review arrangements to encourage 'learning from experience'.

The process of the Pilot Project was therefore designed to encourage:

- A needs-led rather than a service-led approach (with the recognition that this would necessitate more creative thinking and planning between a wider range of agencies than in the past).

- Holistic assessment which addressed *all* the needs of children and carers, rather than compartmentalised assessment which might neglect key factors in the wider life and experiences of children and families.

- A more user-led service involving users and carers both in service planning and delivery and within their individual care plans.

- Clear linkages between procedures and policies under the *Education Act, 1993*; *NHS and Community Care Act, 1990*; the *Children Act, 1989*; and the *Disabled Persons Act, 1986*.

- Flexible services - acknowledging that need is seldom absolute and may be relative to the context within which the child is cared for and educated or to the capacity of families at particular life stages.

- To manage transitions better (ie from early years services to school and from children's services to adult life).

- To develop processes to monitor and review care plans so that they became living documents.

In particular, Hammersmith and Fulham wished to explore the possibility of creating their own approach to assessment and care management which would encourage the development of services already available; which would involve users and service providers within the design as well as the implementation and review of the new arrangements and which would identify whether 'care management' is a more effective means of providing intervention for children with complex needs. There was a corresponding recognition that resources would be limited and that change and development would largely be taking place within existing resources. In effect the new approach would be a demonstration of how a clearly understood and jointly owned *framework* for assessment and care management across agencies could be implemented to improve the quality and coherence of provision for children with a range of disabilities and special needs.

The Pilot Project did not only focus upon the specific legal duties of the local authority under current legislation but included the identification of *targets* to improve the quality of life of disabled children and to be used as outcome measures for the new arrangements. Targets included:

- Access to appropriate specialist services as required (eg careers advice).

- Suitable accommodation and any necessary specialist equipment.

- Transport.

- Leisure and recreation.

- Day and holiday care.

- Family support, eg respite care.

- Information.

- Advocacy.

- Active participation by the different local ethnic communities.

The Pilot Project worked on a 'collaborative and inter-agency approach' and a primary task

was the development of a Register of Children with Disabilities (as required under Schedule 2 of the *Children Act, 1989*) and the development of agreed criteria (or indicative questions) with regard to children's levels of need in order to ensure that parents, providers and purchasers fully understood policy and practice on resource allocation and to improve the quality and coherence of care management within the authority.

As part of the assessment process, the Project team worked jointly on an integrated assessment process. A key component of the assessment model was consultation with parents *and* with children to ensure that their views could be incorporated and to make certain that they did not find assessment intimidating or irrelevant. Parents and carers were represented on the Project steering group and the Pilot process involved some trials of the assessment material with feedback from those using it.

Developing a partnership approach to assessment is challenging for all concerned. Health and Education, like Social Services, have their own key objectives within assessment arrangements. Budgets, human resources, and consumer perceptions and expectations may vary widely. The Pilot work clearly indicated the importance of data collection not only to improve quality of services offered to individual children and families but also as a basis for:

- Planning, monitoring and co-ordinating services.

- Accessing services for individual children on the basis of clearly agreed criteria and with mutually agreed (and understood) specifications of what can be offered.

- Collection of information for audit and to provide ongoing information on the lives and experiences of disabled children and their families.

As in many other local authorities, there were ongoing debates about working definitions of disability - with the challenge of agreeing working definitions which were non-stigmatising; enabled resources to be allocated equitably and which ensured consistency between children and families. The Piloting process highlighted the importance of using language which is meaningful to health, education, social services and to consumers - and the barriers to partnership which can occur when there are problems in communication.

The shared experiences in Hammersmith and Fulham have some important messages for other authorities which - with the imminent mandatory requirement to have Children's Services Plans - are now seriously addressing their *corporate* responsibilities with regard to children with disabilities and special educational needs. The *Code of Practice* has further underlined the importance of having both a clear conceptual framework for assessment and the specification of outcomes *and* mutually comprehensible criteria for identifying levels of need and making appropriate service responses. Developing integrated assessment and care management systems has never been easy. A number of key questions seem to emerge in social services and education departments and indeed within the health service in terms of:

- Acknowledging that whilst parents and professionals need to understand the 'thresholds' for accessing services, 'need' can be relative and some families will be more vulnerable than others.

- Involvement of consumers can be challenging. Many parents (and children) have had little experience of active partnership with service providers.

- Many parents of disabled children are intermittent service users. Flexible provision is crucial, but may be critical to children remaining in their local communities.

- The epidemiology of disability is changing in children; the projected increase in children with complex disabilities and those who are 'medically frail' will require renegotiation about the provision of often very specialist services within community settings. Social services, like education, must negotiate new patterns of provision of medical and nursing care within mainstream settings.

- The range of disability, complex medical needs and challenging behaviour now likely to present itself in any authority necessitates new approaches to the possibility of *joint commissioning* as well as integrated assessment arrangements.

- Monitoring and evaluation are critical - and regular contact with service users provides the best monitoring and evaluation of any new arrangements. Assessment as an end in itself is expensive, ineffective and disappointing without *action planning and review*.

In Conclusion

The development process involved in creating, implementing and sustaining an integrated assessment and care management project has been challenging and positive. The commitment to partnership in the process has provided in itself opportunities for professional development for those involved. The voluntary sector has been a key stakeholder in the process and this in turn has supported and reinforced the active involvement of consumers. The work has identified some key areas for further development in terms of active partnerships between social services and education, in particular:

- To recognise that inter-agency strategies require time and resources to develop and that clarity of definitions and assessment arrangements between agencies are critical.

- To acknowledge that some disabled children will have complex and multiple needs and to ensure that the full range of specialist services are accessible both within and without the local authority.

- To create clear mechanisms for consultation with children, parents and providers.

- To remember that the local authority has particular responsibility for and knowledge of children 'looked after' by the local authority and that the parenting role for these children will be crucial to their optimum development.

- To acknowledge that collaborative, coherent and integrationist working arrangements between social services, education, health and the voluntary sector benefit everybody but that such co-operation and collaboration will require constant attention and commitment to be effective.

- To ensure that effective monitoring and quality controls remind everyone of the effectiveness or otherwise of assessment and care management procedures.
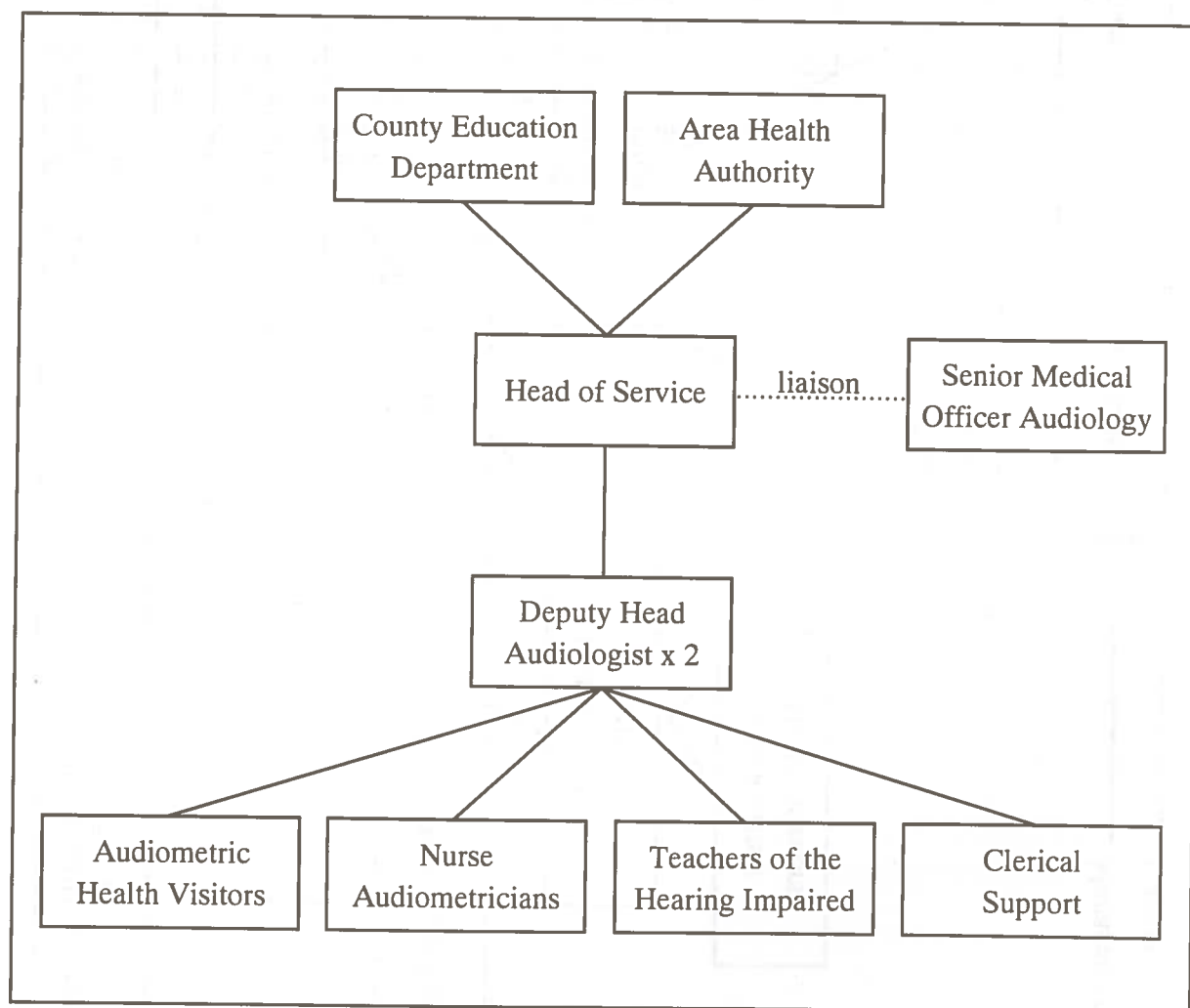
As the *Children's Plan 1993-1994* comments,

'In a changing climate, the way forward is not always clear and predictable. Nonetheless the needs of all children for security, affection, positive experiences and physical care remains constant...it must be the Department's intention to meet these needs in the most effective way possible.'

The same report acknowledges the importance of inter-agency working; of partnership at every level; and the creation of a care management and assessment model to meet the local authority's key objectives for children with disabilities and their families as a high priority need. With Children's Services Plans becoming increasingly significant planning tools and often the focus for joint commissioning initiatives - and with the recognition in the *Code of Practice* that social services do have a valuable role in *educational* assessment - the Hammersmith and Fulham approach and the authority-wide commitment to 'promoting equality and recognising the needs of children of different races, cultures, gender and disabilities'.

Response to Tony Dessent's paper on Partnership
Steven Seymour

At the present time I am responsible for managing a multidisciplinary service supporting children with a sensory impairment which is jointly funded by health and education. To better understand the rationale behind the formation of such a service it might be useful to provide the historical context.

In 1974 the new County of Hereford and Worcester was formed from the old Counties of Herefordshire and Worcestershire and the City of Worcester. This reorganisation also saw the creation of Area Health Authorities. School Health Services were subsumed into the new Health Authorities and a clear division of the roles of Health and Education was created. In this County, the boundaries of these two new administrative models were co-terminous. The Service for Hearing Impaired Children was set up at the same time by the two newly formed organisations as the new County of Hereford and Worcester and the new Area Health Authority were both created. The aim of SHIC was to provide a multidisciplinary approach to screen, diagnose and provide educational and technical support for the hearing impaired child. It is well documented that early intervention with a child with a hearing impairment is vital if the detrimental effects of the disability on linguistic development are to be avoided. Our experience over the years would support this premise.

Management Structure for a joint funded Service 1974.

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Management Structure for the Service after restructuring of the Health Service 1986.

Box	Connections
Hereford DHA	
SCMO Audiology	
Audiometric Health Visitors	
Nurse Audiometricians	
Kidderminster DHA	
SCMO Audiology	
Teachers of the Hearing Impaired	
Clerical Staff	
2 x Deputy Head Audiologists	
Head Of Service	
County Education Department	
Technicians	
Nurse Audiometricians	
SCMO Audiology	
Worcester DHA	
Audiometric Health Visitors	
District Nursing Officer	
SCMO Audiology	
Redditch/Bromsgrove DHA	

Management line
Liaison

34

The statistical data on the children tested and those diagnosed as hearing impaired enabled the Service to provide information for planning forums involving the Senior Medical Officers, the Educational Audiologists, Speech Therapists, Teachers of the Deaf, mainstream teachers, Social Workers for the Deaf and parents to develop packages of support which saw the child holistically.

The political rationale for the creation of these new large health and education authorities was that economies of scale and better strategic planning would result in a much more cost effective and efficient service. In 1986, the Area Health Authorities were broken up into smaller district units within which there are now self-governing NHS trusts competing for work defined by each District Health Authority purchaser. The mid-1990s will see the introduction of unitary authorities breaking up the shire counties into smaller self-contained units.

This apparent volte-face is, as I understand it, based on the concept of accountability. Individuals should be more accountable for the work they carry out, both in financial and professional terms, and if they are constrained within the parameters of measurable performance criteria and budgets then better decisions will be made.

Since 1986, when the Area Health Authority was divided into four District Health Authorities and the new management structure was set up to deal with the concept of purchaser and provider, the inter-agency liaison has proved increasingly difficult to maintain. As the new NHS trusts may be in competition to provide services there is a reluctance to share information for reasons of commercial confidentiality. With the same philosophy being introduced into the Social Services department and the devolvement of educational funding through Local Management of Schools, the ability to meet with managers with sufficient seniority to make global decisions is declining rapidly.

			Professionals involved
	Child/Family		
	↓		Health Visitor
	Health Visitor Screen		G.P.
	↓		Audio H.V.
	Audiometric Health Visitor test		G.P.
	↓		Audiologist
	Diagnostic Audiology Clinic		Medical Officer
			Paediatrician
	ENT Clinic		ENT Consultant
		Ear mould made	Hosp. audiologist
	Hearing aid issued		Hosp. audiologist T.O.D.
Partially hearing		Profoundly deaf	Voluntary agency
	Sign language Co-ordinator Speech Therapist Teacher of deaf		Sp. Therapist T.O.D.
			Sign Lang. Teacher
		Joint Meeting a) key worker b) support programme	Social Worker T.O.D. Sp. Therapist Sign Lang. Teacher
	Nursery playgroup placement		Nursery Teacher Sp. Supp. Assistant
Partial	severe profound	Assessment under 1993 Act	Ed. Psych Nursery Teacher
Local school placement		Statement	SCMO Sp. Therapist T.O.D.
	Special School	resourced school	TOD. Sp. Therapist Mainstream Teachers
	School leavers conference		Sp. Career Off. Dis. Advis. Off. T.O.D. SCMO
Out county FE		Mainstream FE	Communicators

It is interesting to note that from my perception the further down the management tree you progress, the more noticeable are the differing management styles. The Health Service has essentially a bureaucratic model with a prominent hierarchical structure with authority deriving from an individual's role in the organisation (Weber, 1947). Education tends to be collegiately based (Millett, 1962) which assumes a fraternity of scholars seeking intellectual and collective fulfilment, through full participation in decision making. Whereas Social Services departments appear to have a subjective management model which suggests that each person has a different subjective view of the organisation and its aims and that events and situations are interpreted in different ways according to the values and selective perceptions of the participants. Trying to hold common meetings involving all three styles can be difficult as the organisational heritage of the background of the participants leads to confusion. I must stress that is my personal perception of some of the problems in my area and I have no evidence to assume this is the case elsewhere.

Perceived lack of job security by Health, Social Services and Education staff means that on the one hand people are reluctant to share responsibility for care and are jealous of their own personal role, yet on the other hand are looking for ways to extend the current work they are tasked with. As Yosser in 'Boys from the Blackstuff' said: 'Gissa job, I can do that'. Altruism has become a dirty word. Everything now has a price.

Faced with the increasing amount and complexity of legislation covering all areas of the work, it is easy for professionals within each separate discipline to put their heads down and concentrate on their own little area of work. I fully endorse Tony's point in his introduction that, and I quote:

> '... his perspective is coloured by a pressing range of internal concerns and imperatives as well as a set of timelines for the completion of tasks which invariably operate against optimal methods of consultation with staff and a consequent reduction in time and energy to devote to liaison, consultation and process work with external agencies.'

I remember watching Edna Everage doing one of her invitation star-studded shows played to an audience of celebrities. One of the celebrities was Melvyn Bragg and Edna said to the audience:

'Not many of you know, possums, that little Melvyn here is not just the glittering presenter of the South Bank Show but he also writes books. How many books have you written Melvyn?'
Melvyn answered, 'Twelve.'
Edna then asked the audience, 'How many of you here have read any of Melvyn's books?' to which a handful of hands were raised.
Edna then turned to Melvyn and said, 'Well don't write any more until we've caught up.'

I sometimes feel like that when the next pile of literature arrives from the DFEE or the Department of Health. A period of consolidation with no change would be welcomed.

It is difficult to be prescriptive about the policy required to bring about inter-agency collaborations. From the range of policy options set out by Tony some will be viewed more favourably if they reflect the current local arrangements. The organisation of support for children with special educational needs in urban areas is often very different to that required in

rural areas. It is a feature of British local government that unique and idiosyncratic approaches have developed to meet local needs which reflect the personality of the local electorate and the geographical and socio-economic context of the environment in which they live. This diversity of provision means that no one paradigm can be universally adopted. The way forward is to set out aims and facilitate the transitional process to achieving those aims.

During the past three years, I have been involved in a successful project to improve the educational support for deafblind children. The incidence of these children is very small and, in recognising this, the government made funding available through GEST for consortia bids to develop existing services and to extend the support available. The money was only granted if it could be shown that three or more LEAs were working collaboratively in approaching the project. We are now nearing the end of the three years process and the project has proved extremely successful with the staff involved receiving training, the children having a much improved quality of life and access to the curriculum of the schools where they were placed. The exercise was designed purely as a pump-priming exercise and, to that effect, it has been very successful as the expense in training has been already laid out and the network of support workers has been formed. The authorities are therefore able to continue the provision at very little additional cost to their existing budget.

In Options 3 and 4, Tony looks at possible legislation for joint plans and how the participants can be encouraged to work collaboratively. Under the new financial regimes within Health and local authorities, innovative inter-agency work is not likely to find funding unless there is a pot of central government gold to bid for. If central government were to make mandatory the requirement for Social Services, Health and Education authorities to publish joint plans and then to offer matched funding to prepare and implement these plans over a three year cycle it would be possible to convince managers of the desirability of such a project.

Any model created should be based on analysis of the needs of the child and how these can be met. This can only be done if the professionals concerned have a clear idea about their own individual roles in providing support and an understanding of the roles of their professional colleagues, the parents and the child. A useful starting point would be a personal explanation of each person's role on the lines of:

- Who am I?
- What is my job title?
- Who do I work for?
- What does that mean?
- What do I do?
- What I cannot do.
- How I can help.

This information would greatly assist the parents in understanding who was doing what, to, with, around, etc their child and perhaps more importantly it would inform the other professionals working with the child to identify areas of commonality, duplication and also identify areas where nobody is providing support. This would also facilitate the identification of a key worker, a concept which I wholeheartedly endorse. The parents should be fully involved in the selection of this key worker and this information would enable them to make an informed choice. A similar exercise by the parents could identify what they perceive the needs are and how they would like to be helped.

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A creation of a time line/map from diagnosis would place the help in context and enable structured planning of intervention by professionals.

To Summarise

Liaison between health, social services and education should occur for the following reasons

- It is in the interest of the child with SEN.

- The parents need to have consistent and appropriate advice and support.

- All three agencies have responsibilities for children with SEN.

- These responsibilities either overlap or are interdependent.

- Greater co-operation will result in a better targeting of resources and be more cost effective.

- Duplication of work will be avoided.

Factors militating against this co-operation

- Atomisation of health and social services.

- Local financial management.

- Local Government reorganisation.

- Market forces philosophy.

- Micropolitical stances by the various departments.

- Differing management styles within each organisation.

- Funding.

Solutions

- Government legislation making it mandatory.

- Pump priming funding from central government.

- The practitioners, the educators, clinicians and the social workers in the field will all do their best to make it work because they are the ones working with the child and family and they care.

Hypothetical meeting to discuss all aspects of care from 0-19

Meeting to discuss Joint planning arrangements between Health, Social Services and Education in 1974 to meet the needs of hearing impaired children in Hereford and Worcester.

Head of the Service for Hearing Impaired Children	Education
Designated Educational Psychologist	Education
Head of Careers Service	Education
Assistant Education Officer Special Education	Education
Social Worker for the Deaf	Social Services
Senior Medical Officer Audiology	Area Health
Senior Nursing Officer	Area Health
Head of Speech Therapy Services	Area Health

Eight people

In 1994 in the same geographical area

Head of Service for Children with Sensory Impairments
Head of Educational Psychology Service
Specialist Careers Officer South Worcestershire
Specialist Careers Officer North Worcestershire
Specialist Careers Officer Herefordshire
Team Leader Child Service South Worcestershire
Team Leader Child Service North Worcestershire
Team Leader Child Service Herefordshire
Disablement Advisory Officer South Worcestershire
Disablement Advisory Officer North Worcestershire
Disablement Advisory Officer Herefordshire
Purchasing Manager North Worcestershire DHA
Purchasing Manager South Worcestershire DHA
Purchasing manager Herefordshire
Community unit manager child health South Worcestershire NHS Trust
Community unit manager child health Kidderminster NHS Trust
Community unit manager child health North East Worcestershire NHS Trust
Community unit manager child health Herefordshire NHS Trust
Senior Medical officer Audiology South Worcestershire NHS Trust
Senior Medical officer Audiology Kidderminster NHS Trust
Senior Medical officer Audiology North East Worcestershire NHS Trust
Senior Medical officer Audiology Herefordshire NHS Trust
Senior Speech Therapist Herefordshire NHS Trust
Senior Speech Therapist North East Worcestershire NHS Trust
Senior Speech Therapist South Worcestershire NHS Trust
Senior Speech Therapist Kidderminster NHS Trust
Twenty seven people

OPTIONS FOR PARTNERSHIP

Discussion by Philippa Russell

The implementation of the *Children Act, 1989* provided Social Services departments and their Education and Health counterparts to think strategically about the identification and assessments of special educational needs. It also created the possibility of integrated assessment and planning processes to avoid the duplication and bureaucracy which had accompanied many earlier attempts to create working partnerships across all three statutory services. Participants at the seminar acknowledged the challenges of the recent Audit Commission reports, *Getting in on the Act, Seen but not Heard* and the *Well-being of Children*. All three reports, which addressed education, health and social services, identified a number of key issues in meeting the needs of children and young people with disabilities and special educational needs, namely:

- lack of clear criteria for different levels of assessment and assessment arrangements within different agencies;

- unclear procedures for allocation of resources with variable and sometimes conflicting definitions of 'need';

- poor review processes and little learning from experience (with over-emphasis on statutory assessment);

- inadequate strategic planning and limited evidence of collaboration between agencies or of joint commissioning;

- preoccupation with *lack* of resources, but little consensus about how *existing* resources could be used better or how new resources could be most effectively deployed;

- no clear understanding about how and when some very expensive services should be used nor who should pay for them (eg residential schools). The corresponding need for a debate across agencies about the future use of special provision and how it should be funded;

- real dissatisfaction amongst parents who frequently feel detached from service planning. Can we develop agreed and comprehensible levels of entitlement - with clear descriptors about children's level of need and the use of the audit process for *development* as well as for monitoring individual children?

The Audit Commission highlighted a range of **policy** issues in developing new inter-agency approaches to working with children with disabilities and special needs. The seminar also identified a range of broader policy and philosophical issues relating to changing attitudes to disability and a new 'disability equality' element within child care and educational assessment and planning system. Some challenges for working in partnership during the coming decade included:

- understanding the *purpose* of any assessment or intervention (and the need to avoid facile assumptions about 'curability' being the primary focus for working with children with disabilities or SEN);

- understanding the relationship and inter-dependence between health, education and 'social care';

- determining the *relative* priority of care within educational decision-making;

- making education a key component within the child care planning system;

- connecting assessment arrangements for children with disabilities; children 'looked after' by the local authority and children with special educational needs;

- building *disability equality* issues into planning systems;

- seeing *joint commissioning* as philosophically, practically and operationally being a sensible way forward for meeting special needs.

Collaboration in Practice

Some participants felt that separateness was over-emphasised. Many LEAs and schools were already working closely with counterparts in other services. Arguments about the *mechanisms* of joint commissioning and integrated assessment arrangements often concealed the *policy* commitment to joint working already implicit within many localities. One participant noted that Portage was one example of practical, theoretical and interactive working which maximised collaborative assessment at the individual level and joint management and professional intervention within the service.

The Consumer Perspective

The concept of collaborative working increasingly sees the consumer at the heart of the process. The *Education Act, 1993* and the *Children Act* both reinforce the importance of such consumer involvement (albeit challenged by the complementary concept of parental responsibility). But a consumer focus poses challenges to the way professional and statutory agencies determine their roles and provide services. It was suggested that consumer perspectives *could* be interpreted simplistically, redefining and reducing the potential contribution of professionals. The introduction of the role of the 'named person' within the *Code of Practice* was a parallel role to that of the 'key worker' within care planning structures in social services. The complexity of many of the packages of services required by children with special educational needs was a reminder of the need for some kind of 'key worker' or 'brokerage' model operating within the context of authority-wide children's services plans.

Integration and Collaboration - Some Planning Challenges

The Social Services Inspectorate (1994), in its first national inspection of services for children with disabilities, commented that *educational* assessment represented the most significant focus for interdisciplinary work for children with disabilities. However, the same report observed that collaborative arrangements were very variable; that education and social services did not necessarily understand each other's objectives and that important opportunities were often lost for collaborative working. SSI concluded that there appeared to be much greater scope for 'mapping on a multi-agency basis the disposition, deployment and take-up of local services to ensure the most efficient deployment of services'.

However, several participants highlighted some 'critical' areas in attaining such multi-agency working, in particular:

- the fundamental problems of co-ordinating assessment arrangements;

- determining *who* should be the lead agency for some children;

- different time-scales for assessment in different agencies;

- insufficiency of joint funding for shared training;

- little use of permissive powers in the *Children Act* to co-ordinate different assessment arrangements under different legislation;

- how do we determine what constitute useful outcome measures for audit for all relevant agencies? What are useful outcome measures and 'value for money' for children with PMLD/challenging behaviour and complex needs?

- 'corporateness' and 'accountability' need frank discussion within different agencies: We have increasingly *individualised* views of SEN - but meeting them may necessitate equity in resourcing across authorities and conflict with individualised approaches to meeting special needs in the optimum way.

Several participants noted the multiplicity of individual 'experts' now involved in the lives of many children with disabilities or special needs. Parents frequently felt 'out of control' with assessment procedures. Few parents had care-managers or key workers and many families are in contact with fifteen or twenty different professionals at any one time. One parent commented that she veered between 'passivity and empowerment, depending on how strong she felt on that day' and stressed the 'weariness' of constantly working through multiple assessments with no clear idea about what constituted access to what level of service.

The emphasis upon collaboration and shared assessment within the *Children Act, 1989* and the *Education Act, 1993* requires the reconciliation and resolution of a number of policy challenges, namely:

- the balance of genericism versus specialism - and the need to address the provision of specialist services within increasingly mainstream settings;

- the balancing of strategic service planning at local and health authority levels with an increasingly fragmented 'contract culture' - can the 'small business' culture be applied to children's services?

- social services departments have a long culture and history of working with child health services - the *Code of Practice* offers a clear framework for partnership with education - if the new roles are sufficiently prioritised within diminishing budgets and a continuing lack of disability awareness within some social services departments;

- definitions matter - there is a wide debate about definitions of disability in the context of the *Children Act* and the duty to establish a Register. How compatible are definitions of 'children in need', 'children with special educational needs' and 'children with disabilities'?

And if we define children within these or other categories, what criteria do we attach to levels of need in terms of accessing services and allocating resources?

- 'needs-led' services offer a potential framework for joint working. But are they compatible with increasingly tight criteria for accessing limited financial budgets and potential reluctance to commit resources to joint working?

In developing 'needs-led' services which focused on individual needs, it was recognised that developing the necessary 'comprehensive assessment format' would never be easy. Some discussants considered that there were real disincentives to corporate decision-making because of fears of devaluing existing roles and anxieties about potential threats to hard-won budgets.

One participant expressed her concerns at the 'atomization' of services, with the focus on 'small is best' without sufficient attention being given to how and when specialist services should be utilised and how to provide sufficient support for staff working in mainstream settings.

It was suggested that one option would be to extend corporate thinking and models beyond special *educational* needs and to use the broader definition of 'children in need'. This broader focus would enable agencies to adopt a more holistic approach to assessment, pulling in health, education and social services in ways which contradicted the current compartmentalisation of definitions and procedures.

Several participants felt that Area Child Protection Teams offered a useful model for joint working, with clear goals and outcome measures and 'protected time' for all the participants. Other participants considered that child protection work pulled human resources from other areas of work. But there was general agreement that *children* had a unique contribution to their own assessment and care planning. Starting with children helped to create open decision-making and competence at grass-roots level. There were important training issues in working children for *all* services.

There was some agreement with the comment that ambitious corporate models do not always achieve co-operation and collaboration. But others felt that ground rules needed to be set and monitored at the highest level, if commissioners were to get the key messages. Corporate planning enabled individual practitioners as well as managers to set values; agree processes and procedures and funding mechanisms; and participate in long-term target setting. Monitoring and review procedures were needed at the individual level, but wider planning processes - for example Children's Services Plans - required *corporate thinking*.

A Child-Centred Approach

There was general agreement that the *child* was at the centre of any assessment arrangement, but that different agencies perceived children (and parents) in different ways. 'Harmonised eligibility criteria' for accessing resources following assessment continued to be problematic. Many authorities had not agreed on such criteria for social or health care and the relative definitions of need within some local authorities created problems for coherent planning. The Kent experience was felt to offer some useful lessons in particular the use of the moderating group; the development of harmonised processes for determining need and the allocation of resources to address such needs. Kent's Joint Provision Advisory Teams were cited as examples of pro-active approaches to assessment and for setting 'rules of engagement'

for members of corporate groups. Members emphasised the importance of retaining the child centred focus even with a team approach. Key steps to take in moving forward include:

- raising confidence and skill sharing between all three statutory services;

- avoiding the 'hero innovator' approach;

- avoiding re-living history! Declare an amnesty for equipment etc;

- emphasis on shared learning;

- recognition that a child-centred approach can still mean multiple professionals seeing the child from very varied perspectives;

- establishing a common set of values and visions; different services come from different perspectives; there may be little real trust in future shared opportunities;

- definitions of need may be relative. The children with statements may not have the highest level of need for social services departments;

- developing trust inter- and intra-agencies!

- clarifying boundaries and agreeing *specific professional contribution* of each service;

- developing the capacity of all practitioners (and see professional development as underpinning any move to more integrated assessment and care management).

The Health Perspective

It was suggested that the 'health perspective' illustrated the challenge of inter-agency working for other agencies. The 'medical model' of disability had been rejected, but the specific contribution of child health services to education and other assessment was often overlooked. In Health, as in other services, expertise most frequently lies with the provider rather than the purchaser, although many practitioners have become managers. Reorganisation and the impact of a contract culture have created a 'market place' where holistic assessment may be more problematic. What does education - as a service - *want* from child health services?

The Court Report on Child Health Services talked about the role and functions of *educational medicine*, but what *should* a health authority include within its purchasing intentions with reference to assessment and care management for disabled children or children with special educational needs?

Local Government Reorganisation: Threat or Opportunity?

Local government reorganisation offers major challenges to local and health authorities. In particular, it offers opportunities to rethink the larger structures within many of the existing local authorities, to reconsider the balance between genericism and specialism and how to access specialist services when there is maximum devolution of resources down to the neighbourhood level.

Local government reorganisation will challenge all new education departments with regard to service provision and development for children with low incidence special educational needs or disabilities. But it will also offer some radical new opportunities to consider how best to integrate children's services. It will require all relevant agencies to work more closely together and (in theory) might offer some innovative community development in response to consumer-led service planning.

Putting new policies into practice will always be challenging. The seminar identified key issues relating to *strategic direction*, namely the need for Children's Services Plans and the importance of setting clear timetabled objectives for service development in collaboration with other agencies.

There were also clear messages about ensuring that local and health authorities have identified the needs of their local populations and that planning is based upon real data about children's and families' lives. Most importantly it was acknowledged that there was a policy gap between the consumers and the commissioners, both in terms of determining initial needs and in ensuring that services were fully evaluated.

Key Messages for the Future

The discussion ended with the identification of a range of key issues and opportunities to pursue a more holistic and better integrated approach to joint working:

- acceptance by all three statutory services that the *Code of Practice* offers a new strategic framework for working with children with disabilities or special educational needs;

- we need to learn from the different models which are already operational, for example Hammersmith and Fulham; Oxfordshire; Kent;

- all levels of planning are important;

- we should broaden the debate from disability and special educational needs to social deprivation and the context of assessment and care management;

- the 'social model of disability' challenges us to look at the context and consequences for children of the home and school environment within which they are living and learning;

- transitions matter - from pre-school to school; from school to further education and adult life;

- we still need to work on the development of an appropriate tool for integrated assessment in partnership with parents and carers; which involves and utilises the skills and experience of the three statutory services; which is child-centred and which avoids duplication between agencies.

CONCLUSION

by Clive Danks

Since before the 1970 *(Handicapped Persons) Act*, the three main provider services have been grappling with the quintessential problem of meeting special needs without compartmentalising children as pupils, patients or clients.

Dessent clearly recognises the three individual perspectives and the differences between the rhetoric and reality of what has been seen as a patchy cohabitation at best and at worst a failure for what is a highly vulnerable group is society.

Why, when there has been a plethora of DES, DOH, DfEE, Circulars and Acts all calling for closer liaison between the providers are we still faced with separatism?

Nationally, there are examples of inter-agency partnership and, in distilling their effectiveness, Dessent draws together eight options for closer co-operation. Whilst this does not represent a comprehensive list he clearly states that the options must not be seen as mutually exclusive.

What is apparent is that there is no clear blueprint for restructuring services and this is borne out by the two discussants whose experiences are typically idiosyncratic in their approach not only from their perspective but also the delivery. Furthermore in the debate that followed many of the contributors offered anecdotal evidence to support local differences.

If we are to move forward, significant developments need to take place at a number of levels. Strategic (multi-agency) direction at national and local level is essential if clients/pupils at the sharp end are to see significant change.

The paradigm of disability and special needs must be resolved in order that agencies work from the same baseline.

All agencies aspire to offer high-quality support for children - that goes without doubt. Where they often fail is through 'tunnel structures'. This is analogous to trains in a mainline station on different platforms, leaving and crossing respective lines outside the terminus before embarking on similar journeys along the same track.

At the moment 'Options for Partnership' trains are currently in the maze of lines outside the signal box, it remains for managers to synergise the signals.